Nurse Aide Certification Renewal Form

Instructions

Safari Browser Users: This form may not display as one that can be completed when using that type of browser. It will be necessary to print the form and then complete by hand.

Internet Explorer, Chrome, and Firefox Brower Users:

If you wish to complete this form by hand just click the Print button located on the bottom of the form; fill in required parts, sign it, submit to your employer, and then send it to the Idaho Nurse Aide Registry office, by mail or by fax.

If you wish to complete this form by entering in the required information and then print the form sign it, submit to your employer, and then send it to the Idaho Nurse Aide Registry office, by mail or by fax please follow these steps:

NOTE: For <u>ALL</u> dates enter the date in the following format MonthMonth/DayDay/YearYear, for example 02/05/68 for February 5, 1968, or 11/14/91 for November 14, 1991 – months from January through September must start with a **zero** and days of the month from 1 – 9 must also start with a **zero**; a "/" must be placed after the first two digits and after the second two digits XX/XX/XX

Name: - Enter current LEGAL name

Social Security #: - Enter full nine digits of your social security account number (just the numbers, no spaces, dashes, or other marks, for example 123456789)

Address: - Enter your current house number and street or PO Box

Date of Birth: - Enter your date of birth

City: - Enter the current city/town in which you live and receive mail

Expiration Date: - Enter the date your current CNA Registration is to expire

State/Zip: - Enter the State's name and Zip Code where you currently reside and get mail

Phone Number: - Enter your current phone number, all ten digits (for example 2083346626)

At this point, you may stop and print the form and then sign it before giving it to your current employer, or you may choose to enter the next information for them and then give the form to your current employer.

Employer: - Enter name of current employer - may be a business or a person

Phone Number: - Enter current employer's phone number

Street Address: - Enter current employer's mailing address (street or PO Box)

City, State, and Zip: - Enter rest of current employer's mailing address information

Employed FROM (mm/dd/yy): - Enter the date you first began working for your current employer

TO: (mm/dd/yy) - Enter today's date or the last date you worked for this employer

Refer to the form for information relating to time requirements for employment.

Print the form and give to your current employer for review and their signature. After it is signed the form may be mailed to the Idaho Nurse Aide Registry office at the address on the application or faxed to the office at (208) 334-6629. Our office will notify you, by mail, once the form has been completed, processed, and acted upon. Renewal requests will not be processed more than 45 days *prior* to the expiration date of the current certification date.