

PENNSYLVANIA NURSE AIDE REGISTRY CONTINUED ENROLLMENT APPLICATION

INSTRUCTIONS

In order to complete the attached Pennsylvania Nurse Aide Registry Continued Enrollment Application, please read the following instructions carefully.

Complete Part 1: Personal Information

- Complete all sections in Part 1.

Complete Part 2: Changes to Personal Information

- Complete Part 2 if you have any changes to your personal information (i.e., name, address, telephone). Please note that if you have a change to your name, you **MUST** submit a copy of an official document (marriage certificate or other court order) verifying your name change along with this application.

Complete Part 3: Employment History

- Complete all sections of Part 2.
If you answered “No” to Section A, you do NOT qualify for continued enrollment on the Registry. Please call (800) 852-0518 to request an application to re-test.

Complete Part 4: Expired Registration

- If your registration expired more than twenty-four (24) months ago, follow steps a, b, c, d in Part 3.

Complete Part 5: Nurse Aide Signature

- Provide signature.

NOTE: *If any section of the application is mailed to Credentia incomplete, the application will be mailed back to you with a letter providing the information needed to process your application.*

After your application is received and approved, your record will be updated and you will be mailed a new Notice of Enrollment on the Nurse Aide Registry.

If you do not qualify for continued enrollment, you will be mailed a denial letter, a Candidate Handbook, and an application to re-test in order to maintain your enrollment on the Registry.

If you have any questions, please call (800) 852-0518 Monday through Friday, 8:00 a.m. – 5:00 p.m.

PENNSYLVANIA NURSE AIDE REGISTRY CONTINUED ENROLLMENT APPLICATION

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

Credentia – PA Nurse Aide Registry
P.O. Box 13785, Philadelphia, PA 19101-3785

PART 1: PERSONAL INFORMATION

- A) Name on Certificate: _____
- B) Current Address: _____

- C) Telephone: _____
- D) Registration Number: _____ E) Registration Expiration Date: _____
- F) If your registration expired *more than* twenty-four (24) months ago, go to Part 4 for instructions on how to complete this application.

PART 2: CHANGES TO PERSONAL INFORMATION (complete section only if you have changes to personal information.)

- A) Name Change: _____
- B) Address Change: _____

- C) Telephone Change: _____

If you have a change to your name, you must submit a copy of an official document (marriage certificate or other court order) verifying your name change along with this application.

PART 3: EMPLOYMENT HISTORY

- A) Have you provided nurse aide services for *at least* eight (8) hours for pay during the twenty-four (24) months *before* your registration expiration date above? Yes No
If you marked “No”, then STOP here. You do not qualify for continued enrollment on the Registry. Please call Credentia at (800) 852-0518 to request an application to re-test.
- B) Employer’s Name: _____
If you are currently not employed, please provide your previous employer’s name.
- C) Type of Employer – please check one of the following: Nursing Home ICFMR Nursing Agency
 Personal Care Home Hospital Other (explain) _____
*Please note that self employment, private duty nursing, and employment in doctors’ offices are **NOT** acceptable.*
- D) Date of Hire: _____ E) Last Date Worked: _____
(Leave blank if you are still working for this employer.)
- F) Employer Telephone number (including area code): _____

PART 4: EXPIRED REGISTRATION

If your registration expired more than twenty-four (24) months ago, please follow steps a, b, c, and d below.

- A) Print two (2) copies of this application.
- B) On the first copy, complete the entire application.
- C) On the second copy, complete only sections b, c, d, and e in Part 3 and provide your signature in Part 5.
- D) Submit both copies in the same envelope to Credentia – PA Nurse Aide Registry
If you have any questions, please call (800) 852-0518.

PART 5: NURSE AIDE SIGNATURE

I certify that all information provided on this application is true and correct. I understand that providing inaccurate information on this application may result in the loss of my current enrollment status and may render me ineligible for continued enrollment on the Pennsylvania Nurse Aide Registry.

Nurse Aide Signature: _____