



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

Delaware Nurse Aide Registry
Reciprocity Application
(Out of State CNA's to Delaware)

General Information

PART I: Eligibility

A nurse aide from another state may apply for certification on the Delaware Nurse Aide Registry instead of completing a Delaware state approved Nurse Aide Training and/or Competency Examination by meeting the following qualifications:

1. Are currently listed on another state's Nurse Aide Registry in good standing.
(You must have a GNA in current/active status if from the State of Maryland)
2. Have no pending or substantiated findings of adult/child abuse, neglect, or misappropriation of resident/patient property recorded on another state's Nurse Aide Registry.
3. Have either been employed as a Certified Nurse Aide for the equivalent of at least **3 months full time (420 hours)**, for pay, under the supervision of a registered nurse or physician **or** have completed a CNA training course of **at least 150 hours**.

PART II: Instructions

The following checklist are required items needed to substantiate your eligibility to be approved for placement on the Delaware Nurse Aide Registry: **(An incomplete packet of required items will be returned unprocessed.)**

1. **Section A - Page 2, *Application for Reciprocity***, must be completed clearly by the applicant/CNA. Please sign the bottom of the page verifying that the information provided is accurate.
2. **Section B – Page 3**, is to be completed by a current or previous employer and requires verification of employment as a nurse aide in a health care setting where you worked as a Certified Nurse Aide under the supervision of a registered nurse or physician performing nursing-related services for pay for at least **3 months full time (420 hours)** **or** verification from your CNA training school administrator if you completed a minimum of **150 training hours**.
3. Provide a copy of your **current state certification** card or verification printout from your state's website. The Delaware Nurse Aide Registry will verify registry status in the state(s) that currently list your name as a current Certified Nurse Aide.
4. A legible/clear photocopy of a **picture I.D.** that shows your birth date and correct spelling of your name (i.e., driver's license)
5. **Processing fee of \$30** - check or money order – made out to the **State of Delaware**. This is non-refundable.

Mail to: Division of Long Term Care Residents Protection, 3 Mill Road, Suite 308, Wilmington, DE 19806

We no longer issue certification cards in the State of Delaware. You will be notified, if approved, by the email that you provide on page 2 of the application. You may also call (302) 421-7410 to confirm your certification or search the following website: <http://www.prometric.com/nurseaide/DE> {click on the link to the Delaware Nurse Aide Registry}. Please allow up to thirty (30) days to be processed.

Revised 10/09/17



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Long Term Care Residents Protection

Delaware Nurse Aide Registry
Application For Reciprocity

Applicant Name: _____

Phone Number: _____

SECTION B: To be completed by Employer or Training School

Instructions: (Note: Photocopies of this completed application are not acceptable – the employer’s/trainer’s original signature is required)

- 1) Forward/Present this page to your **employer (showing the equivalent of at least 3 months – 420 hours of full time experience or your training school (if training/program was at least 150 hours)**
- 2) Employer or Training School **must have signature notarized** or the information must be presented on company letterhead to substantiate verification.
- 3) Mail to: **Division of Long Term Care Residents Protection, 3 Mill Road, Suite 308, Wilmington, DE 19806** {Ph: (302) 427-7410}

EMPLOYER or TRAINING SCHOOL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Complete either section number (1) or number (2) below:

(1) As the **employer**, I certify that individual named above is/was employed as a **Certified Nurse Aide** and performed nursing/nursing-related duties from (mm/dd/yyyy) _____ to (mm/dd/yyyy) _____, **under the supervision of a licensed nurse or physician** for _____ **total hours**. I am not aware of any disqualifying misconduct.

Or

(2) As the training school administrator, I certify that the individual named above completed a training and competency evaluation program of _____ **hours**.

Signature - Employer/Training Administrator _____
Date

Sworn and subscribed to me on this _____ day of _____, 20____, in _____ County,
In the State of _____

(Place Notary Seal Here)

Signature – Notary Public

Date Commission Expires

Print Name