Pennsylvania Nurse Aide Program

NNAAP® REGISTRATION APPLICATION FOR ENROLLMENT BY RECIPROCITY

PLEASE PRINT LEGIBLY — USE INK ONLY

This application must be completed by nurse aides requesting enrollment in the Pennsylvania Nurse Aide Registry.

PART I – APPLICANTS COMPLETE THIS SECTION (*Please type or print neatly in black ink*)

APPLICANT MAILING INSTRUCTIONS

After you have completed PART I, forward this application to the state registry where you are currently enrolled or it will be mailed back to you at the address indicated below.

A list of state nurse aide registries is available on Credentia's web page at www.credentia.com/test-takers/pa.

A. PERSONAL INFORMATION

Social Security Number 1 1 1 - 1 1 - ☐☐☐☐ **Date of Birth** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

Please enter the last four digits of your Social Security number.

Current Legal Name: DO NOT USE NICKNAMES

LAST FIRST MI

MAIDEN NAME *(if applicable)*

Full Name as it Appears on the Registry (*If different from above*)**.** *Please provide proof of name change* (*ie. marriage certificate, court order*).

LAST FIRST MI

MAIDEN NAME *(if applicable)*

Current Mailing Address

STREET (number and name) APARTMENT NUMBER PO BOX

CITY STATE ZIP CODE

Home Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Work Phone Number** ☐☐☐ - ☐☐☐ - ☐☐☐☐
AREA CODE AREA CODE

Gender ☐ **Male** ☐ **Female**

B. CERTIFICATION INFORMATION: *Your application will* NOT *be processed without this information*.

State of Certification ☐☐ **Registry Number** ☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

I certify that all the information provided on this application is true and complete. I give my permission to any state registry to disclose all information requested on this application.

SIGNATURE OF APPLICANT DATE

OUT OF STATE REGISTRY PERSONNEL: PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.

PART II – REGISTRY PERSONNEL COMPLETE THIS SECTION *(in the state where the applicant is currently listed)*

REGISTRY MAILING INSTRUCTIONS

After you have completed PART II, mail this application to:
Credentia **– Pennsylvania Nurse Aide Registry, PO Box 13785, Philadelphia, PA 19101-3785.**

Has the above mentioned individual been enrolled on your nurse aide registry by meeting one of the enrollment requirements as mandated by the OBRA regulations? ☐ Yes ☐ No

If Yes, by which method _____

Certificate Number ☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

Is this certificate current and in good standing? ☐ Yes ☐ No

Date this individual was enrolled on your registry ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

Are there documented findings on the nurse aide registry of resident abuse, neglect or misappropriation of property for this applicant? If "Yes", please list below: ☐ Yes ☐ No

_____

_____

_____

Print name of official completing this form _____

_____
SIGNATURE TITLE

_____
AGENCY STATE DATE

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