



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE & REGULATION
OFFICE OF HEALTH CARE FACILITIES
665 MAINSTREAM DRIVE, SECOND FLOOR
NASHVILLE, TENNESSEE 37243
TELEPHONE (615) 532-5171
FAX (615) 248-3601

PROCEDURES FOR PLACEMENT ON THE TENNESSEE NURSE AIDE REGISTRY

Attached is a form for verification of out-of-state nurse aide registration. Please read the directions completely prior to completing this form. We cannot process this form if it is incomplete, illegible, or includes false statements.

Please complete Part I of this form and attach a copy of your social security card and a copy of photo identification (driver's license, passport, or other photo identification) in the area indicated on Part II.

Return the entire application to the Tennessee Nurse Aide Registry at the address listed above. Individuals certified in Florida or North Carolina must complete a Tennessee Nurse Aide Training Program and pass the Tennessee Competency Evaluation (train and test).

Notification of placement will be mailed to the address given on Part I of the verification form. Please provide the address where you will be living 45 days from the date you submit the application.

Your name will be placed on the registry if you are qualified when the following is complete.

- Your certification is verified from the state where you are currently registered,
- The state nurse aide registry verifies you are eligible for placement on the registry, and
- All other pertinent information is verified as true and correct.

PART II: PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND PHOTO IDENTIFICATION HERE

Social Security Card	Photo Identification
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MAIL THIS FORM TO: Tennessee Department of Health
Nurse Aide Registry
665 Mainstream Drive, Second Floor
Nashville, TN 37243

PART III: To Be Completed by Tennessee Nurse Aide Registry:

Is the above nurse aide currently registered eligible on _____ (state) Nurse Aide Registry in accordance with the requirements of the Omnibus Budget Reconciliation Act of 1987 and 1989? **Yes** **No**

If yes:

Registration Number: _____

Registration Date: _____

Expiration Date: _____

Method of Placement: Deemed Competency Examination Reciprocity

Which State: _____

Are there documented findings of abuse, neglect, or misappropriation of resident or resident's property, according to records on file in the office of the undersigned? **Yes** **No**

SIGNATURE: _____