District of Columbia Nurse Aide Program

Registry Renewal Application

The *District of Columbia Nurse Aide Renewal Form* is used to report your nurse aide employment history in order to maintain your eligibility on the Registry. To renew your certification as a Nurse Aide in the District of Columbia, you must complete all sections in its entirety and submit the appropriate renewal processing fee.

Allow two (2) weeks for processing your completed form. Once Pearson VUE receives your form and fee, they will renew your certificate and send you a new certificate and wallet card. If you have any questions about this process, call Pearson VUE at 1-888-274-6060. If any part of this form is not completed correctly, you will be notified of the problem and not be renewed until the problem has been corrected.

SECTION I – PERSONAL INFORMATION

1. **Name on Certificate:** Enter your name as it appears on the certificate. If this is a name change, you must submit a legal document indicating the change.
2. **Current Mailing Address:** Enter your current address (street, P.O. box, city, state, and ZIP).
3. **Current Home/Work Telephone Number:** Enter your current home and work telephone numbers, including the area code.
4. **Current Social Security Number:** Enter your Social Security number that was previously used on the Nurse Aide Registry. If your Social Security number has changed or is not correct on the registry, attach a copy of your Social Security card.
5. **Certification Number:** Enter your District of Columbia Nurse Aide Registration Number.
6. **Certification Expiration Date:** Enter the expiration date of your certification.
7. **Nurse Aide Signature:** Sign and date the form.

CHANGES TO PERSONAL INFORMATION *(Complete this section only if you have changes to personal information.)*

> *To change or correct your name or Social Security number, attach a photocopy of a legal document that will provide proof of your new information (for example, marriage license, divorce decree, driver's license, Social Security card). Your information will not be changed on the Registry unless you provide this documentation.*

8. **CURRENT Name:** If your name has been changed and no longer matches the name on your Nurse Aide Certificate, enter your new name.
9. **NEW Social Security Number:** If your Social Security number has been changed, or is incorrect on the Registry, enter your new number.

SECTION II – WORK HISTORY

1. **Signature:** Signature of the Administrator / Director of Nursing / Inservice Coordinator
   I verify that the above named nurse aide has worked for me for at least 8 hours for pay performing nursing-related services during the nurse aide's certification period
2. **Title:** Title of signee
3. **Phone number**
4. **Date**

SECTION III – CONTINUING EDUCATION

If the nurse aide is employed in nursing-related services, the employer should sign Part A below. If the nurse aide is NOT currently employed, the nurse aide should indicate in Part B below the number of certificates being submitted, and submit copies of the continuing education certificates.

Part A - Employer: I verify that the above named nurse aide has completed at least 24 hours of continuing education in the area of health/nursing needs of an assigned client population during the nurse aide's certification period. (If the employer signs here, it is not necessary to include copies of the nurse aide's continuing education certificates).

Part B - Nurse Aide: I (Nurse Aide Name), am submitting certificates for at least 24 hours of Continuing Education (CE) in the area of health/nursing needs of an assigned client population during my certification period.

In order for this District of Columbia Nurse Aide to be renewed, you must submit a company check or money order made payable to *Pearson VUE* **in the amount of $12.00.**

Mail the COMPLETED renewal form and $12 fee to:

Pearson VUE/DCNA Registry, PO Box 13785, Philadelphia, PA 19101-3785

Once Pearson VUE receives your form and fee, they will renew your certification send you a new certificate and wallet card. If you have any questions about this process, call Pearson VUE at 1-888-274-6060.

District of Columbia Nurse Aide Program

NURSE AIDE REGISTRY RENEWAL FORM

Before completing this form, read the instructions on the reverse side.

To maintain current enrollment on the District of Columbia Nurse Aide Registry, please complete this application and mail it to:

Pearson VUE / DC Nurse Aide Registry
P.O. Box 13785
Philadelphia, PA 19101-3785

SECTION I – PERSONAL INFORMATION *(Please print neatly in black ink)*

1. **NAME ON CERTIFICATE**

   LAST   FIRST   MI

2. **CURRENT Mailing Address**

   STREET (number and name)   APARTMENT NUMBER   PO BOX

   CITY   STATE   ZIP CODE

3. **CURRENT Home Phone Number:** ☐☐☐ - ☐☐☐ - ☐☐☐☐
   AREA CODE

4. **CURRENT SOCIAL SECURITY NUMBER** ☐☐☐ - ☐☐ - ☐☐☐☐

5. **CERTIFICATE NUMBER** ☐☐☐☐☐   **CERTIFICATE EXPIRATION DATE** ☐☐ - ☐☐ - ☐☐☐☐
   MONTH   DAY   YEAR

6. **Nurse Aide Signature:** _____
   SIGNATURE OF APPLICANT   DATE SIGNED

CHANGES TO PERSONAL INFORMATION

7. **CURRENT NAME**
   Complete if your current name is different from the name on your Certificate. See Instructions for required documentation.)

   LAST   FIRST   MI

8. **NEW SOCIAL SECURITY NUMBER**
   Complete if your current Social Security number is different from the Social Security number on your Certificate.

   ☐☐☐ - ☐☐ - ☐☐☐☐

SECTION II – WORK HISTORY

The following information must be completed by the nursing home administrator, director of nursing or inservice coordinator in the nursing home where this nurse aide now works, or last worked. ***An employment agency cannot fill out this form.*** Employment as a private duty aide, doctor's office aide, laboratory aide or personal care/assisted living/residential living aide does not qualify for nurse aide certification.

1. **NURSING HOME EMPLOYER/PEARSON VUE CODE** 8☐☐☐

2. **NURSING HOME CITY & STATE** City ☐☐☐... State ☐☐

3. **NAME OF NURSING HOME** ☐☐☐...

4. **DATE OF HIRE** ☐☐ - ☐☐ - ☐☐☐☐   **DATE OF TERMINATION** ☐☐ - ☐☐ - ☐☐☐☐
   MONTH   DAY   YEAR   MONTH   DAY   YEAR

SECTION III – CONTINUING EDUCATION

The above named nurse aide has been employed for pay performing nurse aide duties for at least 8 hours during his/her registration period.
I certify that the information put forth on this District of Columbia Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.

1. **SIGNATURE – Nurse Aide Employer** _____

2. **TITLE** _____

3. **PHONE NUMBER** _____   4. **DATE** _____