DCH/CNA-500 (3/06)

Michigan Department of Community Health
Bureau of Health Professions
PO Box 30670
Lansing MI 48909
(517) 241-0554

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING INSTRUCTIONS

~ NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING ~

READ AND FOLLOW THE DIRECTIONS CAREFULLY.

NOTE: It is your responsibility to have all required documentation sent to this office. Questions regarding your request for exemption can be directed to the Bureau of Health Professions at (517) 241-0554 **three weeks after** the date you sent the request. Please allow 3-5 weeks processing time due to the volume handled. If you fail to complete the requirements for exemption within a 1-year period from the date of filing the exemption, the request is no longer valid and will be destroyed.

GENERAL INSTRUCTIONS:

You DO NOT qualify for exemption if:

1. Your Michigan CNA certificate has been expired **more than 2 years prior to today's date.** You must retrain.
2. You are a licensed Registered Nurse or Licensed Practical Nurse. Federal Law prohibits you from working as a CNA.
3. You have completed training more than a year ago and failed to test during the time period allotted. You must retrain.
4. You have not worked as a Nurse Aide in a long-term care setting in the last 2 years. You must retrain.
5. You have completed a Fundamentals of Nursing course more than 1 year prior to submission of an application for exemption. You must complete a state-approved training program.

ELIGIBILITY REQUIREMENTS:

There are three (3) conditions in which a nurse aide can request exemption from training in Michigan. If your situation is not one of the three conditions listed below, you will have to complete a Michigan state-approved Nurse Aide Training Program and pass a clinical and written examination to become a CNA in Michigan. **ALL applicants approved for exemption from training must take and pass a clinical and written examination.**

EXPIRED MICHIGAN REGISTRY ONLY:

Prior to submission of an application for exemption, your CNA certificate must have expired within the last **2 years.**

1. Completely fill out the attached form, sign it and date it. Make sure you list your Michigan Registry certificate number on the exemption form in the space provided. Return the completed form to the address noted on the top of the form.
2. Send a copy of your Michigan Registry document. DO NOT SEND THE ORIGINAL CERTIFICATE.
3. If your name is different than what appears on your Michigan registry document, you will need to send a copy of the legal document confirming the name change such as a marriage certificate or divorce decree. Social Security cards or driver's licenses are not acceptable.
4. You must include or have submitted a letter from your current or previous employer, on their company letterhead with an original signature, verifying the following information:
   a. The employer letter must be on company letterhead and be an **original** document (photocopies and/or faxes are not acceptable).
   b. The letter must be signed by the Facility Administrator, Director of Nursing or Assistant Director of Nursing.
   c. The letter must verify your beginning and ending date of employment as a Certified Nurse Aide. You must have worked at least 8 hours within a 24-month period prior to the expiration date of your Nurse Aide document.
   d. The letter must indicate that you provided certified nursing aide duties under the supervision of a Registered Nurse in a long-term care facility. NOTE: If you work/worked for an employment agency, please be sure that the name of the long-term care facility where you were placed is included in the letter.
5. Disregard the attached Verification of Nurse Aide Registration/Certification in Another State form. This form is only for applicants who hold certification in other states.

OUT-OF-STATE CERTIFIED NURSE AIDE CERTIFICATION:

Must hold or have held certification in another US State within the last 24 months prior to the submission of an application for exemption.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top of this form.
2. Send a **photocopy** of all out-of-state CNA certificate(s) you hold whether they are active or inactive. DO NOT SEND THE ORIGINAL CERTIFICATE.
3. If your name is different than what appears on your registry document, you will need to send a copy of the legal document confirming the name change such as a marriage certificate or divorce decree. Social Security cards or driver's licenses are not acceptable.
4. Each State, that you hold a certificate or registration in, must submit verification of your document, including any disciplinary action, directly to this office. If you are registered in more than one state, each state will need to verify your registration status; active, inactive or expired. Complete the attached Verification of Nurse Aide Registration/Certification in Another State form and forward it to the State(s) that you hold registration in. NOTE: DO NOT forward this form to California, Florida, Illinois, North Carolina or Wisconsin. We will obtain verification via the Internet for these specific states.
5. If your certificate DOES NOT have an expiration date or it has expired within the last 24 months, YOU must include or have submitted a letter from your current or previous employer, on their company letterhead with an original signature, verifying the following information:
   a. The employer letter must be on company letterhead and be an **original** document (photocopies and/or faxes are not acceptable).
   b. The letter must be signed by the Facility Administrator, Director of Nursing or Assistant Director of Nursing.
   c. The letter must verify your beginning and ending date of employment as a Certified Nurse Aide. You must have worked at least 8 hours within a 24-month period prior to the expiration date of your Nurse Aide document.
   d. The letter must indicate that you provided certified nursing aide duties under the supervision of a Registered Nurse in a long-term care facility. NOTE: If you work/worked for an employment agency, please be sure that the name of the long-term care facility where you were placed is included in the letter.

RN or LPN STUDENT WHO HAS COMPLETED THEIR NURSING FUNDAMENTALS COURSE:

Must be currently enrolled in a Michigan approved nursing program.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top.
2. An official transcript must be sent directly to this office by the school you are attending showing that you are currently enrolled in a nursing program and your successful completion of their nursing fundamentals course with a "C" or higher average within the last year. Copies are not acceptable. If you send "Student Issued" transcripts, they must be received in an envelope SEALED by the school. Transcripts need to be sent to the attention of NURSE AIDE CERTIFICATION.
3. Those individuals who have completed a nursing program, are in the process of obtaining or hold licensure as an RN or LPN <u>are not</u> eligible for exemption.
4. Disregard the attached Verification of Nurse Aide Registration/Certification in Another State form. This form is only for applicants who hold certification in other states.

DCH/CNA-001 (3/06)

Michigan Department of Community Health
Bureau of Health Professions
PO Box 30670
Lansing MI 48909
(517) 241-0554
www.michigan.gov/healthlicense

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING

Please PRINT Clearly | This is NOT an authorization to test | **Allow 3-5 weeks processing time**

CNA's First Name	Middle Name	Last Name
If current name used is different than what appears on your certificate, please list previous name(s) below (If applicable). You must provide copy of legal document confirming name change (i.e. marriage certificate or divorce decree).		
Social Security Number	Birth Date	Telephone Number w/area code
Street Address		

City	State	Zip Code	**Michigan Registry Number**, if applicable
SIGNATURE			DATE

~ NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING ~

NOTE: If you are granted an exemption from training, you will receive notification from this Department and the paperwork to apply with Thomson Prometric (formerly The Chauncey Group Int'l) to get your Authorization to Test and a list of testing sites. You will need to take the notification to your test site on the day of testing. You will have six months in which you must complete the testing process. If you fail to complete your testing, within the six month exemption period, you will have to complete a Michigan approved Nurse Aide Training Program and pass the test.

ALL APPLICANTS APPROVED FOR EXEMPTION FROM TRAINING MUST TAKE AND PASS A CLINICAL AND WRITTEN EXAMINATION. NO EXCEPTIONS.

PLEASE CHECK THE BOX BELOW WHICH APPLIES TO YOU:

☐ **EXPIRED MICHIGAN REGISTRY ONLY** (CNA certificate expired within the last **24 months - 2 years**)

You are eligible for exemption if your CNA certificate expired within the **last 24 months** (from the expiration date of your certificate) ***and*** you have worked as a CNA in a traditional or a non-traditional health care facility, **licensed by the State of Michigan and/or certified by the Federal Government**, performing nursing or nursing related services for pay under the supervision of a registered nurse for at least 8 consecutive hours prior to the expiration date of your certificate.

Disregard the attached white verification of licensure form.

☐ **NURSE AIDE WITH OUT-OF-STATE REGISTRY/CERTIFICATE -**

You must currently hold or have held a CNA certificate or registration in another US State within the past 24-months (2 years).

SEND the attached white verification of licensure form to the state(s) in which you hold or have held certification/registration. The form can be copied. Addresses for the state boards can be found on the reverse side.

☐ **RN or LPN STUDENT WHO HAS COMPLETED THEIR NURSING FUNDAMENTALS COURSE -**

You must be currently enrolled in a Michigan state-approved nursing program and successfully completed their nursing fundamentals course with a "C" or higher average within the last year.

Disregard the attached white verification of licensure form.

DCH/CNA-002 (2/06)

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF NURSE AIDE REGISTRATION/CERTIFICATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

APPLICANT MUST FORWARD THIS FORM TO THE APPROPRIATE STATE BOARD

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

First Name	Middle Name	Last Name	
Street Address			
City	State	Zip Code	Telephone Number
Previous Names Used	Date of Birth		U. S. Social Security Number
State Board Registered In	Registration Number		Date of Issue

LISTING OF STATE NURSE AIDE REGISTRIES ON REVERSE SIDE

PART II: To be completed by the State Licensing Board.

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the address shown above.

Basis for Issuance of Registration/Certification:

☐ Examination ☐ Endorsement - Please indicate name of state: _____

Status of Registration/Certification	Original Issue Date	Expiration Date (If none, please indicate)
☐ Current ☐ Lapsed		

Are formal or informal actions pending?

☐ No ☐ Yes

Has the Nurse Aide registry/directory in your state substantiated a finding or conviction of abuse, neglect, or misappropriate conduct for the applicant?

☐ No ☐ Yes (If yes, please attach a summary)

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

_____ _____
Signature **Date**

_____
Type or Print Name

(SEAL)

_____
Title

_____
Full Name of Licensing Board

LISTING OF STATE NURSE AIDE REGISTRIES

ALABAMA
Department of Public Health
Division of Healthcare Facilities
PO Box 303017
Montgomery AL 36130-3017
334-206-5169
334-206-5219 - Fax

ALASKA
Alaska Nurse Aide Registry
550 W. 7th Avenue, Suite 1500
Anchorage AK 99501
907-269-8169
907-269-8196 - Fax

ARIZONA
Arizona State Board of Nursing
1651 E. Morten Avenue, Suite 210
Phoenix AZ 85020
602-889-5150
602-906-9365 - Fax

ARKANSAS
Office of Long Term Care
PO Box 8059, Mail Slot S405
Little Rock AR 72203-8059
501-682-1807
501-682-8551 - Fax

CALIFORNIA
Do not send form to. We will
obtain.

COLORADO
Colorado Board of Nursing
1560 Broadway, Suite 880
Denver CO 80202
303-894-2442
303-894-2821 - Fax

CONNECTICUT
Department of Public Health
410 Capitol Avenue, MS #12MQA
PO Box 340308
Hartford CT 06134-0308
860-509-7596
860-509-7607 - Fax

DELAWARE
Division of LTC Residents Protection
3 Mill Road, Suite 308
Wilmington DE 19806
302-577-6666
302-577-6672 - Fax
1-888-204-6179 - Verification

DISTRICT OF COLUMBIA (DC)
DC Nurse Aide Registry (Promissor)
3 Bala Plaza West
Bala Cynwyd PA 19004-3481
1-888-274-6060 - Verification (Promissor)

FLORIDA - Requires written request
Department of Health
MQA/Certified Nursing Assistant Program
4052 Bald Cypress Way
Bin #C-13
Tallahassee FL 32399-3263
850-245-4567 (CNA)
850-488-4281 - Fax

GEORGIA
Georgia Health Partnership (GHP)
Nurse Aide Program
1455 Lincoln Parkway, Suite 750
Atlanta GA 30346
678-527-3010 - GHP
678-527-3001 - Fax

HAWAII
Program Coordinator/Contract Officer
Professional & Vocational Licensing Branch
Dept. of Commerce & Consumer Affairs
PO Box 3469
Honolulu HI 96801
808-734-2101, ext. 122
808-734-8318 - Fax

IDAHO
Bureau of Facility Standards
Department of Health & Welfare
PO Box 83720
Boise ID 83720-0036
208-334-6620
800-748-2480
208-364-1888 - Fax

ILLINOIS
Do not send form to. We will
obtain via the Internet.

INDIANA
Division of Long Term Care
Indiana Nurse Aide Registry
2 North Meridian Street, Section 4B
Indianapolis IN 46204
317-233-7351
317-233-7750 - Fax

IOWA
Iowa Nurse Aide Registry
Department of Inspections & Appeals
Division of Health Facilities
Lucas State Office Building
321 East 12th Street
Des Moines IA 50319-0083
515-281-4964
515-242-5022 - Fax

KANSAS
Kasas Department of Health & Environment
Health Occupation Credentialing Unit
1000 SW Jackson, Suite 200
Topeka KS 66612-1365
785-296-0060
785-296-3075 - Fax

KENTUCKY
Kentucky Nurse Aide Registry
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300-A
Louisville KY 40222
502-329-7047/7048/7049
502-696-3955/3956/3957 - Fax

LOUISIANA
Louisiana State Board of Examiners for NFA
Nurse Aide Registry
5647 Superior Drive
Baton Rouge LA 70816
225-295-8575
225-295-8578 - Fax

MAINE
Maine Registry of CNA's
Division of Licensing & Certification
State House Station #11
442 Civic Center Drive
Augusta ME 04330
207-287-9310
207-287-9325 - Fax

MARYLAND
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore MD 21215-2299
410-585-1918
410-358-3530 - Fax

MASSACHUSETTS
Massachusetts Nurse Aide Registry
Department of Public Health
Division of Health Care Quality
99 Chauncy Street, 2nd Floor
Boston MA 02111
617-753-8143
617-753-8096 - Fax

MINNESOTA
Minnesota Department of Health
Facility & Provider Compliance Division
Nurse Aide Registry
85 East 7th Place, Suite 300
PO Box 64501
St. Paul, MN 55164-0501
651-215-8705
651-215-8709 - Fax

MISSISSIPPI
Mississippi Department of Health
Division of Hlth Facilities Licensure & Certification
570 Woodrow Wilson
Osborne Building, Suite 200
PO Box 1700
Jackson MS 39215-1700
601-576-7300
601-576-7350 - Fax
Verifications to another state:
3 Bala Plaza West
Bala Cynwyd PA 19004-3481
1-888-204-6213 - Verification (Promissor)

MISSOURI
Missouri Division of Health & Senior Services
Health Education Unit
PO Box 570
3418 Knipp
Jefferson City MO 65102
573-751-3082
573-526-7656 - Fax

MONTANA
Dept of Public Health & Human Services
Certification Bureau
2401 Colonial Drive, 2nd Floor
Helena MT 59620-2953
406-444-4980
406-444-3456 - Fax

NEBRASKA
Nebraska Health & Human Service System
Dept. of Regulatory & Licensure and
Credential Division
PO Box 94986
Lincoln NE 68509-4986
402-471-4971
402-471-1066 - Fax

NEVADA
Nevada State Board of Nursing
Licensure & Certification - Nurse Aides
5011 Meadowood Mall Way, Suite 201
Reno NV 89502-6547
702-688-2620
800-746-3980

NEW HAMPSHIRE
New Hampshire Board of Nursing
21 S. Fruit Street, Suite 16
Concord NH 03301-2431
603-271-8282/2323
603-271-6605 - Fax

NEW JERSEY
Division of Long Term Care Systems
Department of Health & Senior Services
PO Box 367
Trenton NJ 08625-0367
609-633-9171
609-341-3552 - Fax

NEW MEXICO
DOH/CCHSP/NAR
2040 S. Pacheco Street
2nd Floor, Room 413
Santa Fe NM 87505
505-476-9039
505-476-9026 - Fax

NEW YORK
Bureau of Professional Credentialing
New York State Department of Health
Office of Continuing Care
161 Delaware Avenue
Delmar NY 12054-1393
518-408-1297

NORTH CAROLINA
Do not send form to. We will
obtain via the Internet.

NORTH DAKOTA
North Dakota Department of Health
Division of Emergency Health Services
600 E. Boulevard Avenue
Bismarck ND 58505-0200
701-328-2675
701-328-9785 - Fax

OHIO
Ohio Department of Health
Nurse Aide Registry
246 N. High Street, 3rd Floor
Columbus OH 43215-2412
614-752-9500
614-995-5085 - Fax

OKLAHOMA
Oklahoma State Department of Health
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City OK 73117-1299
405-271-4085
800-695-2157
405-271-1130 - Fax

OREGON
State Board of Nursing
800 NE Oregon Street, Suite 465
Portland OR 97232
503-731-4745, ext. 343
503-731-4755 - Fax

PENNSYLVANIA
Pennsylvania Nurse Aide Registry
c/o Promissor
PO Box 13785
Philadelphia PA 19101-3785
800-852-0518

RHODE ISLAND
RI Dept. of Health Professionals
Office of Health
3 Capitol Hill, Room 105
Providence RI 02908-5097
401-222-5888
401-222-3352 - Fax

SOUTH CAROLINA
South Carolina Nurse Aide Registry
c/o Promissor
3 Bala Plaza West, Suite 300
Philadelphia PA 19101-3481
803-737-7205 - SC Board
800-475-8290 - Promissor

SOUTH DAKOTA
South Dakota Board of Nursing
4305 S. Louise, Suite 201
Sioux Falls SD 57106
605-362-2769
605-362-2768 - Fax

TENNESSEE
Tennessee Board of Nursing
Cordell Hull Bldg., First Floor
425 Fifth Avenue North
Nashville TN 37247-0508
615-532-5171
800-778-4504
615-248-3601 - Fax

TEXAS
Department of Human Services
Credentialing Department
PO Box 149030, Mail Code W-245
Austin TX 78714-9030
512-231-5829
800-452-3934
512-834-6764 - Fax

UTAH
NATCE Program Director
UT Hlth Technology Certification
550 East 300 South
Kaysville UT 84037-2699
801-547-9947
801-593-2584

VERMONT
Vermont State Board of Nursing
Office of Professional Regulations
81 River Street
Montpelier VT 05609
802-828-2819/2453/2396
802-828-2484 - Fax

VIRGINIA
Virginia Board of Nursing
Nurse Aide Registry
6603 W. Broad St., 5th Floor
Richmond VA 23230
804-662-7310
804-662-9512 - Fax

WASHINGTON
Aging & Adult Services Admin.
Residential Care Services Div.
OBRA - Nurse Aide Registry
640 Woodland Square Loop SE
PO Box 45600
Olympia WA 98504-5600
360-725-2596
360-493-2581 - Fax

WEST VIRGINIA
Office of Health Facilities
1 Davis Square, Suite 101
Charleston WV 25301-1799
304-558-0050
304-558-1442 - Fax

WISCONSIN
Do not send form to. We will
obtain via the Internet.

WYOMING
Wyoming State Board of Nursing
2020 Carey Avenue
Suite 110
Cheyenne WY 82002
307-777-7601
307-777-3519 - Fax

Current as of 2/2006