

Wisconsin Nurse Aide Program



NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP®)

NURSE AIDE REGISTRY OUT-OF-STATE APPLICATION INSTRUCTIONS

PLEASE PRINT LEGIBLY — USE INK ONLY

If you are a nurse aide candidate from another state who has completed a training program of 120 hours that included 32 hours of clinical, and

- You have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will receive a WI nurse aide certificate in the mail, or
- You have not **successfully** completed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will be required to successfully complete the Wisconsin competency examination. You will receive an authorization letter along with a Competency Evaluation Application which will allow you to schedule testing for the Wisconsin competency examination.

If you are a nurse aide candidate from another state and have completed a training program less than 120 hours, you will receive Employment Verification forms to be completed by your employer(s). The completed, notarized forms must be returned in order to proceed with your application. If your employer(s) verify a minimum of 2088 hours of employment as a nurse aide during the previous 24 month period, and

- You have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will receive a WI nurse aide certificate in the mail, or
- You have not **successfully** completed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will be required to successfully complete the Wisconsin competency examination. You will receive an authorization letter along with a Competency Evaluation Application which will allow you to schedule testing for the Wisconsin competency examination.

If you are a nurse aide candidate who has completed a training program less than 120 hours, and have less than 2088 hours of employment as a nurse aide in the previous 24 months, your application will be denied.

The Wisconsin Department of Health Services, Office of Caregiver Quality will process your application within 10 business days of our receipt. If you are eligible for placement on the Wisconsin Nurse Aide Registry, you will receive a WI Nurse Aide Registry Card within three (3) weeks.

To verify if your name has been added to the Wisconsin Nurse Aide Registry, you can search the nurse aide registry at:
<http://www.pearsonvue.com/wi/nurseaides/>.

If you do not receive a WI Nurse Aide Registry Card within the three (3) weeks, call Pearson VUE at 1-877-329-8760.

If you have questions regarding your Out-of-State registry application, please contact the Wisconsin Department of Health Services, Office of Caregiver Quality at 608-261-8319.

Individuals transferring from California, Colorado, District of Columbia, Mississippi, Missouri, North Carolina, Pennsylvania, and South Carolina should send their application to:

Wisconsin Department of Health Services • Office of Caregiver Quality • PO Box 2969 • Madison, WI 53701

We will NOT accept faxed versions of the application.

Individuals transferring from all other states must mail their completed application to the state where they are currently registered as a nurse aide. A complete list of State Nurse Aide Registries is available on Pearson VUE's website at:

www.pearsonvue.com/wi/nurseaides.

Failure to follow the correct mailing procedures will result in delayed processing of your application.

ALWAYS LEARNING

PEARSON

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NURSE AIDE REGISTRY OUT-OF-STATE APPLICATION

PLEASE PRINT LEGIBLY — USE INK ONLY



This application must be completed by persons who want to be entered on the Wisconsin Nurse Aide Registry through the Wisconsin Out-of-State process.

The personal information will only be used to determine whether you can be employed as an aide and to notify employers of your eligibility status. Failure to provide complete and accurate information on your application may delay or prevent your entry on the Wisconsin Nurse Aide Registry.

PART I – APPLICANTS COMPLETE THIS SECTION *(Please type or print neatly in black ink)*

APPLICANT MAILING INSTRUCTIONS

After you complete PART I, mail this application with the required documentation to the state where you are currently registered or trained as a nurse aide. SEE LIST OF NURSE AIDE STATE REGISTRIES ON PEARSON VUE'S WEB SITE AT WWW.PEARSONVUE.COM/WI/NURSEAIDES.

A. REGISTRY INFORMATION

1. Have you ever been listed on the Wisconsin Nurse Aide Registry? Yes No
2. In what state did you complete your nurse aide training?
3. In what state were you first listed on the nurse aide registry?
4. In what state are you currently listed on the nurse aide registry? REGISTRY # (IF APPLICABLE):
5. List all other the states where you have been listed on the Nurse Aide Registry:

B. PERSONAL INFORMATION

1. Social Security Number: - -
2. Gender: Female Male
3. Date of Birth Date: - -
MONTH DAY YEAR
4. CURRENT Legal Name: DO NOT USE NICKNAMES
 LAST FIRST MI
5. PREVIOUS Name: *(if applicable)*
 LAST FIRST MI
6. CURRENT Mailing Address:
 STREET (number and name) APARTMENT NUMBER PO BOX
 CITY STATE ZIP CODE
7. Home Phone Number: - - AREA CODE
Work Phone Number: - - AREA CODE

E-Mail Address:

8. Have you ever been CONVICTED of abuse or neglect of a person in your care, theft from a person in your care, or child abuse or neglect? No Yes

If Yes, of what were you convicted? Check box(es) that apply:

- Abuse of a person in your care Theft from a person in your care Child neglect
 Neglect of a person in your care Child abuse

State where you were convicted: Date(s) of conviction: - -
MONTH DAY YEAR

9. Do you have a SUBSTANTIATED FINDING OF CLIENT ABUSE, NEGLECT OR MISAPPROPRIATION OF CLIENT'S PROPERTY listed on a nurse aide registry in any other state? No Yes—name of state

Application continues on reverse side.

C. NURSE AIDE TRAINING PROGRAM INFORMATION

A nurse aide must have completed, at a minimum, a 75-hour basic nurse aide course. I have attached a copy of:

- The certificate/diploma I received for completing the basic nurse aide course, or
- a transcript that verifies I completed the basic nurse aide course.

D. APPLICANT SIGNATURE

I certify that all the information provided on this application is true and complete. I give my permission to any state registry to disclose all information requested on this application to Wisconsin Department of Health Services.

SIGNATURE OF APPLICANT

DATE

CHECK HERE IF YOU DO NOT WISH TO DISCLOSE YOUR NAME AND ADDRESS ON LISTS THAT ARE FURNISHED BY PEARSON VUE UPON REQUEST.

PLEASE READ THE MAILING INSTRUCTIONS BELOW CAREFULLY

1. If you are currently registered in CA, CO, DC, MS, MO, NC, PA, or SC, mail this form and your certificate of training completion to: Wisconsin Department of Health Services, Office of Caregiver Quality, PO Box 2969, Madison, WI 53701.

We will NOT accept faxed versions of the application.

2. For all states not listed above in number 1, mail this form to the state where you are currently registered as a nurse aide. A complete list of State Nurse Aide Registries is available at www.pearsonvue.com/wi/nurseaides.

PART II — REGISTRY PERSONNEL COMPLETE PART II OF THIS FORM
Registry personnel — after you have completed Part II, mail this application to:
Wisconsin Department of Health Services, Office of Caregiver Quality, PO Box 2969, Madison, WI 53701.

A. Is the APPLICANT named in Part I listed on your Registry? Yes No

IF YES—Indicate Expiration Date: -- AND State:

The applicant named in PART I has met all state and federal requirements for LONG-TERM CARE. Yes No

The applicant named in PART I has met all state and federal requirements for HOME HEALTH CARE. Yes No

Is this registration current and in good standing? Yes No

B. The APPLICANT named in PART 1 was listed on the Registry based on the following (check all that apply):

a. Completed a STATE-APPROVED TRAINING PROGRAM: State # of Hours:
Name of Program Date: --
This training meets all current OBRA (Long Term Care Requirements): Yes No
This training meets all current Federal home health aide requirements: Yes No

b. Passed a STATE-APPROVED COMPETENCY EVALUATION after completion of the training program:
Date: --

- c. Challenged a STATE-APPROVED COMPETENCY EVALUATION without completion of a training program.
- d. "GRANDPARENTED" onto the Registry based on work experience as a nurse aide.
- e. "DEEMED" onto the Registry based on completion of a training program deemed to meet OBRA long-term care requirements.
- f. Based on reciprocity from the state of .

C. The Registry for this state has substantiated a finding of abuse, neglect, or misappropriation for the applicant.

If "Yes", please attach a summary: Yes No

Completion of this form certifies that the information contained on the form relates to the applicant named in PART I and the information is on file in the office of the undersigned.

- 1. Print name of official completing this application: _____
- 2. Signature: _____ Title: _____
- 3. Telephone Number: _____
- 4. Agency: _____ State: _____ Date: _____