

**AMERICAN RED CROSS TESTING OFFICE**

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**Massachusetts Nurse Aide Registry Renewal Form**

***This form must bear the original, dated signature of your employer to be valid.***

Copied, faxed or emailed forms will not be accepted.

**SECTION I: NURSE AIDE INFORMATION**

If changing social security number, please provide copies of both your old and new social security cards. If your name has changed please provide legal documentation.

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION II: CURRENT OR MOST RECENT HEALTH CARE EMPLOYER**

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Facility Phone #: \_\_\_\_\_  
 Type of Employer (check one):  
 \_\_\_\_\_ Long-term care facility VPN: \_\_\_\_\_ (long-term care facility only)  
 \_\_\_\_\_ Home health agency \_\_\_\_\_ Private\*  
 \_\_\_\_\_ Staffing agency \_\_\_\_\_ Hospice  
 \_\_\_\_\_ Hospital, clinic \_\_\_\_\_ Other

Must be completed and must include month, day and year: Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ MO/DAY/YEAR Date of termination: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if currently unemployed) MO/DAY/YEAR

**Eligibility for recertification: MUST BE COMPLETED IN ORDER TO BE PROCESSED:**  
 The herein-named individual has worked for pay as a nurse aide, under the supervision of a nurse, for the health care employer listed above for at least eight hours performing nursing related duties.  
**IMPORTANT: SEE PAGE TWO OF THIS FORM FOR A DESCRIPTION OF NURSING RELATED DUTIES.**

I certify that the information put forth on this Massachusetts Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.

Employer Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_ MO/DAY/YEAR  
 Employer Name (please print or type): \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title: \_\_\_\_\_ Circle one: Present Former  
 Employer Employer

\*If privately employed, please have your client's physician (including their office number) or nurse (including their license number) sign this form and print their name with the requested information.

\_\_\_\_\_  
 Signature Printed name Office Number or License Number

Please mail the completed Registry Renewal Form as soon as possible and allow thirty days for processing.

**If you do not meet the criteria below, you are not eligible to renew and must take the knowledge and clinical skills test to remain active on the Massachusetts Nurse Aide Registry.**

**Injury prevention, safety and emergencies**

- Body Mechanics
- Identifying potential hazards to residents
- Knowledge of proper use of resident's equipment
- Fire protection and burns
- Falls, Seizures, Oxygen use
- Choking-Heimlich maneuver

**Prevention and control of infection**

- How microorganisms cause infections
- Strategies for breaking the chain of infection transmission
- Standard Precautions
- Special equipment and supplies for infection prevention and control
- Symptoms of common infections
- Isolation procedures

**Resident's Rights**

- Recognition of resident's rights, which are:
- Consequence of not assuring resident's rights
- Reporting violation of resident's rights

**Basic nursing skills**

- Height and weight
- Vital signs
- Intake/Output
- Bed making
- Collecting specimens
- Application of support hose and elastic stocking
- Hot and cold applications
- Nonprescription preparations
- Assisting with an ostomy
- Caring for the resident's environment
- Caring for the resident when death is imminent
- Acute and chronic illness, disease, or problems
- Observing and reporting potential health problems

**Personal care skills**

- Bathing
- Oral hygiene
- Grooming

- Dressing and undressing
- Nutrition
- Assisting residents with meals
- Fluids
- Assisting with elimination
- Position, transfer, and turning
- Caring for resident's environment and belongings
- Skin care

**Communication skills to promote a positive atmosphere**

- Basic human needs and principles of communication
- Confidentiality, ethics, and issues of resident rights
- Call lights
- Helping residents do more for themselves
- Communication with residents with visual or hearing impairment
- Communicating with depressed residents
- Communicating with residents with dementia
- Communicating with friends and relatives
- Responding to sexual advances or physical abuse
- Responding to demanding residents

**Restorative care**

- Application of assistive devices
- Range of motion exercises
- Walking with a resident
- Bowel and bladder training
- Self care
- The aging process

**Responding to typical resident behaviors**

- Anger
- Combativeness
- Confusion
- Delusions
- Depression
- Hallucinations
- Hoarding
- Suspiciousness
- Wandering

**Please return the completed Renewal application as soon as possible. Your NEW expiration date will be determined by adding TWO years to your last known date of employment as a Nurse Aide. A reminder when your certification is due to expire soon will be sent to the email address on file.**

**Please send your completed form to:**

American Red Cross Testing Office  
Renewal Program  
180 Rustcraft Road  
Dedham, MA 02026