



DEPARTMENT OF PUBLIC HEALTH
 NURSE AIDE REGISTRY
 67 Forest Street
 Marlborough, MA 01752

Nurse Aide Training Waiver Application

Instructions:

This application is to request a waiver of the training requirement to take the Massachusetts Nurse Aide Competency Evaluation with **D&S Diversified Technologies**. Please complete all applicable sections below and attach photocopies of documentation supporting your training. A waiver will not be granted to those applicants that cannot verify they meet the qualifications listed at 105 CMR 156.100(A)(2).

Submit your completed application and attachments to:

**Department of Public Health
 Nurse Aide Registry
 67 Forest Street
 Marlborough, MA 01752**

I: Applicant Information:

Name: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Check which waiver provision is applicable to you:

- a) I successfully completed an approved nurse aide training course in another state; or
- b) I successfully completed a clinical course in an approved School of Nursing, in accordance with 244 CMR 6.00, which includes hands-on care skills as specified in the minimum standard curriculum.

II: Training Information:

Name of Training Program or Nursing School: _____

Title of Course or Class: _____

Address: _____

City/Town: _____ State: _____ ZIP: _____

Date Began: _____ Date Complete: _____ Total Hours: _____

Attach **copies** of any information you have about the class or course, such as:

- Certificate of Completion
- Skills Evaluation
- Course Outline
- Correspondence from the Course
- Course Transcript

DPH USE ONLY	
Approved:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Category:	_____
Date:	_____
Approved by:	_____