

## How to Submit A Reciprocity Application



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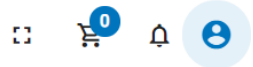
How to Submit a Reciprocity Application

# How to Submit a Reciprocity Application

## Step 1 – Select Reciprocity Request Button

### STEP 1

Select “Reciprocity Request” button on the Registry page



- Dashboard
- Application
- Exam Schedule
- Grievance Form
- Manage Profile
- Help
- Registry**

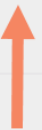
#### Registration

Home / Registration

Registration

Requests

Reciprocity Request



# How to Submit a Reciprocity Application

## Step 2 – Complete Reciprocity Application

### STEP 2

Click on each section to enter the required information and upload all supporting documentation. Failure to submit documentation will delay application processing.

**Credentia**  
CNA365\*

Dashboard  
Application  
Exam Schedule  
Grievance Form  
Manage Profile  
Help  
**Registry**

**CertificateReciprocity Form**  
Home / Registration / Reciprocity Form

**Cancel** **Save as Draft** **Submit**

### Pennsylvania Application for Enrollment by Reciprocity

**NURSE AIDE CERTIFICATE INFORMATION**

State in which you are currently certified:  
Select state  
state1

Certification Number:  
[Text Field]

Certificate Expiration Date:  
Select Date  
12/14/2021

Is the certificate in good standing?  
 Yes  No

Please upload a copy of your current License from home state:  
**Upload**

test upload.pdf

**Application Progress**

Click each section to complete application







Section name turns green after completion

# How to Submit a Reciprocity Application

## Step 3 – Submit Application

### STEP 3

When you have completed all sections, click on the “Submit” button

-  Dashboard
-  Application
-  Exam Schedule
-  Grievance Form
-  Manage Profile
-  Help

 **Registry**

#### CertificateReciprocity Form

Home / Registration / Reciprocity Form

Cancel

Save as Draft

Submit

#### Pennsylvania Application for Enrollment by Reciprocity

NURSE AIDE CERTIFICATE INFORMATION

CANDIDATE STATEMENT

I hereby certify that the information provided on this registration form is true and accurate, and that I am the person whose name appears on the form. I understand that any information I give that is not true may jeopardize my certification status and listing as a nurse aide and may result in prosecution by the state of Pennsylvania.

Yes, the information on this application is true and correct

Candidate Signature

2r2r232

Select Date

12/20/2021

Application Progress

