

PART II – REGISTRY PERSONNEL COMPLETE THIS SECTION *(in the state where the applicant is currently listed)*

REGISTRY MAILING INSTRUCTIONS

**After you have completed PART II, mail this application to:
Pearson VUE – Pennsylvania Nurse Aide Registry, PO Box 13785, Philadelphia, PA 19101-3785.**

Has the above mentioned individual been enrolled on your nurse aide registry by meeting one of the enrollment requirements as mandated by the OBRA regulations? ☐ Yes ☐ No

If Yes, by which method _____

Certificate Number

Expiration Date - -
MONTH DAY YEAR

Is this certificate current and in good standing? ☐ Yes ☐ No

Date this individual was enrolled on your registry - -
MONTH DAY YEAR

Are there documented findings on the nurse aide registry of resident abuse, neglect or misappropriation of property for this applicant? If "Yes", please list below: ☐ Yes ☐ No

Print name of official completing this form _____

SIGNATURE

TITLE

AGENCY

STATE

DATE