

Massachusetts Nurse Aide Reciprocity Application Instructions

General Instructions

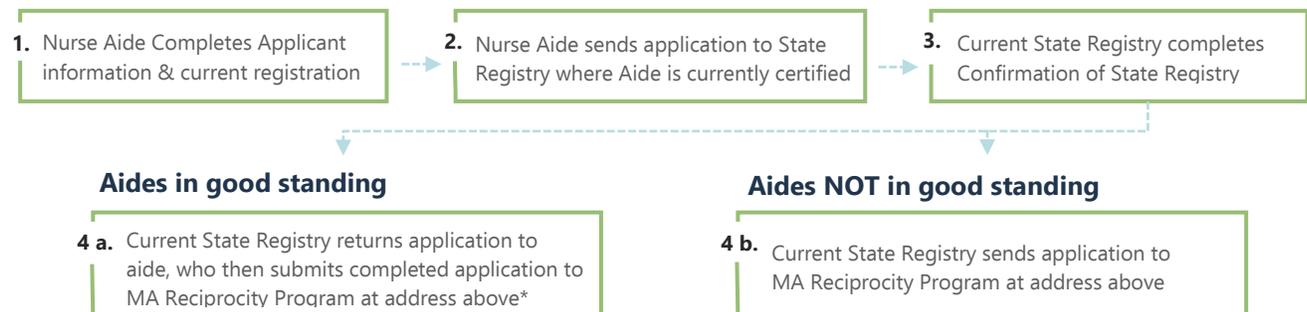
- Complete this form if you are currently certified as a nursing assistant in another state. Do not complete this form if you have ever been a CNA on the Massachusetts Registry. Instead, visit the Prometric/MA website at: <http://www.prometric.com/nurseaide/ma> and refer to **Route 5: Expired/Lapsed Certification**. You can also contact Prometric by phone at 1-800-722-2594 for assistance.

Massachusetts Reciprocity Process:

In order to be placed on the Massachusetts Nurse Aide Registry, complete the application and send to the Nurse Aide Registry of the state in which you are currently certified for verification. When the verified application is returned to you, mail the original completed reciprocity application to:

Prometric. MA Nurse Aide. 7941 Corporate Drive. Nottingham, MA 21236.

Process table*



**Please note that completed applications must be submitted to the Massachusetts Reciprocity Program within 30 days of completion of the verification from the other state's Nurse Aide Registry.*

Prometric will issue you a Massachusetts Certificate and Wallet Card within 15 days of its receipt of the completed application. If you do not receive your Massachusetts certificate within this time period, please contact Prometric staff at MACNA@prometric.com or 1-800-722-2594.

Instructions for California, Louisiana, Colorado, North Carolina, Missouri, Wisconsin, Virginia, North Dakota, Georgia and Tennessee Nurse Aides:

The above-listed states no longer process written verification for Certified Nurse Aides. If you wish to complete Reciprocity from these states to Massachusetts, complete the Application Information and Current Registry Information sections of the application and return it to Prometric/MA Nurse Aide. Prometric will complete the verification process.

Massachusetts Nurse Aide Program – Reciprocity Application

Applicant Information

Last Name	First Name	Middle Initial
Street Address		
City	State	ZIP code*
Social Security Number	Date of Birth	
Daytime Phone Number (with Area Code)	Email Address	

Current Registration Information

State in which you are currently registered:

Current Registration Number:	Expiration Date:
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I attest that the information provided within this application is accurate and authorize the Registry to provide the Massachusetts Nurse Aide Registry the information requested on this application.

Candidate Signature: *Application will not be processed if not signed by applicant. _____	Date:
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Confirmation By State Registry where currently Certified

The nurse aide listed on this application is applying to the Massachusetts Nurse Aide Registry as a Reciprocity Candidate. Please complete the section below.

IMPORTANT

If your Registry records reports the aide as "good standing", please return the completed application directly to the aide at the address provided by the aide above.

If your Registry records reports substantiated findings of abuse, neglect or misappropriation of resident property, please forward the application directly to Prometric/MA Nurse Aide at **Prometric**, MA Nurse Aide, 7941 Corporate Drive, Nottingham, MA 21236.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the information provided by the nurse aide on this application accurate?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the applicant listed on the application on your state nurse aide registry in accordance with the requirements of the Omnibus Reconciliation Acts of 1987 and 1988?
Applicant Name: _____ Registration #: _____ Date of Expiration: _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are there any substantiated findings of resident abuse or neglect or misappropriation of residents' property on the Registry for this individual? If yes, please attach summary of the findings to this form.
I certify that the above information is true in every respect, according to the records on file with the: Verifying Agency/Current State Registry		
Name		Title
Authorized Signature of Current State Registry		Date
<p>The nurse aide listed on this application is applying to the Massachusetts Nurse Aide Registry as a Reciprocity Candidate. Please complete the section below.</p> <p>If the aide is listed on your Registry in good standing, please return the application directly to the aide at the address listed on this application.</p> <p>If the aide is listed on your Registry with substantiated findings of abuse, neglect or misappropriation of resident property, please submit the application directly to Prometric/MA Nurse Aide at the address listed on the instructions page of this application.</p>		