

North Carolina Nurse Aide I

Waiver Application for Required Training

Introduction: Consistent with Rule 10A NCAC 130 .0301, to be listed on the N.C. Nurse Aide I Registry, **all individuals** must complete, at minimum, a state-approved, 75-hour basic nurse aide course and pass the N.C. Nurse Aide I Competency Exam. In specific circumstances, some individuals may apply to take the exam without additional training. These individuals include:

- Nurse aides currently listed on any state's registry in an unexpired status,
- Individuals who have completed state-approved nurse aide training in a state outside of N.C. within the last 24 months,
- Nurses with unencumbered, out-of-state licenses,
- Individuals holding a college degree in nursing, not currently licensed,
- EMT professionals with current, unencumbered credentials, and
- Military veterans who received nursing/medical training credentials while in service.

Only individuals belonging to one or more of the categories listed above may submit this application. Please read the instructions carefully and complete the form in its entirety. Incomplete applications will not be considered. For additional information/questions, call 919-855-3969. MAIL OR FAX ONLY TO:

Health Care Personnel Education and Credentialing Section

FAX 919-733-9764 PHONE 919-855-3969

2709 Mail Service Center, Raleigh, N.C. 27699-2709

www.ncnar.org

APPLICATION

Incomplete applications will be returned and will delay an official response to your request.

REGISTRY INFORMATION

- A. Have you ever been listed on the N.C. Nurse Aide Registry? _____ Yes _____ No
- B. In what state(s) are you currently listed on the nurse aide registry? _____
Registry # _____ expiration date _____
- C. List all other states, listing numbers and dates where you have been listed on the Nurse Aide Registry. (use a separate sheet of paper if needed)
State _____ Registry # _____ expiration date _____
State _____ Registry # _____ expiration date _____
State _____ Registry # _____ expiration date _____
State _____ Registry # _____ expiration date _____
- D. Have you ever completed state-approved nurse aide training? _____ Yes _____ No
a. If you answered yes, in what state did you train? _____
b. When did you complete your training? _____
- E. What are the last four digits of your social security number? _____
- F. What is your date of birth? ____/____/____

PERSONAL INFORMATION

G. Current Legal Name (DO NOT USE NICKNAMES)

Last _____

First _____ Middle Initial _____

H. Previous Name(s) (if applicable)

Last _____ First _____ Middle Initial _____

Last _____ First _____ Middle Initial _____

Last _____ First _____ Middle Initial _____

I. Current Mailing Address

Street _____ Apt # _____ PO Box _____

City _____ State _____ Zip Code _____

If you are listed on an out-of-state Nurse Aide Registry, please list the date when you moved or plan to move to North Carolina? __/__/__

J. Home/Cell Phone Number _____ Work Phone Number _____

K. Email Address _____

L. 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? _____ Yes _____ No

If Yes, of what were you convicted? Check all that apply.

____ Abuse of a person in your care ____ Theft from a person in your care
____ Neglect of a person in your care

State(s) where you were convicted _____ Date(s) of conviction _____

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

If Yes, in what state(s)? _____

EDUCATION AND CREDENTIALING INFORMATION

Please check the statement below which BEST describes why you are requesting a training waiver.

N. NORTH CAROLINA NURSE AIDES:

____ I am listed on the N.C. Nurse Aide I Registry and do not meet the work requirement to renew my listing. My listing is not expired. I understand that if I receive approval to take the Nurse Aide I exam without training/re-training, I must pass the exam prior to the expiration of my listing.

- No additional documents are necessary.

O. OUT-OF-STATE NURSE AIDES:

____ I am currently listed on another state's Nurse Aide Registry and wish to be listed on the N.C. NAI Registry. My current listing/license is not expired. I understand that if I receive approval to take the Nurse Aide I exam without training/re-training, I **must pass the exam within 45 days of my approval.**

- _____ I have not completed training within the last 24 months. No additional documentation needs to be submitted at this time.
- _____ I have completed state-approved training within the last 24 months. Any out-of-state training completed by requestor must be approved by that state to meet the requirements of **42CFR483.151**. I have attached/submitted my official certificate/diploma which contains the school/program seal, training dates and/or an official school transcript. (*We will be verifying the authenticity of the documents.*)

P. TRAINED, BUT NOT LISTED:

____ I am not currently listed on any state's nurse aide registry, but I have completed state-approved training outside of N.C. within the last two years. Any out-of-state training completed by requestor must be approved by that state to meet the requirements of **42CFR483.151**.

- _____ I have completed state-approved training within the last 24 months. I have attached/submitted my official certificate/diploma which contains the school/program seal, training dates and/or an official school transcript. (*We will be verifying the authenticity of the documents.*)

Q. NURSING LICENSE/DEGREE

____ I am an out-of-state licensed nurse from a non-compact state. (check which license)
___ RN ___ LPN/LVN

License number _____ State _____ Expiration date _____

____ I am a retired/inactive nurse. (check which license) ___ RN ___ LPN/LVN

License number _____ State _____ Expiration date _____

____ I am not a licensed nurse, however I have completed a degree in nursing.

Degree held _____ College _____ State _____ Year _____

____ I am a nursing student attending school outside of North Carolina.

Expected date of graduation ___/___/___ School _____ State _____

- _____ I have attached my official college transcript.

R. EMERGENCY MEDICAL SERVICES

_____ I hold a current EMT credential which can be verified at *www*_____

*Credential#*_____ *State*_____ *Expiration date*_____

S. MILITARY TRAINED

_____ I have completed healthcare/nursing/medical training in the US Armed Forces.

*Branch*_____ *Credential/Position*_____ *Year*_____

I attached official military DD-214/other official training documentation. _____ Yes _____ No

DOCUMENTATION

Please review the required documentation required to be submitted with this application. Failure to do so will render this application incomplete and it will not be considered.

I have included appropriate documentation as previously described. _____ Yes _____ No

APPLICANT SIGNATURE

I certify that all the information provided on this application is true and complete. I understand that if the information I have provided is found to be fraudulent, my listing will be removed from the registry and I will be required to pass state-approved training and the competency exam. I give my permission to any state registry to disclose all information requested on this application to the North Carolina Division of Health Service Regulation, Health Care Personnel Education and Credentialing Section. I understand that, if I am an out-of-state nurse aide approved to register for the Nurse Aide Exam with waived training, I must pass the exam within 45 days or within two years of my training completion date, whichever comes first. If I am currently listed on the N.C. Nurse Aide I Registry, I must pass the exam prior to my listing's expiration date.

Please carefully consider when you plan to take the competency exam, especially under the 45-day policy, as stated above. You will receive an email from Pearson VUE once you have been approved. Follow the link found in that email to proceed to register.

List a two-week range of the dates you plan to test. (comments such as "asap" or "anytime" are not acceptable) _____/____/____ through _____/____/____

Signature of Applicant_____ Date_____

For HCPEC Use Only