Nevada State Board of
NURSING

Endorsement Form For Certified Nursing Assistant

This form **must be completed by each state** where you have obtained certification.

Name: _____ Social Security #_____
Last First Middle

Address: _____ Date of Birth: _____
Street Apt# City/State/Zip

Certification #: _____ Issue Date of Certification: _____

Last day employed as a CNA: _____
Last Employer Name & Address:
_____
City/State/Zip

I hereby authorize the State of _____ to furnish the information requested to the NV State Board of Nursing.

_____ _____
Applicant's Signature Date

Do Not Write Below – For Completion By State Nurse Aide Registry Only

TRAINING INFORMATION

Name of Nurse Aide Training Program_____

Completion date of Training Program_____ Program meets OBRA 1987 requirements: o Yes o No

_____ Date initially placed on registry: _____ Certificate Expiration Date: _____
Certification #

METHOD OF CERTIFICATION

Please check one of the following:

o Not Certified o Deemed onto Registry o Endorsed from _____

o Written Exam Only _____ o Manual Exam Only_____
Exam Date Exam Date

o Completed manual skills and written exam but did not take a training program – Date of test(s): _____

o Completed a state-approved training program, passed manual skills and written exam – Date of test(s): _____

DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?	o No	o Yes
Has this certificate ever been revoked, suspended, placed on probation, or surrendered?	o No	o Yes
Has this applicant incurred any disciplinary action in your state?	o No	o Yes
Is any disciplinary action pending?	o No	o Yes

If "yes" to any of the discipline questions, please submit certified copies.

_____ State: _____ Date: _____
Signature / Title

(SEAL)

rev. 8/23/05

State Nurse Aide Registry: Mail completed form to 2500 W. Sahara Ave. #207, Las Vegas, NV 89102-4392, or fax to 702-486-5803.