



CERTIFIED NURSE AIDE REGISTRY ENDORSEMENT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF HEALTH FACILITIES
 SFN 50645 (R5-99/4/01)



Social Security Number	Certified in the following states: 1. _____ 2. _____ 3. _____ 4. _____	Last Date Worked (Indicate State) 1. _____ 2. _____ 3. _____ 4. _____		
Nurse Aide Registry Number 1) _____ 2) _____ 3) _____ 4) _____				
First Name	Last Name	Maiden/Middle	M / F	
Date of Birth	Current Mailing Address			
City	State	Zip	County	Daytime Phone
E-Mail Address			ND CNA # if Applicable	
Nurse Aide Program Completed: Facility Name, and City		Date Completed	Today's Date	

ALL QUESTIONS MUST BE COMPLETED BY REGISTRANT

1.	Have you ever been arrested, charged, or convicted of a felony (<i>You must answer yes if the felony arrest or felony charge resulted in a plea agreement, misdemeanor, nolo contendere, deferred imposition, or other action</i>) within the last two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Since you last renewed, or if this is your first renewal, has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Since you last renewed, or if this is your first renewal, have you had a nurse aide registry listing or unlicensed assistive person registry listing marked for abuse, neglect, or misappropriation of property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Since you last renewed, or if this is your first renewal, have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	Since you last renewed, or if this is your first renewal, have you been denied registration or licensure by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.	Have you, in the last two (2) years, been terminated from a nurse aide or nursing related job due to conduct that may be grounds for disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.	Have you, in the last two (2) years, been diagnosed with chemical dependency or participated in chemical dependency treatment/rehabilitation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.	Have you, in the last two (2) years, been diagnosed with or treated for a mental health or physical condition which adversely affected your ability to safely provide nurse aide services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.	If you answered "Yes" to any of the above questions, please attach a detailed written explanation and any legal documents to the application and send to the North Dakota Department of Health for review. Have you attached the appropriate documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

You can **e-mail** this form to naregistry@nd.gov, or **fax** to 701.328.1890, or **mail** to:
 CNA Registry 600 E. Boulevard Ave., Dept. 301 Bismarck, N.D., 58505-0200