

## Instructions for Use with Scannable Form DHSR4205-SR N.C. Nurse Aide I and Medication Aide Listing Renewal Application

To renew their listings, N.C. level I Nurse Aides and nursing home-qualified N.C. Medication Aides must report qualified work in each two-year registry listing period. Eligible aides receive a listing renewal application (scannable form DHSR4205-SR) by mail, three (3) months before the due date. They are to use the scannable form to document and report their qualified work for the renewal. Aides who do not perform qualified work in two years must re-train and/or re-test to renew. To order the scannable form DHSR4205-SR, or for assistance, call 919-855-3969, weekdays, from 8 a.m. - 12 noon and 1 p.m. - 3 p.m., or visit <https://www.ncnar.org>.

### Renewal-qualified work for Nurse Aide I:

- Eight (8) hours of paid Nurse Aide I tasks, under registered nurse (RN) supervision.

### Renewal-qualified work for Medication Aide:

- Eight (8) hours of paid Medication Aide tasks, under an appropriately licensed RN/qualified supervisor, in compliance with N.C. § 131E-114.2.

### Work that is not qualified:

Volunteer work; sitter work; work that is not supervised by an appropriately licensed and qualified person; work that is outside the aide's scope of practice; less than eight (8) hours of cumulative work time in two years; periods of time when no direct aide tasks are performed (e.g., orientation, extended leave of absence, etc.).

## Aide Instructions - Page 1

- Line 1**     **Name and Address** - Verify that your pre-printed name and address are correct. You may report address corrections or changes in the grids at line 5. For name change reporting procedures, please visit [www.ncnar.org](http://www.ncnar.org) or call the registry at the number above.
- Line 2**     **Gender (Optional)** - Complete your gender. Data is collected for statistical purposes only.
- Line 3**     **SSN last 4 digits (Required)** - Complete the last four digits of your social security number (SSN). The last 4 digits of your SSN are used for the purpose of individually identifying your registry record and for validity of the renewal information reported. Your SSN will remain confidential in our files.
- Line 4**     **Home and Work Phone Numbers** - Complete your home (or cell) and work phone numbers.
- Line 5**     **Address Correction** – Leave this area blank if your address in Line 1 is correct. Otherwise, enter your complete mailing address, city, state, and zip.

### Next:

- At the top of the scannable form, notice the registry (Nurse Aide I or Medication Aide) for which the renewal form was sent, and the two-year listing period. Take the form to your most recent employer where you performed renewal-qualified work during this two-year period. The supervisor must complete all of Page 2.
- If desired, you may **register online** ([https://www.ncnar.org/verify\\_listings1.jsp](https://www.ncnar.org/verify_listings1.jsp)) **to receive courtesy emails** when your form is received and updated. However, you must register **before returning your form** to receive emails. (*We do not guarantee email delivery.*)
- Return the original, completed form **by mail** to: Center for Aide Regulation and Education, 2709 Mail Service Center, Raleigh, N.C. 27699-2709. **Faxes are not accepted.**
- To check your listing status anytime, visit [https://www.ncnar.org/verify\\_listings1.jsp](https://www.ncnar.org/verify_listings1.jsp) or call 919-715-0562. Updates are posted each business day.

## Supervisor Instructions - Page 2

**Note:** There are two current versions of the scannable renewal form DHSR4205-SR, with slight differences in the information to be filled in by the supervisor. Where the forms differ, the instructions below are given based on the color of the form.

### Attention Nursing Facility Employers:

A renewal application (form DHSR4205-SR), presented to the facility by a nurse aide, should be considered a request from the Department for verification of past or present employment. Failure to comply with rule 10A NCAC 13D .2304 may result in licensing action against the facility.

**Line 1** Pink Form: **Type of Qualified Aide Work Performed** – Mark only one type of qualified work that the aide performed. (Note: If the aide worked in more than one of the listed work types, report the type of work for which the renewal application was issued. For example, for Nurse Aide I renewal applications, report only the nurse aide work. If the application was issued for Medication Aide renewal, report medication aide work.)

Brown Form: **Verification of Qualified Nurse Aide Work Performed** – Mark “YES” if the aide performed eight (8) hours of paid, RN-supervised Nurse Aide I tasks. (A Nurse Aide I task list is available at [www.ncbon.com](http://www.ncbon.com).) If you cannot answer YES, stop completing the form and have the aide contact the registry.

**Line 2a** **Employer** - Enter employer's full name, address, and phone number. (For private duty employment – enter the PAYER'S name and contact information.)

**Line 2b** **Employer's NC DHSR Facility License Number** – Enter the complete facility license number if employer is licensed by the N.C. Division of Health Service Regulation – including letter prefix and digits (omit dashes). Do not enter tax ID, FID, or Medicaid certification number.

**Line 2c** **Other Employer Setting** – Leave blank if you completed 2b. Otherwise, enter the most appropriate code from the list provided. Note: For “Schools” and “Other” employment settings, specify duties/setting. For “Schools” and “Other” settings, if available, include a copy of the job description with the application. This will be used as needed to determine job appropriateness for purpose of listing renewal.

**Line 3** **Qualified Date Aide Worked** - List the most recent date on which renewal-qualified work occurred during the listing period that is shown at that top of page 1. If the listing has lapsed, also complete the date of hire.

**Line 4** Pink Form: **Supervisor Signature (original signature)** – Sign in the space that corresponds to the type of work you reported on Line 1. Registered Nurse (RN) supervisors, sign at left, and include RN certificate number/state. Qualified Medication Aide Supervisors (Non-RN) sign at right. Non-RN Supervisors must be in accordance with N.C. § 131E-114.2 and all other rules and requirements of the practice setting. ONLY ONE SIGNATURE LINE SHOULD BE COMPLETED.

Brown Form: **RN Supervisor Signature/Approving RN Signature** – Sign and include your RN certificate number/state.

Note to RNs: Your signature VERIFIES WORK PERFORMED, NOT COMPETENCY. The RN signature can be that of either the directly supervising nurse or another licensed nurse who can verify RN supervision occurred and the work dates, based on employer's records.

**Mail To:** **Return completed, original form to:** Center for Aide Regulation and Education, 2709 Mail Service Center, Raleigh, N.C. 27699-2709.