Out of State Credential Verification Form

Instructions for completing this form

Click here to Print

If you wish to complete this form by hand just click the Print button located on the far left side of the form; fill in Part 1, and send it to the Nurse Aide Registry office in the State from which you are currently registered and wish to transfer FROM.

If you wish to complete this form by entering in the required information in Part 1 and then print the form before sending it to the Nurse Aide Registry office in the State from which you are currently registered and wish to transfer FROM follow these steps:

NOTE: For ALL 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

Part 1

I am listed on the Nurse Aide Registry in the state of – Enter the State in which you have a current CNA registry.

under the name of – Enter the name as it appears on your current Registry in the State above.

and my registration number is – Enter your current Registry number from the above State.

Social Security number – Enter your full social security account number – just type in the nine numbers without any spaces then go to next box.

Date of Birth – Enter your date of birth in this format MM/DD/YY,

Telephone Number – Enter current telephone number – type in all 10 numbers, without spaces (that is, area code, three number prefix, and last four numbers [example 2083346626] then click on next blank or click the Tab button on the keyboard.

Mailing Address – Enter current mailing address

For the next four items, check all the boxes that apply, by clicking on the empty box; if you checked a box by accident, just click it again to uncheck that box

I completed a nursing assistant training program at – Enter the name of the institution, or school, where the basic nursing assistant training program was completed.

I completed a competency examination on – Enter the date the nurse aide registry competency examination was administered.

I became a nursing assistant by waiver or deeming – Enter the date the State Nurse Aide Registry awarded you a registry number based upon education and professional licensure rather than upon completion of a basic nurse aide course and competency examination – this applies only to a small number of individuals

I am applying in Idaho under the name of – Enter your current LEGAL name

After entering all of the required information, click on the Print button, located in upper left side of the form. This will allow you to print the form. Send the form to the State Nurse Aide Registry office that you are transferring ***FROM***. That office will complete Part II of this form and send it to the Idaho Nurse Aide Registry office for processing and action. Our office will notify you, by mail, once the transfer process is complete.

If you wish to save a copy of the form, with Part 1 completed, select Yes at time of exiting the program.