



Michigan Nurse Aide Registry Renewal Form



Please print clearly and neatly. Fill out form completely.

Instructions:

- Provide the information requested in below.
- Have your current or former nurse aide employer complete the employer information.
- The employer verifying employment history must also provide a letter on Facility/Agency letterhead.
- Return the completed renewal form with the Facility/Agency letter and a \$20 money order made payable to Prometric or fill out the Credit Card payment page with an American Express, MasterCard or Visa. This renewal fee is a nonrefundable processing fee.
- Failure to submit your renewal prior to the listed expiration date will cause your certificate to lapse. If your MI certificate lapses, you must complete a state approved training program and test. NO EXCEPTIONS.

Current Information:	Current Registration Expires:
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Eligibility for Renewal

Effective September 2013, there is no longer a 60-day grace period in which to renew your Michigan certification. You are eligible to renew your certificate if you have worked as a Certified Nurse Aide (CNA) performing nursing or nursing-related services, for pay, under the supervision of a licensed registered nurse for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. **Note:** Nurse Aides flagged on the registry for resident abuse, neglect or misappropriation of property are not eligible for renewal.

Social Security Number (mandatory)(print one digit in each box) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
First Name (print one letter in each box): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Middle Initial (print in box): <input type="text"/>	
Last Name (print one letter in each box)*: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Street Address (including Apt. number or P.O. Box, if applicable)	
City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/> ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth (Month, Day, Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Daytime Phone Number (including area code) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address (this is a mandatory field – application will not be processed without an email address)	

In order to renew your certification, you must have worked, for pay, as a Nurse Aide performing nursing or nursing-related services, under the supervision of a licensed Registered Nurse for at least eight consecutive hours within the last 24-month period.

Have you met this requirement?

- Yes.** If yes, bring this form to your most recent nurse aide employer and have them complete the back of this form and provide you with a letter verifying your employment history on agency or facility letterhead.
- No.** If you do not meet this requirement, you must retrain and test, NO EXCEPTIONS.

Nurse Aide Signature

I certify that the information put forth on this Michigan Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge. (NOTE: If the information you have provided is found to be false, your name will be removed from the Michigan Nurse Aide Registry [MCLA 750.248]).

Signature of Nurse Aide

Date

*If your name has changed from how it is currently listed on your registry certificate, you must enclose a copy of the legal document authorizing the name change.

Have your employer complete the information below. Failure to fully complete form may result in delays or denial of the renewal of your certificate.

Employer Verification

In order to renew a nurse aide certification, this applicant must have worked, for pay, as a Nurse Aide under the supervision of a licensed Registered Nurse for at least eight consecutive hours within the last 24-month period. Did the nurse aide named on the reverse side of this renewal form meet these requirements with your facility/ agency?

- Yes. Please complete the rest of this page. No. This applicant did not meet these requirements at our facility/agency.

Employer Information	
10	Name of Facility/Agency/ Nurse Aide Employer: _____
11	Address of Facility/Agency/ Nurse Aide Employer: _____ Street Address or P.O. Box # _____ City _____ State _____ Zip Code _____ _____ Phone Number (with area code) _____
12	Please provide the dates of employment for this nurse aide: Date of Hire: (MONTH/DAY/YEAR): _____ Is the nurse aide currently employed at the facility/agency listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide date of termination: (MONTH/DAY/YEAR): _____

Signature of Registered Nurse (RN)

To be signed by the licensed RN with supervising duties for nurse aides. (If the nurse aide did not work in a setting where a licensed Registered Nurse who can sign the renewal form has periodically supervised her /his work, the nurse aide will not qualify for renewal.) I certify that the individual named herein has worked, for pay, as a nurse aide, under the supervision of a licensed registered nurse, for the employer listed above, for at least eight consecutive hours within the last 24-month period prior to her/his current registry document expiration.

_____ Signature of Registered Nurse		_____ RN License Number
_____ Printed Name of Registered Nurse		_____ Date Signed

Facility/Agency Letter

A letter on Facility/Agency letterhead documenting the current or former employment of this nurse aide with your facility/agency must be attached to this renewal form. The letter must be signed by one of the following authorized personnel: Administrator/Assistant Administrator; Director of Nurses/Assistant Director or Nurses; or Staff Development Coordinator.

We suggest that you make a photocopy of your renewal form for your records.

Questions: For assistance with any questions, please call Prometric at 800.752.4724.

Please mail this completed form and your \$20 renewal fee to:

Prometric Attn: Michigan Nurse Aide Registry Renewal, 7941 Corporate Drive, Nottingham, MD 21236



CNA Name: _____

Renewal Payment

Credit Card Type (Check One)

MasterCard Visa American Express

Card Number	Expiration Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
Name of Cardholder (Print)	
Signature of Cardholder	

Money Order Payments

Money Order

Money Order Number (one number or letter in each box):
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Fees can be paid by Money Order, American Express, MasterCard or Visa. Make checks payable to Prometric.

Personal checks and cash are not accepted. Fees are not refundable or transferrable