



NURSE AIDE RENEWAL APPLICATION

North Dakota Department of Health
 Division of Health Facilities
 SFN 59964 (R2-2012)

Online renewal is available and encouraged for all types of nurse aides and medication assistants. Please use the following web address: http://www.ndhealth.gov/HF/North_Dakota_nurse_aide_registry.htm

REGISTRANTS, PLEASE COMPLETE ALL INFORMATION BELOW (Please print legibly)

First Name	Last Name	Maiden/Middle Initial	M	F
Current Mailing Address (Include C/O Address)		County		
City	State	Zip Code	Social Security Number (Required)	
Date of Birth	E-Mail Address			
Home Phone	Work Phone	Cell Phone		
Name of Employer		City	State	
Employer's Contact Name		Employer's Phone Number		
Registrant ID #		Current Expiration Date		

ALL QUESTIONS MUST BE COMPLETED BY REGISTRANT

1.	Have you ever been arrested, charged, or convicted of a felony (<i>You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, or other action</i>) within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Since you last renewed, or if this is your first renewal, has your registration been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Since you last renewed, or if this is your first renewal, have you had a nurse aide registry listing or unlicensed assistive person registry listing marked for abuse, neglect, or misappropriation of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Since you last renewed, or if this is your first renewal, have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Since you last renewed, or if this is your first renewal, have you been denied registration or licensure by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Have you, in the last two (2) years, been terminated from a nurse aide or nursing related job due to conduct that may be grounds for disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Have you, in the last two (2) years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Have you, in the last two (2) years, been diagnosed with or treated for a mental health or physical condition which adversely affected your ability to safely provide nurse aide services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	If you answered "Yes" to any of the above questions, please attach a detailed written explanation and any legal documents to the application and send to the North Dakota Department of Health for review. Have you attached the appropriate documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

REGISTRATION CERTIFICATION

I certify the information provided is true, correct and complete, and I understand that submission of any false or incomplete information may be grounds for disciplinary action.

Applicant Signature	Date
---------------------	------

FOR STATE USE ONLY Date Received: _____ Amount Received: \$ _____ Cash MO or CK# _____

THE FOLLOWING IS TO BE COMPLETED BY A LICENSED NURSE OR EMPLOYER

VERIFICATION OF COMPETENCE

For each area, the licensed nurse or employer verifies that the nurse aide has demonstrated competencies in the following areas. Signature of Employer _____ Date _____ OR Signature of Licensed Nurse _____ Date _____ AND ND Nurse License Number _____	Date of satisfactory competency verification (within the last year) MM/DD/YYYY	Comments
1. Infection control.		
2. Safety and emergency procedures.		
3. Collection and documentation of basic objective and subjective client data.		
4. Activities of daily living (applicable to setting).		
5. Decision-making skills.		
6. Client rights.		
7. Communication and interpersonal skills.		
8. Client cognitive abilities and age specific needs.		

REGISTRANT EMPLOYMENT INFORMATION

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Not-Employed	Date of Hire as a Nursing Assistant (MM/DD/YYYY)
--	---

EMPLOYER INFORMATION AND SIGNATURE

Agency (If applicable)		Phone Number	
Address	City	State	Zip Code
Employer or Licensed Nurse Signature		Date	

Please remit \$25 (U.S. dollars) Non-refundable Fee

Make checks and/or money orders payable to the North Dakota Department of Health.

All completed forms and checks or money orders must be sent or delivered together to:

**North Dakota Department of Health
 Division of Accounting
 600 East Boulevard Ave., Dept. 301
 Bismarck, ND 58505-0200**

If you have questions or wish to contact the Department of Health, please phone 701.328.2353 or contact by e-mail at naregistry@nd.gov