

*Q) I recently renewed my certification on line, but did not receive a card, why is that?*

- A) As of April 1, 2012, the North Dakota Department of Health is no longer printing out cards for: Certified Nurse Aide (CNA) Renewals, CNA / Medication Assistant (MA I or II) renewals, Duplicate Cards, Initial Nurse Aides (NA) or NA renewals. These now can be printed off our web site: (Registration Card)  
<https://www.ndhealth.gov/hf/registry/print-certification-card.aspx>.

*Q) I conducted a MA I or MAII class, what do I need to send to the ND Department of Health?*

- A) According to **33-43-01-14-8** the North Dakota Department of health needs to receive within two weeks of completion of the course a list of students successfully completing the medication assistant I program. The information submitted to the department for initial medication assistant I registration for each student must include:
- Name and location of the institution and course title;
  - Date of completion;
  - Full name, address, and social security number of the student;
  - The name and qualifications of the instructors;
  - The clinical facility or employer and address;
  - The facility clinical coordinator of each student who successfully completes the course;
  - Copies of the completed theoretical curriculum and clinical performance testing results for the student;
  - A copy of a certificate of successful completion, if awarded by the teaching institution;
  - A completed medication assistant I application; and
  - A nonrefundable fee of twenty-five dollars.

*Q) I noticed there is a different form on the web-site. Can I still use the previous forms that I printed out?*

- A) All forms, including Initial and Renewal, have been revised. These now are the exact match to what is on the on-line system, so should cause less confusion. Any form that is dated before 2/2012, should not be used.

*Q) Can a credit card be used when sending in an initial Nurse Aide or Home Health Aide Application?*

- A) At this time we are only accepting a check, money order, or cash with an initial application. A company check will be accepted.

**Helpful hints for completing an on-line renewal**

- Employer contact Information: Name – is the registrants' Supervisors name (Tom, Mary, Joe) or Director of Nursing's name. "Phone number", is the phone number of the facility/business where the registrant is/was employed.
- Application Certification, - "Certification Date" is today's date. This is the date the registrant is certifying or verifying the information submitted is true and correct. (You may use the calendar box to the right, which is automatically set on today's date.)
- If a registrant has answered "yes" to any of the disciplinary questions, have them scan and email to, [naregistry@nd.gov](mailto:naregistry@nd.gov), or fax to 701.328.1890 or attach any court documents and mail them to Attention Nurse Aide Registry, Division of Health Facilities, 600 East Boulevard Ave Dept 301, Bismarck ND 58505-0200.
- "Employers Signature Date" – is today's date. You may use the calendar box to the right, which is automatically set on today's date.