



CERTIFIED NURSE AIDE REGISTRY ENDORSEMENT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF HEALTH FACILITIES
 SFN 50645 (R5-99/4/01/R13-2016)



List all states you are/were certified, if more than 4, contact ND Registry

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

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>)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.	Has your registration or nursing license been sanctioned or disciplined by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	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.	Have you been investigated or are you presently being investigated by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.	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

**Please
Choose
One**

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