## MASSACHUSETTS NURSE AIDE PROGRAM RECIPROCITY APPLICATION

-Please Print or Type-

## **APPLICANT INFORMATION**

Last Name	First Name	Middle Initial
Street Address		
City	State	Zip Code
Social Security Number	Date of Birth	
Daytime Phone Number (with Area Code)	Email	
CURRENT REGISTRATION INFORMAT	TION	
State in which you are currently registered:		
Registration Number:	Expiration Date:	
CURRENT EMPLOYER INFORMATION	Ţ	
Name of Employer		
Street Address		
Vendor Code (Massachusetts LTC facilities only)	Date of Hire	
Contact Person	Phone Number (with Area Code	*)
I attest that the information provided above is accurate a Registry the information requested on page two of this a		husetts Nurse Aide
SIGNATURE	DATE	

## MASSACHUSETTS NURSE AIDE PROGRAM CONFIRMATION OF STATE REGISTRY

The nurse aide listed on page one of this application is applying to the Massachusetts Nurse Aide Registry as a Reciprocity Candidate. Please complete the section below and return page one and two directly to the aide at the address listed on page one of this form.

		Is the information provided by the nurse aide on page one of this application accurate?
YES	NO	
YES	NO	Is the applicant listed on the application on your state nurse registry in accordance with the Requirements of the Omnibus reconciliation Acts of 1987 and 1989?
		Applicant Name:
		Registration #:
		Date of Expiration:
YES	NO	Are there any substantiated findings of resident abuse or neglect or misappropriation of residents' property on the registry for this individual? If yes, please attach summary of the findings to this form.
I certify that	t the above i	information is true in every respect, according to the records on file with the:
Verifying A	gency	
Name		Title
Authorized	Signature	Date

If the aide is on your Registry in good standing, please return the application directly to the aide at the address listed on page one of the application.

If the aide is listed on your Registry with substantiated findings of abuse, neglect, or misappropriation of resident property, please submit the application directly to:

DIVISION OF HEALTH CARE QUALITY NURSE AIDE REGISTRY/TRAINING VERIFICATION 99 CHAUNCY STREET 2<sup>ND</sup> FLOOR BOSTON, MA 02111