

Pennsylvania Nurse Aide Program



NURSE AIDE REGISTRY APPLICATION FOR ENROLLMENT BY RECIPROCITY

This application must be completed by nurse aides requesting enrollment in the Pennsylvania Nurse Aide Registry.

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

APPLICANT MAILING INSTRUCTIONS

After you have completed PART I, forward this application to the state registry where you are currently enrolled or it will be mailed back to you at the address indicated below.

A list of state nurse aide registries is available on Pearson VUE's web page at www.pearsonvue.com. Once there, go to the top of the page and click on Applications & Forms.

The Application & Forms page will appear. Click on the arrow in the box under **Choose an Area of Interest**. Scroll down and select Nurse Aide. Next, click on the arrow in the box under **Choose a State**. Scroll down and select Pennsylvania. Click on the Find It button.

The Pennsylvania Nurse Aide Applications and Forms page will appear and you will need to click on the stock number 079960, which is the Nurse Aide Registries (by state) form.

A.	PERSONAL INFORMATION			
	Social Security Number Date of Birth Day YEAR			
	Please enter the last four digits of your Social Security number. Current Legal Name: DO NOT USE NICKNAMES			
	LAST FIRST MI			
	MAIDEN NAME (if applicable)			
Full Name as it Appears on the Registry (If different from above). Please provide proof of name change (ie. marriage certificate, court ord				
	LAST FIRST MI			
	MAIDEN NAME (if applicable)			
	Current Mailing Address			
	STREET (number and name) APARTMENT NUMBER PO BOX			
	CITY STATE ZIP CODE			
	Home Work			
	Phone Number			
	Gender			
B.	. CERTIFICATION INFORMATION: Your application will NOT be processed without this information. State of Registry Francisco Expiration Francisco Fr			
	Certification Number Date Date MONTH DAY YEAR			
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.				
A13C1	an information requested on this application.			
SIC	GNATURE OF APPLICANT DATE			

OUT OF STATE REGISTRY PERSONNEL: PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

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 you as mandated by the OBRA regulations?	ur nurse aide registry by meeting o	ne of the enrollment requirements
If Yes, by which method		
Certificate Number	Expiration Date	MONTH DAY YEAR
Is this certificate current and in good standing? \Box Yes	□ No	
Date this individual was enrolled on your registry	MONTH DAY - YEAR	
Are there documented findings on the nurse aide registry applicant? If "Yes", please list below:	of resident abuse, neglect or misa	ppropriation of property for this
Print name of official completing this form		
SIGNATURE	TITLE	
AGENCY	STATE	DATE