North Carolina Center for Aide Regulation and Education

DHSR4205-SR

Listing Renewal Application for:

Listing Period:

To qualify for an extension (renewal), you must complete 8 hours of qualified employ
during each listing period (see enclosed *Listing Renewal Information and Instructions* fo
definition of qualified employment). Report employment only for the listing period above on
this application. For help, visit www.ncnar.org or call 919-855-3969, 9am-3pm, M-F.

MARKING INSTRUCTIONS:

RIGHT MARK ● WRONG MARKS ✓ X ⬬ •

Do not mark in this area - for office use only.

Note: The two-year period given here is the period for which employment must be shown to qualify for renewal. See note for the Qualified Date Aide Worked on page 2.

1.

2. Gender (optional):

Male Female

3. Aide Information (required):

SSN (last 4 digits)

Form ID (from block 1, if not pre-printed)

Common error: phone number bubbles are not completely filled in.

Common errors:
- number is missing.
- bubbles are not correctly filled in.
-number is incorrect.

4. Home Phone – –

Work Phone – –

5. Address Correction (if different from block 1)
Street Address or PO Box (include apartment number if applicable)

City

State

Zip –

5. This section is for address corrections only. Do not complete if the pre-printed address in block 1 has your current mailing address.

To Be Completed by Supervisor

Common errors:
- Reporting more than one type of employment.
- Not selecting the type of employment (blank).

1. Type of Qualified Aide Work

Choose ONE – report work performed during this listing period only:

- A. Nurse Aide, performing hands-on patient care, for pay (8 hrs), under RN supervision.
- B. Medication Aide (RN-supervised), performing medication administration tasks, for pay (8 hrs), under RN supervision.
- C. Medication Aide, performing medication administration tasks, for pay (8 hrs), under a Qualified Medication Aide Supervisor (non-RN).

Common errors for 2b and 2c:
- FID # used instead of the license number. Locate license numbers at [http://www.ncdhhs.gov/dhsr/reports.htm].
- Prefix is selected but the digits are omitted.
- Both b and c are completed. Complete only one area.

2. Employer

a. Name _____

Address _____

City _____

b. Employer's NC DHSR Facility License Number (if applicable)

Prefix	No. (4-8 digits, omit dashes)
NH (Nursing Home)	
H (Hospital)	
HC (Home Care)	
HOS (Hospice)	
NP (Nursing Pool)	
AB (Abortion Clinic)	
MHH (Mental Health Hospital-Private Psychiatric)	
MHL (Mental Health Home)	
HAL (Adult Care Home)	
FCL (Family Care Home)	
CRP (Cardiac Rehab Program)	
AS (Ambulatory Surgery)	
FCC (Foster Care Camp)	

c. Other Employer Setting (if not licensed by NC DHSR)

- State-Operated Mental Health Hospitals/Facilities/ICF/MR
- Private Duty (NC only – private duty in another state will not be accepted)
- Department of Social Services
- Military Facility (Does not include Veterans Hospitals)
- NC Department of Correction
- NC Veterans Hospital
- Health Dept, Health Clinic, Physician's Office
- Dialysis Facility
- Schools (Specify duties) _____
- Adult Daycare, Children with Special Needs Daycare
- Out of State Employment (Non-Private Duty)
- Health Care Facility on Native American Indian Reservation
- Other (Specify) _____

3. Qualified Date Aide Worked

Most recent 8 hrs of qualified actual work performed during this listing period:

MO.	DAY	YEAR
		20

Common errors:
-Date is not within the current listing period (shown at top of page one).
-Date is not completely bubbled in.

4. Supervisor Signature – *read supervisor responsibility (below) before signing*

Employment Types A and B (above)

Registered Nurse Supervisor:

Signature: _____ (Use ink here)

RN Certificate #: _____

Phone (if different from above): _____

Employment Type C

Qualified Medication Aide Supervisor:

Signature: _____ (Use ink here)

Phone (if different from above): _____

Common errors:
-Signature is in the wrong area or appears in both areas. The signature area must correspond to the employment type given at line 1 above.
-Signature stamp is used (original signature required).

Supervisor Responsibility: Ensure that the da... subject to verification with the issuing source. F... appropriate licensing authorities. If you are not sure whether the aide's employment is qualified, contact the Registry prior to completing the application.