

NURSE AIDE I REGISTRY TRAINING WAIVER APPLICATION

INSTRUCTIONS:

- Review Part 1 below and determine if you meet the eligibility requirements to receive a state-approved nurse aide I training waiver in North Carolina.
- If you meet the eligibility requirements, then complete and **submit all pages** of the application (pages 1 through 6) and any required supportive documentation. Incomplete applications **will not** be processed.
- Please use black or blue ink only. Other ink colors are not be readable via fax.
- Return completed application by mail or fax.
 - Mailing Address: 2709 Mail Service Center, Raleigh, NC 27699-2709
 - Fax Number: 919-733-9764

Do Not Submit More Than One (1) Application Unless Instructed by DHSR.

PART 1: DETERMINE ELIGIBILITY

Consistent with Rule 10A NCAC 13O .0301, to be listed on the North Carolina Nurse Aide I Registry, all individuals must complete, at minimum, a state-approved, 75-hour basic nurse aide training course and pass the Nurse Aide I Competency Examination. In specific circumstances, some individuals may apply to take the examination without additional training. These individuals must meet **one (1) or more** of the criteria listed below.

1. Completed state-approved nurse aide training in a state other than North Carolina in the past 2 years (previous 24 consecutive months).
2. Nurse with an unencumbered, out-of-state license.
3. Holds a college degree in nursing but is not licensed.
4. Currently enrolled in a nursing program.
5. Previously been enrolled in a nursing program but is not licensed.
6. Emergency Medical Technician with a current, unencumbered credential.
7. Military veteran who received nursing/medical training credentials while in service.
8. Nurse aide listed as active and in good standing on the North Carolina Nurse Aide I Registry but does not meet the requirements for renewal.

Please review the [North Carolina Nurse Aide I Candidate Handbook](#) to ensure you pass the competency examination within the required time period for listing on the North Carolina Nurse Aide I Registry. For example, if your listing is active and in good standing on the North Carolina Nurse Aide I Registry but you do not meet the requirements for renewal, then you must pass the competency examination prior to the registry listing expiration date.

Duplicate Applications for Review and Approval WILL NOT Be Accepted.

PART 2: PERSONAL INFORMATION

- Answer all questions.
- Print legibly.
- Include hyphens and suffixes in your legal name (No Nicknames).
- Your legal name must match your social security card and photo identification on the day you take the North Carolina competency examination.

First Name:	Middle Name:	Last Name:
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Prior Name(s) (if applicable):

First Name:	Middle Name:	Last Name:
First Name:	Middle Name:	Last Name:

Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth: _____ / _____ / _____ mm dd yyyy	Social Security Number: (include all 9 numbers)
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Home Telephone Number: (include area code)	Work Telephone Number: (include area code)	Mother's Maiden Name:
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Email Address:

Did You Serve in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO

Did You Work in a Military Occupational Specialty (MOS) Where You Performed Nursing or Nursing-Related Tasks? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I DID NOT SERVE IN THE MILITARY

Are You Currently Married to an Active Member of the Military or a Military Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO

Mailing Address:

Street/PO Box:	Apt. #:
City:	State:
Zip Code:	County:

PART 3: STATE-APPROVED NURSE AIDE TRAINING

- Answer the questions below.
- Nurse aide training must have been completed in the past 2 years (previous 24 consecutive months) in a state other than North Carolina.
- You must submit a copy of the official certificate/diploma which contains the school/program seal and training dates and/or a copy of the official school transcript. We will verify the authenticity of the documents.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Did You Complete a State-Approved Nurse Aide I Training Program that Consisted of at Least 75 Hours of Training in the Past 2 Years (Previous 24 Consecutive Months)?
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If you answered YES to the question above, then complete the table below.

Name of Training Program:	Training Program Completion Date: (date of passing grade or score)
The State Where You Completed Training:	_____ / _____ / _____ mm dd yyyy

PART 4: NURSE AIDE I REGISTRIES

- Answer all questions below.
- If you are currently listed in active status and in good standing status in any State Registry of Nurse Aides, then submit the [reciprocity application](#) for review and approval.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are You Currently Listed on <u>Any</u> State Registry of Nurse Aides in an Active or Expired Status?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are You Currently Listed on the <u>North Carolina</u> Nurse Aide I Registry in an Active or Expired Status?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do You Have Any Pending or Substantiated Findings of Abuse, Neglect, Exploitation, or Misappropriation of Resident or Patient Property Recorded on Any State Registry of Nurse Aides?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have You Been Convicted of Abuse, Neglect, Exploitation or Misappropriation of Resident or Patient Property from a Person in Your Care?

If you answered YES to any question above, then complete the table below.

State Name or Abbreviation:	Registry Certification or Registration Number (if applicable):	Original Issue Date: _____ / _____ (if applicable) mm yyyy
	Date of Substantiation or Conviction (if applicable): _____ / _____ mm yyyy	Expiration Date: _____ / _____ (if applicable) mm yyyy
	Select All That Apply (if applicable): <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Theft <input type="checkbox"/> Exploitation	

State Name or Abbreviation:	Registry Certification or Registration Number (if applicable):	Original Issue Date: _____ / _____ (if applicable) mm yyyy
	Date of Substantiation or Conviction (if applicable): _____ / _____ mm yyyy	Expiration Date: _____ / _____ (if applicable) mm yyyy
	Select All That Apply (if applicable): <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Theft <input type="checkbox"/> Exploitation	

PART 5: EMERGENCY MEDICAL TECHNICIAN

Answer the questions below.

<input type="checkbox"/> YES <input type="checkbox"/> NO	I Hold a Current Emergency Medical Technician Credential.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I Hold an Unencumbered Emergency Medical Technician Credential.

If you answered YES to either question above, then complete the table below.

State Name or Abbreviation:	Original Issue Date: _____ / _____ / _____ mm dd yyyy	Expiration Date: _____ / _____ / _____ mm dd yyyy	Emergency Medical Technician Credential Number:
Emergency Medical Technician Verification Website:			

PART 6: NURSING LICENSE

- Answer the questions below.
- If you are a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) in North Carolina, then complete the [application for licensed nurses](#) for review and approval.

<input type="checkbox"/> YES <input type="checkbox"/> NO	As a Registered Nurse, I Hold a Current or Expired Out of State License.
<input type="checkbox"/> YES <input type="checkbox"/> NO	As a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN), I Hold a Current or Expired Out of State License.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I Hold an Unencumbered Nursing License.

If you answered YES to any question above, then complete the table below.

State Name or Abbreviation:	Original Issue Date: _____ / _____ / _____ mm dd yyyy	Expiration Date: _____ / _____ / _____ mm dd yyyy	Nursing Credential Number:
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PART 7: UNLICENSED NURSE & NURSING EDUCATION

- Answer the questions below.
- You must submit a copy of the official school transcript with the submission of this application. We will verify the authenticity of the documents.
- Nursing students currently attending school in North Carolina should contact their school before completing this application.

<input type="checkbox"/> YES <input type="checkbox"/> NO	I Am Not a Licensed Nurse. However, I Hold a College Degree in Nursing.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I Am Not a Licensed Nurse. However, I Was Previously Enrolled in a Nursing Program but Did Not Obtain a College Degree.

If you answered YES to either question above, then complete the table below.

State Name or Abbreviation:	Graduation Year (if applicable):	Degree Held (if applicable):	Name of School:
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<input type="checkbox"/> YES <input type="checkbox"/> NO	I Am a Nursing Student Currently Attending School in a State Other Than North Carolina.
<input type="checkbox"/> YES <input type="checkbox"/> NO	I Am a Nursing Student Currently Attending School in North Carolina.

If you answered YES to either question above, then complete the table below.

State Name or Abbreviation:	Expected Graduation Date:	Proposed Degree:	Name of School:
	_____ mm dd yyyy		

PART 8: MILITARY TRAINED INDIVIDUALS

- Answer the questions below.
- You must submit your official military DD-214 and any other official military training documentation with the submission of this application.

<input type="checkbox"/> YES <input type="checkbox"/> NO	I Completed Nursing/Medical Training in the United States Armed Forces.
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If you answered YES to the question above, then complete the table below.

Military Branch:	Credential/Military Occupational Specialty (MOS):
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PART 9: COMPETENCY EXAMINATION DATES

- Carefully consider when you plan to take the North Carolina nurse aide I competency examination. You will receive an email from Pearson VUE once you have been approved and can register for the competency examination in North Carolina.
- You must pass the nurse aide I competency examination within the required time period for listing on the North Carolina Nurse Aide I Registry. Please review this information in the [North Carolina Nurse Aide I Candidate Handbook](#). No exceptions will be approved.
- Provide a two-week range of the dates you plan to take the competency examination in North Carolina. Comments such as “ASAP” or “Anytime” will not be accepted.

____/____/____ through ____/____/____
mm dd yyyy mm dd yyyy

PART 10: APPLICANT SIGNATURE

I certify that all the information provided in this application is true and complete. I understand that if the information I have provided is found to be fraudulent, my listing will be removed from the North Carolina Nurse Aide I Registry and I will be required to pass a North Carolina state-approved nurse aide I training program and the North Carolina state-approved nurse aide competency examination. I give my permission to any state registry to disclose all information requested in this application to the North Carolina Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section. I have reviewed the North Carolina Nurse Aide I Candidate Handbook and I understand that I must pass the competency examination within the required time period for listing on the North Carolina Nurse Aide I Registry. I understand that if I am currently listed on the North Carolina Nurse Aide I Registry, I must pass the competency examination prior to the registry listing expiration date.

First Name (print): _____

Middle Name (print): _____

Last Name (print): _____

Signature: _____ Date: _____

REMINDER:

You Must Submit All Pages of the Application (Pages 1 through 6) For Review and Approval