

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
 QUALITY ASSURANCE DIVISION
 NURSE AIDE REGISTRY
 PO BOX 202953, HELENA MT 59620-2953
CNA@MT.GOV
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NURSE AIDE AND HOME HEALTH REGISTRY RENEWAL APPLICATION

THE REGISTRY NO LONGER ISSUES CARDS TO CNAS/HHAS. VERIFICATIONS CAN BE PRINTED THROUGH OUR WEBSITE: www.dphhs.mt.gov/cna

SECTION I: APPLICANT'S PERSONAL INFORMATION

Name: _____

Last
First
Middle Initial
Maiden (or Previous)

Mailing Address: _____

City
State
Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ SSN (Last 4 Digits): _____

Type: CNA _____ CNA/HHA _____ State ID#: _____

SECTION II: EMPLOYMENT INFORMATION

Your employment information determines your certification status. Unless provided accurately, you risk not being recertified. List all employers for whom you worked as a CNA in the past 2 years.

Employer Name	Employer Phone Number	Dates Worked

 APPLICANT'S SIGNATURE

 DATE

There is no grace period to renew your certification. No renewal fee required.
 If you have questions or need assistance in completing this form, please contact the Montana Nurse Aide Registry.

Name of Applicant: _____

SECTION III: EMPLOYER INFORMATION

Employer's Name: _____

Employer's Address: _____

_____ City State Zip Code

Type of Facility (Please check one of the following):

- Licensed Health Care Facility or Agency
- Physician's Office or Clinic
- Private Duty
- Other (Please Indicate) _____

SECTION IV: VERIFICATION OF EMPLOYMENT

Is employee currently working at your facility? Yes _____ No _____

If No is marked, date last worked at your facility: _____

The employee listed on the reverse side of the form has worked in your facility for which they have received a wage.

Authorized Signature
(Administrator/DON/Staff Development Coordinator)

Date

FOR HOME HEALTH ONLY	
Please enter the number of hours of in-service education you have provided to this applicant for each of the past two years.	
_____ 1 st Year	_____ 2 nd Year

You must present this form to your current or former employer for whom you last worked providing nursing related services for verification of employment. Your renewal will not be processed unless your employment is verified. Your certification will be renewed for two years from date last worked.

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