

## Application to Be Listed on the N.C. Nurse Aide I Registry (RNs or LPNs only)

Policy: RNs and LPNs may be listed on the Nurse Aide I Registry without competency testing if they have a current, unrestricted license to practice in North Carolina. RNs and LPNs undergoing **disciplinary action** may be listed if they have not been involved in the abuse, neglect or misappropriation of a resident's property and the North Carolina Board of Nursing (NCBON) supports a recommendation for working as a Nurse Aide I. To be approved, **a copy of the recommendation letter must be submitted with this application**; without the letter, the application is considered incomplete.

Social Security Numbers: You are asked to voluntarily provide your social security number with the understanding that it will be used only as an identification number for record keeping and verification of your listing on the North Carolina Nurse Aide I Registry (Federal Regulation 483.156). The information on this application will be entered on the North Carolina Nurse Aide I Registry and, with the exception of your social security number, will be a matter of public record.

Instructions: To apply for listing based on your RN or LPN license, complete the information below and **fax or mail** your **completed application** and **recommendation letter** (if required) to the address above.

### RN or LPN Information (Type or Print Clearly):

Name (as listed on nursing license): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Full Social Security Number: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

RN/LPN License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ License Type:  RN  LPN

If New Graduate, Date of Graduation: \_\_\_\_\_

Mailing Address -Street or PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been listed on NC Nurse Aide I Registry?  YES  NO. Include NC Listing # \_\_\_\_\_

**RN or LPN Signature\*** \_\_\_\_\_

### \*Disclosure - By signing this form, you authorize and acknowledge the following:

For the purpose of evaluating your request to be listed on the N.C. Nurse Aide I Registry, the Center for Aide Regulation and Education will verify your license, including disciplinary actions, with the appropriate Board(s) of Nursing, including the NURSIS nurse licensure and disciplinary database if you are licensed in a compact state. No information obtained from the NURSIS or other license verification systems will be used in violation of any federal or state equal opportunity law or regulation. If your application is denied based on any information obtained from the NURSIS or other license verification system, you will be provided a copy of this information and the reason for denial.

### Additional Survey Questions (answers appreciated, not required):

1. What is your primary reason for listing on the NC Nurse Aide I Registry? \_\_\_\_\_

2. Will you continue to work as a licensed nurse after being listed on the Nurse Aide I Registry? \_\_\_\_\_