**NURSE AIDE I REGISTRY**

Registered Nurse (RN) and Licensed Practical Nurse (LPN) Form

# INSTRUCTIONS:

* Complete and submit all pages of the document.
* For out of state applicants, please submit a copy of your Social Security Card with the application.
* Fax or mail completed documents to the North Carolina Division of Health Service Regulation. Incomplete documents will not be processed.
	+ Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
	+ Fax Number: 919-733-9764

# ELIGIBILITY REQUIREMENTS:

Have a current, unrestricted RN or LPN license to practice in North Carolina.

*Important Notice*:

RNs and LPNs will not be listed on the North Carolina Nurse Aide I Registry if their license has a pending or substantiated disciplinary action involving abuse, neglect, exploitation, or misappropriation of a resident’s property.

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# APPLICANT INFORMATION:

Answer the questions below. You may type the information in the spaces provided. Indicate Not Applicable if the question does not apply.

1. Provide the name as it currently appears on the RN or LPN license.

First Name:

Middle Name:

Last Name:

1. Maiden Name:
2. Mother’s Maiden Name:
3. Social Security Number (all 9 numbers):
4. Date of Birth (mm/dd/yyyy):
5. P.O. Box/Street/Apartment Number:

City:

State:

Zip Code:

1. Home Telephone Number (include area code):
2. Cell Phone Number (include area code):
3. Work Telephone Number (include area code):
4. Email Address:

**NORTH CAROLINA NURSE AIDE I REGISTRY:**

Answer the questions below. You may type the information in the spaces provided.

1. Have You Ever Been Listed on the North Carolina Nurse Aide I Registry?

Type an X beside the correct response.

Yes:       No:

1. If You Answered YES, Then Provide the North Carolina Nurse Aide I Registry Listing Number:

# CURRENT NURSE LICENSURE INFORMATION:

Answer the questions below. You may type the information in the spaces provided.

1. Identify the License Type (RN or LPN):
2. Identify the RN or LPN License Number:
3. Identify the State Where the RN or LPN License Was Issued:

# Identify the Year the RN or LPN License Was Issued:

# Identify the Year the RN or LPN License Expired:

# ATTESTATION:

I certify the information in this form, and in the documentation required with the submission of this form, is truthful, accurate, and complete. I understand the North Carolina Division of Health Service Regulation will verify my nurse license, including disciplinary action, with the appropriate Boards of Nursing and in the Nursys system which is a national nurse licensure and disciplinary database associated with the National Council of State Boards of Nursing.

First Name:

Middle Name:

Last Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy):

*Important Notice*:

An electronic signature will not be accepted.