



Arkansas Nursing Assistant Registry Renewal Form

Instructions

Complete all of the information requested on both sides of this form (Questions 1-13), including the employer information on the second page. Remember to sign the form on the reverse side.

Current Information:	Current Registration Expires:	Social Security Number:

Eligibility for Renewal

You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal. The state of Arkansas no longer requires nursing assistants to pay the renewal fee.

Nursing Assistant Information

1. First Name and Middle Initial		2. Last Name*	
3. Social Security Number - -		4. Date of Birth	
5. Home Number (including area code) ()	6. Work Phone Number (including area code) ()		
7. E-mail Address (if available)			
8. Home Address if different from above (Street Address and Apt. Number or P.O. Box)			
City		State	ZIP Code

**If your name has changed from how it currently is listed on your registry certificate, you must enclose a copy of the legal document authorizing the name change.*

Please turn over and complete Page 2 of this form. Failure to fully complete the second page may result in delays or denial of the renewal of your certification.

Employment Information

(Current or previous employer.)

9. Name of Facility or Agency Where Employed		
10. Address of Employer (Street Address or P.O. Box)		
City	State	ZIP Code
11. What Type of Nursing Assistant Employer is the Facility/Agency? Traditional: <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Residential/Assisted Living <input type="checkbox"/> (Long Term Care Facility/Nursing Home). Must provide name of facility: _____ Nontraditional: <input type="checkbox"/> Staffing Agency <input type="checkbox"/> Providing Private Duty Care Other (please describe): _____ _____		
12. Provide Dates of Employment as a Nursing Assistant:	Date of Hire: (MONTH/DAY/YEAR): _____ Are you currently employed at the facility listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date of Termination: (MONTH/DAY/YEAR): _____	
13. Name of person supervising your duties as a Nursing Assistant (current or former)		

Nursing Assistant Signature

I certify that the information put forth on this Arkansas Nursing Assistant Registry Renewal Form is true and correct to the best of my knowledge.

Applicant's Signature

Date

We suggest that you make a photocopy of your renewal form for your records.

Questions: For assistance with any questions, please call Prometric at 800.818.8917.

Mail this completed form to:

Prometric
Attn: Arkansas Nursing Assistant Registry Renewal
1260 Energy Lane
St. Paul, MN 55108