



Michigan Nurse Aide Materials Request Form

Please print clearly and neatly.

Contact Information			
Social Security Number:		Date of Birth:	
Last Name	First Name	Middle Initial	
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	County	ZIP Code
Home Phone Number (including area code) ()		Work Phone Number (including area code) ()	
Cell Phone Number (optional) ()		Email Address (optional)	

This is a request for:

<input type="checkbox"/>	Duplicate of my Certificate I have enclosed the required \$20 money order made payable to Prometric.
<input type="checkbox"/>	Duplicate Authorization to Test Letter. No fee required.
<input type="checkbox"/>	Correction or Change of Information. No fee required. ___ Name Change (I have enclosed a marriage license, divorce decree or other required court document) ___ Address or Phone Number Change (fill out section below) ___ Social Security Number (I have submitted the REQUIRED copy of my Social Security Card) ___ Other (please describe)

I am requesting a change in information. The correct information is printed below.

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(I understand that if I want a certificate to reflect this change, I must also request a Duplicate Certificate and include a \$20 fee.)

Mail this completed form and any necessary paperwork and fee to:

Prometric
Attn: Michigan Nurse Aide Registry Renewal
1260 Energy Lane
St. Paul, MN 55108

Forms that do not require fees may be faxed to: 800.813.6670.

We suggest that you make a photocopy of your renewal form for your records.