

PROMETRIC  **MICHIGAN NURSE AIDE REGISTRY RENEWAL FORM**

**Instructions:**

- Provide the information requested in (1) through (9) below.
- Have your current or former nurse aide employer complete the back of this form (10) through (14).
- The employer verifying employment history must also provide a letter on Facility/Agency letterhead [see (14)]
- Return the completed renewal form with the Facility/Agency letter and a **\$20** money order made payable to Prometric. This renewal fee is a **nonrefundable** processing fee. Mail to address provided on the back of this form.

Current Information:	Current Registration Expires:
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**Eligibility for Renewal:**

You are eligible to renew your certificate if you have worked as a Certified Nurse Aide (CNA) or Unlicensed Assistive Personnel (UAP) in a traditional or nontraditional health care facility, **licensed by the state of Michigan and/or certified by the Federal Government**, performing nursing or nursing -related services for pay under the supervision of a registered nurse for at least eight (8) consecutive hours within the immediate 24-month period prior to your current registry document expiration date (or within the 60-day grace period). **Note:** Nurse Aides flagged on the registry for resident abuse, neglect or misappropriation of property are not eligible for renewal.

<b>Complete the following information:</b>									
(1) First Name and Middle Initial:									
(2) Last Name: <small>Note: If your name has changed from how it is currently listed on your registry certificate, you must enclose a copy of the legal document authorizing the name change.</small>									
(3) Social Security Number:									
(4) Date of Birth:									
(5) Home Phone Number:									
(6) Work Phone Number:									
(7) Home Address:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">_____</td> <td style="border: none; text-align: right;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Street Address or P.O. Box #</td> <td style="border: none; text-align: right; font-size: small;">Apt. #</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State      County      Zip Code</td> </tr> </table>	_____	_____	Street Address or P.O. Box #	Apt. #	_____	_____	City	State      County      Zip Code
_____	_____								
Street Address or P.O. Box #	Apt. #								
_____	_____								
City	State      County      Zip Code								
(8) In order to renew your certification, you must have worked for pay, as a Nurse Aide, under the supervision of a Registered Nurse for at least 8 consecutive hours within the last 24-month period.	<p><b>Have you met this requirement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have met this requirement, you must bring this form to your most recent employer where you work(ed) as a nurse aide, and have them complete the back of this form and provide you with a letter on letterhead for further verification of your employment history. If you do not meet this requirement, contact Prometric to determine whether you will need to retrain or retest to re-certify.</p>								
(9) <b>Nurse Aide Signature</b>  <small>Note: If the information you have provided is found to be false, your name will be removed from the Michigan Nurse Aide Registry (MCLA 750.248).</small>	<p>I certify that the information put forth on this Michigan Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="border: none; width: 70%;">_____</td> <td style="border: none; width: 30%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Signature of Nurse Aide</td> <td style="border: none; font-size: small;">Date</td> </tr> </table>	_____	_____	Signature of Nurse Aide	Date				
_____	_____								
Signature of Nurse Aide	Date								

<b>Employer Verification</b>	
In order to renew a nurse aide certification she/he must have worked for pay as a Nurse Aide under the supervision of a Registered Nurse for at least 8 consecutive hours within the last 24-month period (including the 60-day grace period).	Did the nurse aide named on the reverse side of this renewal form meet these requirements with your facility/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Name of Facility/Agency/Nurse Aide Employer:	
(11) Address of Facility/Agency/Nurse Aide Employer:	<hr/> Street Address or P.O. Box <hr/> City <span style="float: right;">State</span> <span style="float: right;">Zip Code</span>
(12) Please indicate the type of nurse aide employer your facility/agency is:	<b>Traditional Facility:</b> <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Home Health Agency <input type="checkbox"/> County Medical Care Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <b>Staffing Agency:</b> <input type="checkbox"/> Working as a nurse aide in a Long Term Care Facility <input type="checkbox"/> Providing private duty care <b>Non-Traditional Facility:</b> <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Group Home <b>Other:</b> (please describe) <hr/> <hr/>
(13) Please provide the dates of employment for this nurse aide.	Date of Hire: _____ Date of Termination: _____ <input type="checkbox"/> The nurse aide is still actively employed with our agency/facility
(14) Signature of Registered Nurse (RN) supervising duties for nurse aides working in the following settings: Long Term Care Facility, County Medical Care Facility, Home Health Agency, Hospital, Hospice, Assisted Living Facility, Group Home or a Staffing Agency providing private duty care:	The individual named herein has worked for pay as a nurse aide, under the supervision of a registered nurse, for the health care facility listed above, for at least 8 consecutive hours within the last 24-month period prior to her/his current registry document expiration or during the 60-day grace period. <hr/> Signature of Registered Nurse <span style="float: right;">RN License Number</span> <hr/> Printed Name of Registered Nurse <span style="float: right;">Date Signed</span>
<p><i>Note: If the nurse aide did not work in a setting where her/his work has been periodically supervised by a Registered Nurse who can sign the renewal form, the nurse aide will not qualify for renewal.</i></p> <p><b>A letter must be attached to this renewal form on Facility/Agency letterhead documenting the current or former employment of the nurse aide with your facility/agency. The letter must be signed by one of the following authorized personnel: Administrator/Asst. Administrator, Director of Nurses/Assistant Director of Nurses, Staff Development Coordinator, Scheduling Coordinator or Director of Human Resources. If the nurse aide was employed with a staffing agency providing temporary staffing in a long term care facility, the letter must include the name and address of the Long Term Care Facility where the nurse aide most recently worked. The letter must also include the most recent date the nurse aide worked in this capacity.</b></p>	
<b>Mail to:</b> Prometric ATTN: Michigan Nurse Aide Registry Renewal 1260 Energy Lane St. Paul, MN 55108  We suggest that you make a photocopy of your renewal form and retain your money order receipt for your records. <b>Do not forget to include your \$20 money order. <u>NO PERSONAL CHECKS WILL BE ACCEPTED.</u></b> <b>Questions:</b> Call our Customer Service Telephone Number: 800.752.4724.	