

Request for Replacement (Duplicate) Renewal Form **N.C. Nurse Aide I / N.C. Medication Aide**

Aides automatically receive a renewal application about three months before the listing expires if their listings are in good standing and their addresses are up to date with the registry. It is not necessary to contact the registry to receive the automatic mailing.

If your form was lost, damaged, or you missed the automatic mailing, please return this completed form to the registry. A replacement form will be issued and returned to you by mail.

Replacement forms will only be issued if your listing is due to expire in the next 3 months or has already expired.

For help, contact registry staff at 919-855-3969, weekdays, from 8 a.m. to 12 noon, and from 1 p.m. to 3 p.m.

Complete all information below. Incomplete or unsigned requests cannot be processed and will not receive a response.

(PLEASE PRINT CLEARLY)

1. Aide Name as it Appears on Registry _____
2. Last 4 Digits of Your Social Security Number _____
3. Your Nurse Aide I Listing Number (if applicable) _____
4. Date of Birth (Month/Day/Year) _____
5. Street Address/PO Box _____
City _____ State _____ Zip _____
6. Home Phone Including Area Code _____
7. Work Phone Including Area Code _____
8. Email Address _____
9. Aide's Signature _____

Check here if this is a new mailing address. (No additional change of address form is needed.)

Mail or Fax this form to:
Center for Aide Regulation and Education
2709 Mail Service Center
Raleigh, NC 27699-2709
Fax: (919) 733-9764