

# Mississippi Nurse Aide Program

## INSTRUCTIONS FOR THE NURSE AIDE REGISTRY RENEWAL FORM

The **Mississippi Nurse Aide Registry Renewal Form** is used to report your nurse aide employment history to maintain your eligibility on the Registry. To be eligible for re-certification, you must have worked as a nurse aide performing nurse aide services for monetary compensation for at least eight (8) hours in a nursing home (skilled nursing care facility, or distinct part/skilled nursing facility within an existing acute care hospital), hospital, state regulated hospice, state regulated home health entity or ICF/IID during the previous twenty-four (24) month period. **NOTE: Employment as a CNA for a home care agency does not qualify for nurse aide re-certification.** Under Federal and Mississippi state laws, candidates employed as nurse aides in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying for their own re-certification. Your employer is required to complete the employer section of the renewal form. If you are working for an employment agency, and are placed in a nursing home (skilled nursing care facility, or distinct part/skilled nursing facility within an existing acute care hospital), you must have the facility fill out the employer section of this form. **An employment agency cannot fill out the employer section of the renewal form.** If you are not employed as a nurse aide at the time of re-certification, your last nurse aide employer must complete the employer section of this form, attesting to your employment within the last twenty-four (24) months. **This must be done before your certification expires.**

Allow two (2) weeks for processing your completed form. You may check the status of your renewal form on the Nurse Aide Registry by going to the Mississippi Nurse Aide page on the Credentia website ([www.credentia.com](http://www.credentia.com)).

### SECTION I – PERSONAL INFORMATION

- 1. Name on Certificate:** Enter your name as it appears on the certificate. If this is a name change, you must submit a legal document indicating the change.
- 2. Current Mailing Address:** Enter your current address (street, P.O. box, city, state, and ZIP).
- 3. Current Home/Work Telephone Number:** Enter your current home and work telephone numbers, including the area code.
- 4. Current Social Security Number:** Enter your Social Security number that was previously used on the Nurse Aide Registry. If your Social Security number has changed or is not correct on the registry, attach a copy of your Social Security card.
- 5. Certification Number:** Enter your Mississippi Nurse Aide Registration Number.
- 6. Certification Expiration Date:** Enter the expiration date of your certification.
- 7. Nurse Aide Signature:** Sign and date the form.

### SECTION II – CHANGES TO PERSONAL INFORMATION *(Complete this section only if you have changes to personal information.)*

*To change or correct your name or Social Security number, attach a photocopy of a legal document that will provide proof of your new information (for example, marriage license, divorce decree, driver's license, Social Security card). Your information will not be changed on the Registry unless you provide this documentation.*

- 8. CURRENT Name:** If your name has been changed and no longer matches the name on your Nurse Aide Certificate, enter your new name.
- 9. NEW Social Security Number:** If your Social Security number has been changed, or is incorrect on the Registry, enter your new number.

### SECTION III – TO THE NURSE AIDE EMPLOYER

The following information must be completed by the administrator, director of nursing or inservice coordinator in the nursing home or health care setting where this Nurse Aide now works, or last worked. **An employment agency cannot fill out this section of the form. Employment as a private duty aide, doctor's office aide, laboratory aide, personal care home assisted living aide, personal care home residential living aide, or CNA for a home care agency does not qualify for nurse aide re-certification.**

- 1. Nurse Aide Employer/Pearson VUE Code:** Enter the three digit Employer/Pearson VUE Code. Only nursing homes or distinct part/skilled nursing facilities within existing acute care hospitals that participate in the Medicaid/Medicare programs are assigned an Employer/Pearson VUE Code. All other health care settings that qualify to sign (as previously indicated) the aide's renewal form should leave this space blank.
- 2. City & State of Facility:** Enter the city and state of the facility.
- 3. Name of Facility:** Enter the name of the facility.
- 4. Date of Hire:** Enter the date of hire of the nurse aide.
- 5. Date of Termination:** Enter the termination date of the nurse aide *(if applicable)*.

### SECTION IV – DECLARATION AND SIGNATURE OF ADMINISTRATOR/DON/INSERVICE COORDINATOR

- 1. Signature:** Signature of the Administrator / Director of Nursing / Inservice Coordinator
- 2. Title:** Title of signee
- 3. Phone number**
- 4. Date**

In order for this Mississippi Nurse Aide to be renewed, you must submit a company check or money order made payable to Pearson VUE in the amount of \$26.00. The renewal fee is a processing fee and is not refundable.

#### Mail the COMPLETED renewal form and \$26 fee to:

Credentia  
Attn: MSNA Registry  
14248 Collections Center Drive  
Chicago, IL 60693-0142

Once Credentia receives your form and fee, they will renew your certification send you a new certificate and wallet card. If you have any questions about this process, call Pearson VUE at 1-888-204-6213.

# Mississippi Nurse Aide Program

## NURSE AIDE REGISTRY RENEWAL FORM

BEFORE COMPLETING THIS FORM, READ THE INSTRUCTIONS ON THE REVERSE SIDE.

To maintain current enrollment on the Mississippi Nurse Aide Registry, please complete this application and mail it to:

Credentia / MS Nurse Aide Registry  
14248 Collections Center Drive  
Chicago, IL 60693-0142

### SECTION I – PERSONAL INFORMATION (PLEASE PRINT NEATLY IN BLACK INK)

#### 1. NAME ON CERTIFICATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST	FIRST	MI

#### 2. CURRENT MAILING ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
STREET (number and name)	APARTMENT NUMBER	PO BOX
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE

#### 3. CURRENT

Home Phone Number: --

AREA CODE

#### 4. CURRENT SOCIAL SECURITY NUMBER

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#### 5. CERTIFICATE NUMBER

#### CERTIFICATE EXPIRATION DATE

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#### 6. NURSE AIDE SIGNATURE

SIGNATURE OF APPLICANT

DATE SIGNED

### SECTION II – CHANGES TO PERSONAL INFORMATION

#### 7. CURRENT NAME

COMPLETE IF YOUR CURRENT NAME IS DIFFERENT FROM THE NAME ON YOUR CERTIFICATE. (SEE INSTRUCTIONS FOR REQUIRED DOCUMENTATION.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST	FIRST	MI

#### 8. CURRENT SOCIAL SECURITY NUMBER

COMPLETE IF YOUR CURRENT SOCIAL SECURITY NUMBER IS DIFFERENT FROM THE SOCIAL SECURITY NUMBER ON YOUR CERTIFICATE.

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### SECTION III - NURSE AIDE EMPLOYER

The following information must be completed by the administrator, director of nursing or inservice coordinator in the nursing home or health care setting where this nurse aide now works, or last worked. **An employment agency cannot fill out this form. Note: Employment as a private duty aide, doctor's office aide, laboratory aide, personal care home assisted living aide, personal care home residential living aide, or CNA for a home care agency does not qualify for nurse aide re-certification.**

#### 1. NURSE AIDE EMPLOYER/PEARSON VUE CODE (IF APPLICABLE)

8

#### 2. FACILITY CITY & STATE

CITY  STATE

#### 3. NAME OF FACILITY

#### 4. DATE OF HIRE

/ /

M M D D Y Y Y Y

#### DATE OF TERMINATION

/ /

M M D D Y Y Y Y

### SECTION IV – DECLARATION & SIGNATURE OF ADMINISTRATOR / DON / INSERVICE COORDINATOR

The above named nurse aide has been employed for pay performing nurse aide duties for at least 8 hours during his/her registration period. I certify that the information put forth on this Mississippi Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.

#### 1. SIGNATURE - Nurse Aide Employer

#### 2. TITLE

#### 3. PHONE NUMBER

#### 4. DATE