

Endorsement Form For Certified Nursing Assistant

You must have the *Endorsement Form for Certified Nursing Assistant* completed by a state in which you have first obtained a CNA certificate. Individual State Nurse Aide Registries may charge you a fee to complete the form.

- Call the state in which you were certified and ask about their specific requirements before you send the form.
- Complete the top half of the *Endorsement Form for Certified Nursing Assistant*, include a fee if required,.
- The states will mail the completed forms directly to the Board.

If you need more forms, you may download them from the Board's website at www.nevadanursingboard.org (click on *Certification Information*). You may also call the Board at 1-888-590-6726.

State Nurse Aide Registry Telephone Directory

The NSBN will not act as your agent. This is your responsibility.

Alabama	334-206-5169	Louisiana	255-295-8575	Oregon	971-673-0658
Alaska	907-269-8169	Maine	207-624-7300	Pennsylvania	800-852-0518
Arizona	602-771-7800	Maryland	410-585-1994	Rhode Island	401-222-5888
Arkansas	501-682-1807	Massachusetts	617-753-8143	S. Carolina	800-475-8290
California	** see below	Michigan	800-752-4724	S. Dakota	605-362-2769
Colorado	** see below	Minnesota	651-215-8705	Tennessee	615-532-7841
Connecticut	866-499-7485	Mississippi	888-204-6213	Texas	800-452-3934
Delaware	302-577-6666	Missouri	**see below	Utah	801-547-9947
Dist of Col	888-274-6060	Montana	406-444-4980	Vermont	802-828-2819
Florida	850-245-4125	Nebraska	402-471-0537	Virginia	804-367-4614
Georgia	800-414-4358	New Hampshire	603-271-2323	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	866-561-5914	Washington	360-725-2597
Idaho	800-748-2480	New Mexico	505-476-9040	W. Virginia	304-558-0050
Illinois	** see below	New York	800-805-9128	Wisconsin	608-243-2019
Indiana	317-233-7351	N. Carolina	** see below	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	701-328-2853		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	888-530-1919	Oklahoma	800-695-2157	Nevada	888-590-6726

This directory was developed as a courtesy for your use; the information listed may have changed since the last printing.

****These states will not complete the *Endorsement Form for Certified Nursing Assistant*. Therefore, you will not need to submit forms for California, Colorado, Georgia, Illinois, Missouri, or North Carolina.**

Nevada State Board of **NURSING**

Endorsement Form For Certified Nursing Assistant

This form **must be completed by the state** where you obtained your first certification.

Name:	_____	Social Security #	_____
	Last First Middle		
Address:	_____	Date of Birth:	_____
	Street Apt# City/State/Zip		
Certification #:	_____	Issue Date of Certification:	_____
Last day employed as a CNA:	_____		
Last Employer Name & Address:	_____		
	City/State/Zip		
I hereby authorize the State of _____ to furnish the information requested to the NV State Board of Nursing.			
_____	_____		_____
Applicant's Signature			Date

Do Not Write Below – For Completion By State Nurse Aide Registry Only

TRAINING INFORMATION

Name of Nurse Aide Training Program	_____		
Completion date of Training Program	_____	Program meets OBRA 1987 requirements:	<input type="radio"/> Yes <input type="radio"/> No
_____	Date initially placed on registry:	_____	Certificate Expiration Date: _____
Certification #			

METHOD OF CERTIFICATION

Please check one of the following:

<input type="radio"/> Not Certified	<input type="radio"/> Deemed onto Registry	<input type="radio"/> Endorsed from _____
<input type="radio"/> Written Exam Only _____	<input type="radio"/> Manual Exam Only _____	<input type="radio"/> _____
	Exam Date	Exam Date
<input type="radio"/> Completed manual skills and written exam but did not take a training program – Date of test(s): _____		
<input type="radio"/> Completed a state-approved training program, passed manual skills and written exam – Date of test(s): _____		

DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?	<input type="radio"/> No	<input type="radio"/> Yes
Has this certificate ever been revoked, suspended, placed on probation, or surrendered?	<input type="radio"/> No	<input type="radio"/> Yes
Has this applicant incurred any disciplinary action in your state?	<input type="radio"/> No	<input type="radio"/> Yes
Is any disciplinary action pending?	<input type="radio"/> No	<input type="radio"/> Yes

If "yes" to any of the discipline questions, please submit certified copies.

Signature / Title

State: _____ Date: _____

(SEAL)

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