New York Nursing Assistant Registry Renewal Form

Instructions:

- Please go to **www.prometric.com/NurseAide/NY** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms **will not** be processed.
- Please complete **all** of the information requested on this form, including the **employer information** on Page 2 of this form**.** Failure to **fully complete all pages** may result in **delays or denial** of the **renewal** of your certification.
- Please mail completed original forms to **Prometric, ATTN: NY Nurse Aide Registry Renewal, 7941 Corporate Drive, Nottingham, MD 21236.**

STOP | If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

Eligibility for Renewal

You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal.

Please return the completed renewal form and a $40 money order made payable to NYNA Commissioner of Health. **This renewal fee is a nonrefundable processing fee.**

Nursing Assistant Information

All fields marked with * are required. Print one number/letter in each box where required.

*Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

*First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐   Middle Initial ☐

*Last Name☆ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Date of Birth (Month/Day/Year) ☐☐/☐☐/☐☐☐☐   Previous name (if applicable):

*Street Address (including Apt. number or P.O. Box, if applicable)

*City   *State ☐☐   * ZIP Code ☐☐☐☐☐

*County (first four letters only)   Daytime Phone Number (including area code) ☐☐☐ – ☐☐☐ – ☐☐☐☐

*Email Address (form will not be processed without an email address)

*NYS Nurse Aide Certification Number:

Employment Information

Current or previous employer

*Name of Facility or Agency Where Employed
*Employer/Facility Code 33 ☐ ☐ ☐ ☐ ☐
*Address of Employer (Street Address or P.O. Box)

*City	*State	*Zip Code

*What Type of Nursing Assistant Employer is the Facility/Agency?

Traditional: ☐ Home Health Agency ☐ Hospital ☐ Hospice ☐ Residential/Assisted Living

☐ (Long Term Care Facility/Nursing Home). Must provide name of facility:

_____

Nontraditional: ☐ Staffing Agency ☐ Providing Private Duty Care

Other (please describe): _____

*Provide Dates of Employment as a Nursing Assistant:

mm/dd/yyyy

Date of Hire: (MONTH/DAY/YEAR): _____

Are you currently employed at the facility listed above? ☐ Yes ☐ No

If No, Date of Termination: (MONTH/DAY/YEAR): _____

*Name of person supervising your duties as a Nursing Assistant (current or former)

To be completed by staffing agencies ONLY.

Please provide the name of the NYS health care facility or NYS health care provider where the Nurse Aide worked: _____
The individual named herein has worked for pay as a nurse aide, under the supervision of a registered nurse, at the health care facility listed above, for at least seven hours within the previous 24-month period. I certify to the best of my knowledge that the information put forth on this New York State Nursing Home Nurse Aide Registry Recertification Form is true and correct.   _____   _____   *Signature of Facility Operator or Designee   Date   _____   *Name and Title (Printed or typed)

Please Note: If the Recertification is denied or pending for incomplete information, notification may be sent directly to the nurse aide who will be directed to contact the employer. You will receive a monthly report indicating the names of the nurse aides for whom you have submitted renewals during the month and the status of their recertifications. Nurse aides whose certifications are pending for additional information or fees will be included on the report. The nurse aide employer may use another New York State Nursing Home Nurse Aide Registry Recertification Form to submit the missing information by completing the nurse aide's name, Prometric ID and/or certificate number on the form, and the missing information. If the error message is related to non-payment, any fees sent in must include the nurse aide's name and Prometric ID and/or certification number.

Questions: For additional information, please visit our website at **www.prometric.com/nurseaide.**

Please make a copy of all completed forms for your personal records

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Payment Form

*Candidate Name: _____

*Date of Birth:_____

Certified Check or Money Order Payments (Check One)

☐ Certified Check   ☐ 3rd Party/Facility Check   ☐ Money Order   ☐ Voucher/Purchase Order

Certified Check/Money Order/3rd Party/Facility Check Number /Voucher/Purchase Order
(one number or letter in each box):

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Fee(s) may be paid by money order or certified check made payable to "**NY Commissioner of Health, NYNA**". Your name and ID (if available) must be written on the form of payment. Personal checks and cash are not accepted. Fees are refundable under certain circumstances.

Please mail this completed form and your $40 recertification fee to:

Prometric
Attn: NY Nurse Aide Registry Recertification
7941 Corporate Drive
Nottingham, MD 21236