

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Nurse Aide I Registry Reciprocity Application**

INSTRUCTIONS

- Complete and submit all pages of the application within 30 days of the attestation date documented in Part 8.
- Submit the completed application by mail or email to the Division of Health Service Regulation (DHSR).
 - Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
 - Email: dhsr.nurseaide@dhhs.nc.gov
- Applications submitted by email must be in **PDF or Microsoft Word format**.
- DHSR will accept photos of identification documents; however, photos of the application will not be accepted.
- DHSR will review your application and respond within **10 business days of receipt**.
- For questions, contact the Registry Office at 919-855-3969.

PATHWAY #1 – ELIGIBILITY REQUIREMENTS – CANDIDATES FROM ALL STATES

Pursuant to North Carolina regulation 10A NCAC 130 .0301, applicants must meet the following requirements:

- Successful completion of a state-approved nurse aide competency evaluation (examination) program.
- Active and good standing status on another state's registry of nurse aides (temporary or provisional status is not accepted).
- No pending or substantiated finding of abuse, neglect, exploitation, or misappropriation of resident or patient property recorded on any nurse aide registry.
- Within the past 24 months, completed at least one of the following requirements:
 - In accordance with federal regulation 42 CFR § 483.156, worked as a nurse aide for a minimum of eight hours, for pay, performing nursing or nursing-related services under the delegation and supervision of a registered nurse; or
 - In accordance with federal regulation 42 CFR § 483.154, passed the state-approved nurse aide competency evaluation (examination) program.

Please be advised of the following:

- Private duty or virtual nurse aide work will not be accepted.
- You must complete the online renewal process to maintain your active listing status on the North Carolina Nurse Aide I Registry.

PATHWAY #2 – ELIGIBILITY REQUIREMENTS – CANDIDATES FROM SOUTH CAROLINA, GEORGIA, TENNESSEE, VIRGINIA, OR WEST VIRGINIA WHO WERE NOT APPROVED UNDER PATHWAY #1

Pursuant to North Carolina Session Law 2025-61 (House Bill 763), applicants must meet the following requirements:

- Successful completion of a state-approved nurse aide competency evaluation (examination) program in the reciprocity state.
- Active status on the nurse aide registry in the reciprocity state for at least one year (temporary or provisional status is not accepted).
- Good standing status on all state nurse aide registries.

- No voluntary surrender or revocation of a nurse aide license, certification, or registration in any state due to unprofessional conduct.
- No active or pending unresolved disciplinary action on any state nurse aide registry.
- State and federal background check information indicates no disqualifying criminal history record, as defined by North Carolina General Statute 93B-8.1 and applicable law.
- Established North Carolina residency (P.O. Box addresses are not accepted).

Please be advised of the following:

- Private duty or virtual nurse aide work will not be accepted.
- You must complete the online renewal process to maintain your active listing status on the North Carolina Nurse Aide I Registry.

PART 1 – APPLICANT INFORMATION

Answer the questions below. If applicable, include hyphens and suffixes in your legal name. Do not include nicknames.

1. First name: _____
2. Middle name: _____
3. Last name: _____
4. Maiden name (if applicable): _____
5. Mother’s maiden name (if applicable): _____
6. Social Security number (all 9 numbers): _____
7. Date of birth (MM/DD/YYYY): _____
8. Telephone number (including area code): _____
9. Email address: _____
10. Gender (Male/Female): _____
11. Did you serve in the military? (Yes/No): _____
12. Did you work in a Military Occupation Specialty (MOS) performing nursing or nursing-related services? (Yes/No): _____
13. Are you currently married to an active-duty service member or military veteran? (Yes/No): _____

PART 2 – STATE OF RESIDENCY

Answer the questions below.

14. Do you currently live in North Carolina (Yes/No): _____
15. Provide your current address (street, city, state, zip code): _____

PART 3 – NURSE AIDE REGISTRIES

Candidates Seeking Reciprocity from Alabama:

- You must submit a signed letter from your current or former employer on official company letterhead.
- The letter must include the following information:
 - Dates of employment as a Nurse Aide
 - Job title
 - Confirmation that:
 - Duties performed were those of a nurse aide
 - Duties were performed for pay
 - Duties were delegated and supervised by a registered nurse
 - Your registry listing is active
 - There are no pending or substantiated findings of abuse, neglect, exploitation, or misappropriation of resident or patient property associated with your registry listing.

Candidates Seeking Reciprocity from Maryland:

- You must be listed as a CNA-I (or CNA/GNA), indicating eligibility to work in a nursing facility or skilled nursing facility (i.e., long-term care).

16. Provide the following information for all states in which you hold an active or expired nurse aide registry listing. The information provided must match the information listed on each state registry website. If you are listed on more than four state registries, attach a separate document containing the requested information for any additional states.

State #1

- a. State: _____
- b. Registry listing status (e.g., active, expired, lapsed, eligible, current): _____
- c. Registry listing number: _____
- d. Registry listing original issue date: _____
- e. Registry listing expiration date: _____

State #2

- a. State: _____
- b. Registry listing status (e.g., active, expired, lapsed, eligible, current): _____
- c. Registry listing number: _____
- d. Registry listing original issue date: _____
- e. Registry listing expiration date: _____

State #3

a. State:

b. Registry listing status (e.g., active, expired, lapsed, eligible, current):

c. Registry listing number:

d. Registry listing original issue date:

e. Registry listing expiration date:

State #4

a. State:

b. Registry listing status (e.g., active, expired, lapsed, eligible, current):

c. Registry listing number:

d. Registry listing original issue date:

e. Registry listing expiration date:

PART 4 – PROFESSIONAL CONDUCT

Answer the questions below.

17. Do you have a pending or substantiated disciplinary action (or finding) recorded on any state registry of nurse aides? (Yes/No):

If you answered 'Yes,' list the state(s) that apply:

If you answered 'Yes,' is the disciplinary action (or finding) associated with abuse, neglect, exploitation, or misappropriation of resident or patient property? (Yes/No):

18. Have you voluntarily surrendered or had revoked a nurse aide license, certification, or registration in any state due to unprofessional conduct? (Yes/No):

If you answered 'Yes,' list the state(s) that apply:

19. Do you have a pending or substantiated conviction recorded on a federal or state criminal background check? (Yes/No):

If you answered 'Yes,' list the state(s) that apply:

PART 5 – NURSE AIDE EMPLOYMENT

Answer the questions below.

20. Within the past 24 months, have you worked as a nurse aide for a minimum of eight hours, for pay, performing nursing or nursing-related services under the delegation and supervision of a registered nurse? (Yes/No):

If you answered 'No,' when did you last successfully complete a state-approved nurse aide competency evaluation (examination) program? Include the state and year in your response. State and Year: _____

If you answered 'Yes,' provide your nurse aide employment history for the past 24 months below.

Employer #1:

a. Employer name:

b. Employer address (street, city, state, zip code): _____

c. Employer telephone number (including area code): _____

d. Date hired as a nurse aide (MM/YYYY): _____

e. Most recent month/year worked as a nurse aide (do not enter current, present, or still employed) (MM/YYYY): _____

f. Is the employer a staffing agency? (Yes/No): _____

If you answered 'Yes,' list the state(s) where you worked through the staffing agency:

g. Provide the first and last name of the registered nurse who delegated and supervised your duties as a nurse aide:

Employer #2:

a. Employer name:

b. Employer address (street, city, state, zip code): _____

c. Employer telephone number (including area code): _____

d. Date hired as a nurse aide (MM/YYYY): _____

e. Most recent month/year worked as a nurse aide (do not enter current, present, or still employed) (MM/YYYY): _____

f. Is the employer a staffing agency? (Yes/No): _____

If you answered 'Yes,' list the state(s) where you worked through the staffing agency:

- g. Provide the first and last name of the registered nurse who delegated and supervised your duties as a nurse aide:
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PART 6 – IDENTIFICATIONS

Provide copies of the acceptable forms of identification listed below with this application:

- Signed Social Security card; and
- Unexpired government-issued identification containing a photograph and signature, such as:
 - Current, non-expired driver’s license or temporary permit
 - United States military identification card
 - State-issued identification card
 - Passport (United States or foreign, current, non-expired)
 - Current, non-expired federal Employment Authorization Document (EAD) card
 - Alien registration card

Please be advised of the following:

- If your legal name does not match your identification documents or state registry records, you must provide legal documentation verifying your name, such as a birth certificate, marriage license, or divorce decree.
- You may be required to update the legal name on your identification documents with the appropriate government agency.
- You may be required to update your legal name in the nurse aide registry of the state where you are seeking reciprocity.

PART 7 – ELECTRONIC SIGNATURE AGREEMENT

You acknowledge and agree to the following statements:

- I certify that I have reviewed the entire document before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

PART 8 – APPLICANT ATTESTATION

I certify the information in this application and in any documentation required submitted with this application is true, accurate, and complete. I understand that if any information I have provided is found to be fraudulent or inaccurate, my listing may be removed from the North Carolina Nurse Aide I Registry, and I may be required to successfully complete a North Carolina state-approved Nurse Aide I training program and the North Carolina state-approved Nurse Aide I competency evaluation (examination) program. I give permission to any state registry and to any entities performing state or federal background checks to disclose information requested in this application to the North Carolina Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section.

First Name: _____
Middle Name: _____
Last Name: _____
Signature: _____
Today’s Date (MM/DD/YYYY): _____