

## State Nurse Aide Registry Telephone Directory

You must have the attached *Endorsement Form for Certified Nursing Assistant (see page 2)* completed by the original state in which you have held your first CNA certification. Individual State Nurse Aide Registries may charge you a fee to complete the form.

- Call the state in which you were certified and ask about their specific requirements before you send the form.
- Complete the top half of the *Endorsement Form for Certified Nursing Assistant*, include a fee if required.
- The states will mail the completed forms directly to the Board.

If you need more forms, you may download them from the Board's website at [www.nevadanursingboard.org](http://www.nevadanursingboard.org)

**The NSBN will not act as your agent. This is your responsibility.**

Alabama	334-206-5169	<b>Louisiana</b>	** see below	Oregon	971-673-0658
Alaska	907-269-8169	Maine	207-624-7300	Pennsylvania	800-852-0518
Arizona	602-771-7800	Maryland	410-585-1994	Rhode Island	401-222-5888
Arkansas	501-682-1807	Massachusetts	617-753-8143	S. Carolina	800-475-8290
<b>California</b>	** see below	Michigan	800-752-4724	S. Dakota	605-362-2769
<b>Colorado</b>	** see below	Minnesota	651-215-8705	<b>Tennessee</b>	** see below
Connecticut	866-499-7485	Mississippi	888-204-6213	Texas	800-452-3934
Delaware	302-577-6666	<b>Missouri</b>	**see below	Utah	801-547-9947
Dist of Col	888-274-6060	Montana	406-444-4980	Vermont	802-828-2819
Florida	850-245-4125	Nebraska	402-471-0537	Virginia	804-367-4614
<b>Georgia</b>	** see below	New Hampshire	603-271-2323	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	866-561-5914	Washington	360-725-2597
Idaho	800-748-2480	New Mexico	505-476-9040	W. Virginia	304-558-0050
<b>Illinois</b>	** see below	New York	800-805-9128	Wisconsin	608-243-2019
Indiana	317-233-7351	<b>N. Carolina</b>	** see below	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	701-328-2853		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	888-530-1919	Oklahoma	800-695-2157	Nevada	888-590-6726

This directory was developed as a courtesy for your use; the information listed may have changed since the last printing.

**\*\*These states will not complete the *Endorsement Form for Certified Nursing Assistant*. Therefore, you will not need to submit forms for California, Colorado, Georgia, Illinois, Louisiana, Missouri, and North Carolina; however, you must still complete all other application requirements. Please login to your nurse portal account to review the application instructions.**

# Nevada State Board of NURSING

## Endorsement Form for Certified Nursing Assistant

This form **must be completed by the state** where you obtained your first certification.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Apt# City/State/Zip

Certification #: \_\_\_\_\_ Issue Date of Certification: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Last day employed as a CNA: \_\_\_\_\_

Last Employer Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the State of \_\_\_\_\_ to furnish the information requested to the NV State Board of Nursing.

\_\_\_\_\_  
Applicant's Signature Date

### Do Not Write Below – For Completion by State Nurse Aide Registry Only

#### TRAINING INFORMATION

Name of Nurse Aide Training Program \_\_\_\_\_

Completion date of Training Program \_\_\_\_\_ Program meets OBRA 1987 requirements:  Yes  No

\_\_\_\_\_ Date initially placed on registry: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_  
Certification #

#### METHOD OF CERTIFICATION

Please check one of the following:

Not Certified Registry  Deemed onto Exam Date  Endorsed from \_\_\_\_\_  Manual Exam Only \_\_\_\_\_  
Exam Date Exam Date

Completed manual skills and written exam but did not take a training program – Date of test(s): \_\_\_\_\_

Completed a state-approved training program, passed manual skills and written exam – Date of test(s): \_\_\_\_\_

#### DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?  No  Yes

Has this certificate ever been revoked, suspended, placed on probation, or surrendered?  No  Yes

Has this applicant incurred any disciplinary action in your state?  No  Yes

Is any disciplinary action pending?  No  Yes

If "yes" to any of the discipline questions, please submit certified copies.

\_\_\_\_\_  
Signature/ Title State: \_\_\_\_\_ Date: \_\_\_\_\_

(SEAL)

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