

Interstate Endorsement Application for Minnesota Nurse Aide Registry

Answer all questions completely and accurately to avoid unnecessary delay. Incomplete information will delay your endorsement to the Minnesota Registry and the application will be returned via email listed.

Endorsement applications may take up to thirty (30) business days to process.

You are required by [Code of Federal Regulations § 42 CFR 483.156 Registry of nurse aides \(https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.156\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.156), to provide certain identifying information on this application such as name, address, birth date and telephone number. Your name and address are public information. Other identifying information, except for your social security number, will become public after you receive your certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the Minnesota Nurse Aide Registry.

You are not eligible to work in a Minnesota nursing home or certified boarding care home until your request has been approved and you have been added to the Minnesota Nurse Aide Registry.

Instructions

- Attach a copy of your Social Security Card, a copy of your nurse aide certificate, and all items listed in the Employment Verification section.
- If you passed the Nurse Aide competency exam in another state within the last 24 months, include your test results.
- Once the application is complete, all items should be scanned and emailed to: HEALTH.FPC-NAR@state.mn.us. Application and attachments must be sent in one (1) email.

Applicant Information

Name (first, middle, last): _____

Social Security Number: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Please ensure this email address is correct, as this is how MDH will communicate with you about the status of your application.

Which state are you endorsing from? _____

Nurse Aide Certificate Number: _____

Nurse Aide Training Program Completion Date: _____

Nurse Aide Certificate Issue Date: _____

In the last 24 months, in the state you are endorsing from, did you pass the Nurse Aide written and skills test?

Yes (Include a copy of your test results with this application.)

No

Employment Verification

Employment information must be completed by the nursing facility where you worked. If you worked through a staffing and/or traveling agency, this information must be completed by the facility where you worked and is from the same endorsing state.

You will need to attach a copy of your paystub showing 8 regular hours worked with the facility listed below. The paystub will need to include the following items:

- Your name
- The facility's name
- Staffing agency, or traveling agency's name (if applicable)
- Hours worked
- Dates worked

Facility Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

First date worked at facility: _____

Last date worked at facility: _____

Is the above facility a nursing home, certified boarding care home, certified home health agency, hospice agency, or assisted living facility?

Yes

No

If no, you will need to include a copy of your job description from the facility listed above. If you are working at the facility through a staffing or traveling agency, the job description must come from the facility.

Affirmation from the Facility’s Director of Nursing (DON) or Supervisor

I certify that the nurse aide listed on this application has worked as a paid nurse aide and/or performed nurse aide duties. I am not aware of any substantiated findings of abuse, neglect, or misappropriation of property.

Signature of Director of Nursing (DON) or Supervisor: _____

Name (print): _____

Title: _____

Date: _____

If you have questions concerning this Interstate Endorsement application, please email Health.FPC-NAR@state.mn.us or call 651-201-4200.

Minnesota Department of Health
Health Regulation Division | Nurse Aide Registry
P.O. Box 64501
St. Paul, Minnesota 55164-0501
651-201-4200
Health.FPC-NAR@state.mn.us

03/27/2023

To obtain this information in a different format, call: 651-201-4200.