



# Michigan Nurse Aide Registry Renewal Form

**Please print clearly and neatly. Fill out form completely.**

**Instructions:**

- Provide the information requested in #1 through #9 below.
- Have your current or former nurse aide employer complete the back of this form.
- The employer verifying employment history must also provide a letter on Facility/Agency letterhead.
- 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.

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 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.

Nurse Aide Information	
1	Social Security Number: _____
2	First Name and Middle Initial: _____
3	Last Name*: _____
4	Date of Birth: _____
5	Home Address: _____ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street Address or P.O. Box #</span> <span>Apt. #</span> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City</span> <span>State</span> <span>County</span> <span>Zip Code</span> </div>
6	Home Phone Number: _____
7	Work Phone Number: _____
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 eight consecutive hours within the last 24-month period. <b>Have you met this requirement?</b> <input type="checkbox"/> <b>Yes.</b> If yes, bring this form to your most recent nurse aide employer and have them complete the back of this form and provide you with a letter verifying your employment history on agency or facility letterhead. <input type="checkbox"/> <b>No.</b> If you do not meet this requirement, contact Prometric to determine whether you will need to retrain or retest to recertify.
9	<b>Nurse Aide Signature</b> 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. <i>(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]).</i>  _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Nurse Aide</span> <span>Date</span> </div>

*\*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.*

**Have your employer complete the other side of this form. Failure to fully complete both sides may result in delays or denial of the renewal of your certificate.**

