



Michigan Nursing Assistant Registry Renewal Form

Instructions:

- Please go to www.prometric.com/NurseAide/MI to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms **will not** be processed.
- Please complete **all** of the information requested on this form, including the **employer information** on Page 2 of this form. Failure to **fully complete all pages** may result in **delays or denial** of the **renewal** of your certification.
- Form and payment **MUST** be received by Prometric Monday – Friday before the expiration date. Mail received on the weekend will be marked as received the next business day and marked late if expired.
- Please mail completed original forms to **Prometric, ATTN: MI Nurse Aide Registry Renewal, 7941 Corporate Drive, Nottingham, MD 21236.**



If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

Eligibility for Renewal

You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services in a Long Term Care Setting for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal.

Nursing Assistant Information

All fields marked with * are required. Print one number/letter in each box where required.

*Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Middle Initial <input type="text"/>
*Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous name (if applicable): <input type="text"/>
*Street Address (Including Apt. number or P.O. Box, If applicable) <input type="text"/>	
*City <input type="text"/>	*State <input type="text"/> <input type="text"/> * ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*County (first four letters only) <input type="text"/>	Daytime Phone Number (including area code) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Email Address (form will not be processed without an email address) <input type="text"/>	

Employment Information

Please have your current employer complete this section.

Current or previous employer

*Name of Long Term Care Facility or Agency Where Employed		
*State Facility Number		
*Address of Employer (Street Address or P.O. Box)		
*City	*State	*Zip Code
*Provide Dates of Employment as a Nursing Assistant: mm/dd/yyyy		
Date of Hire: (MONTH/DAY/YEAR): _____		
Are you currently employed at the facility listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, Date of Termination: (MONTH/DAY/YEAR): _____		
*Name of person supervising your duties as a Nursing Assistant (current or former)		

Facility/Agency Letter

A letter on Facility/Agency letterhead documenting the current or former employment of this nurse aide with your facility/agency must be attached to this renewal form. The letter must be signed by one of the following authorized personnel: Administrator/Assistant Administrator; Director of Nurses/Assistant Director or Nurses; or Staff Development Coordinator.

Signature of Registered Nurse (RN)

To be signed by the licensed RN with supervising duties for nurse aides. *(If the nurse aide did not work in a setting where her/his work has been periodically supervised by a licensed Registered Nurse who can sign the renewal form, the nurse aide will not qualify for renewal.)*

I certify that the individual named herein has worked, for pay, as a nurse aide, under the supervision of a licensed registered nurse, for the employer listed above, for at least eight consecutive hours within the last 24-month period prior to her/his current registry document expiration.

Signature of Registered Nurse	RN License Number
Printed Name of Registered Nurse	Date Signed

Nursing Assistant Signature

I certify that the information put forth on this Michigan Nursing Assistant Registry Renewal Form is true and correct to the best of my knowledge.

Signature of Candidate (in box below)

Date: _____

Questions: For additional information, please visit our website at www.prometric.com/nurseaide.

Please make a copy of all completed forms for your personal records.

