

Nevada State Board of NURSING

Endorsement Form

You must submit an initial application for certification by endorsement with the Nevada State Board of Nursing via the [Nevada Nurse Portal](#) prior to submitting this form. Once your application has been submitted, you must request endorsement from the state in which you held your **first** CNA certification (your original state). Please contact your original state for instructions regarding completing this process. If your state requires this form to complete the request, please complete section 1 of the attached form and submit it to your original state for completion. To complete this process:

- Create your [Nevada Nurse Portal](#) account and submit your CNA by endorsement application.
- Call the state in which you were originally certified and ask about their specific requirements to complete this form.
- Complete the top half of the Endorsement Form for Certified Nursing Assistant and submit the form to your original state nurse aide registry, include a fee if required.
- Your original state will mail the completed form directly to the Nevada State Board of Nursing.

Note: This form is only one step in the certification by endorsement application process, you must submit an initial application via the [Nevada Nurse Portal](#) prior to submitting this form. Please review complete application instructions in the Nevada Nurse Portal or on our website under the “forms” tab.

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

Alabama	334-206-5169	Louisiana	** see below	Oregon	** see below
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	** see below	Massachusetts	617-753-8143	S. Carolina	800-475-8290
California	** see below	Michigan	** see below	S. Dakota	605-362-2769
Colorado	** see below	Minnesota	651-215-8705	Tennessee	** see below
Connecticut	866-499-7485	Mississippi	888-204-6213	Texas	** see below
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	** see below
Georgia	** see below	New Hampshire	603-271-2323	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	866-561-5914	Washington	**see below
Idaho	800-748-2480	New Mexico	505-476-9040	W. Virginia	304-558-0050
Illinois	** see below	New York	800-805-9128	Wisconsin	** see below
Indiana	** see below	N. Carolina	** see below	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	** see below		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	** see below	Oklahoma	800-695-2157		

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. If your original certificate was issued in one of these states you will not need to submit the attached endorsement form; however, you must still complete all other application requirements. Please login to your Nevada Nurse Portal account to review the complete application instructions and submit your CNA by endorsement application.**

If your original board provides verification/endorsement information online, we will be able to complete the verification process online. However, if board staff is not able to obtain all required information you **MUST** complete the attached endorsement form to qualify for certification in Nevada.

Nevada State Board of NURSING

ENDORSEMENT FORM FOR CERTIFIED NURSING ASSISTANT

PART 1: To be completed by Nevada CNA applicant after the initial application has been submitted via the Nevada Nurse Portal

Name: _____ Social Security # _____
Last First Middle

Date of Birth: _____ Phone Number: _____

Address: _____
Street Apt# City/State/Zip

Certification #: _____ Issue Date of Certification: _____ Expiration date: _____

I hereby authorize the State of _____ to furnish the information requested to the NV State Board of Nursing.

Applicant's Signature

Date

PART 2: To be completed by your original state nurse aide registry only

TRAINING INFORMATION

Name of Nurse Aide Training Program _____

Completion date of Training Program _____ Program meets OBRA 1987 requirements: Yes No

METHOD OF CERTIFICATION

Please check one of the following:

- Not certified Certified by exam Certified by endorsement from:

_____ Date initially placed on registry: _____ Certificate Expiration Date: _____
Certification #

Please check one of the following:

- Completed manual skills and written exam but did not take a training program – Date of test(s): _____
 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? No Yes

Has this certificate ever been revoked, suspended, placed on probation, or surrendered? No Yes

Has this applicant incurred any disciplinary action in your state? No Yes

Is any disciplinary action pending? No Yes

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

Signature

State

Date

(SEAL)