



**DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH CARE FACILITY
LICENSURE & CERTIFICATION
67 Forest Street
Marlborough, MA 01752**

**Nurse Aide Training Waiver
Application**

Instructions:

This application is to request a waiver of the training requirement to take the Massachusetts Nurse Aide Competency Evaluation. Please complete all applicable sections below and attach photocopies of documentation supporting your training. A waiver will not be granted to those applicants who cannot verify they meet the qualifications listed at 105 CMR 156.100(A)(2). Submit your completed application and attachments to:

Department of Public Health
Division of Health Care Facility Licensure and Certification
Nurse Aide Registry
67 Forest Street
Marlborough, MA 01752

I: Applicant Information:

Name: _____

Address: _____
City/Town State Zip

Phone Number: _____

Email: _____

Circle which waiver provision is applicable to you:

- a) I successfully completed an approved nurse aide training course in another state; or
- b) I successfully completed a clinical course in an approved School of Nursing in accordance with 244 CMR 6.00, which includes hands on skills as specified in the minimum standard curriculum.

II: Training Information:

Name of Training Program or Nursing School: _____

Title of Course or Class: _____

Address: _____
City/Town State Zip

Date Began: _____ Date Complete: _____ Total Hours: _____

Attach **copies** of any information you have about the class or course, such as:

- Certificate of Completion
- Skills Evaluation
- Course Outline
- Correspondence from the Course
- Course Transcript

DPH USE ONLY		
Approved:	Y	N
Category:	_____	
Date:	_____	
Approved by:	_____	