

# Massachusetts Nurse Aide Reciprocity Application Instructions

## General Instructions:

Complete this form if you are currently certified as a nursing assistant in another state. **Do not complete this form if you have ever been a CNA on the Massachusetts Registry.** Instead, contact the ARC Staff at 1-800-962-4337/1-781-979-4010 for renewal information.

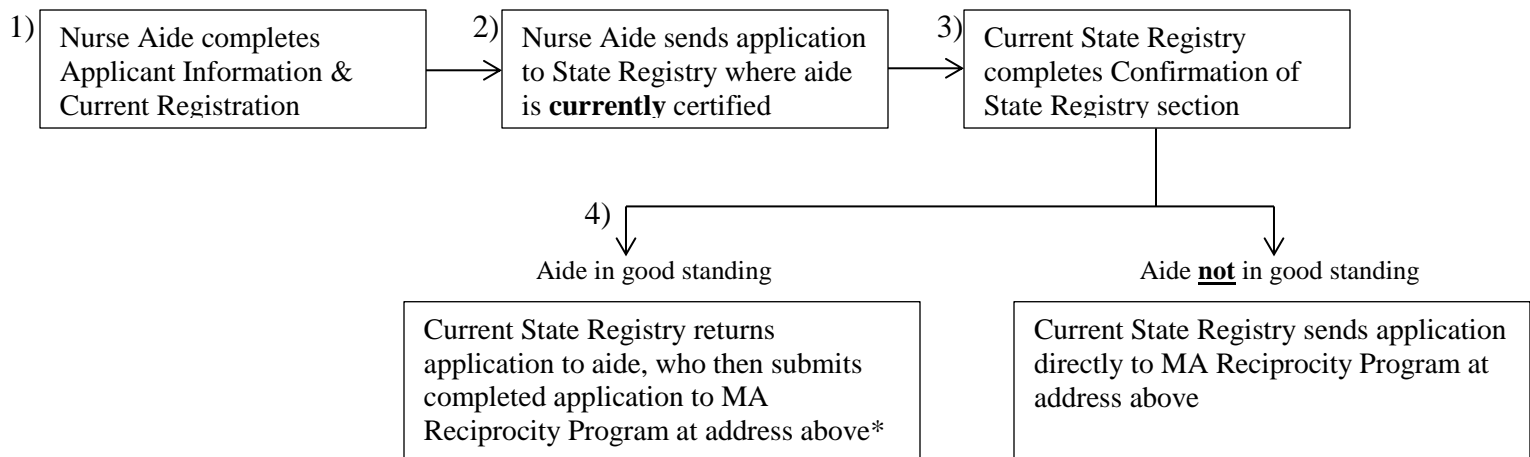
## Massachusetts Reciprocity Process:

In order to be placed on the Massachusetts Nurse Aide Registry, complete the application and send to the Nurse Aide Registry where you are currently certified for verification. When the verified application is returned to you, mail the original completed application\* to the following address:

### ARC/Massachusetts Nurse Aide Program

Reciprocity Program  
180 Rustcraft Road  
Dedham, MA 02026

## Process Steps:



*\* Please note that completed applications must be submitted to the Massachusetts Reciprocity Program within 30 days of completion of the verification from the other state's Nurse Aide Registry.*

The American Red Cross will issue you a Massachusetts Certificate and Wallet Card within 15 days of its receipt of the completed application. If you do not receive your Massachusetts certificate within this time period, please call the ARC Staff at 1-800-962-4337/1-781-979-4010.

## Instructions for California, Louisiana, Colorado, North Carolina, Missouri and Tennessee Nurse Aides:

The California, Louisiana, Colorado, North Carolina, Missouri and Tennessee Nurse Aide Registries no longer process written verification for Certified Nurse Aides. If you wish to complete Reciprocity from these states to Massachusetts, complete the Application Information and Current Registry Information sections of the application and return the application to ARC/Massachusetts Nurse Aide Program. The American Red Cross will complete the verification process.

# 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 INFORMATION

State in which you are currently registered: \_\_\_\_\_

Current Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I attest that the information provided within this application is accurate and authorize the Registry to provide the Massachusetts Nurse Aide Registry the information requested on this application.

\_\_\_\_\_  
CANDIDATE SIGNATURE\* DATE

**\*Application will not be processed if not signed by applicant.**

### CONFIRMATION BY STATE REGISTRY WHERE CURRENTLY CERTIFIED

The nurse aide listed on this application is applying to the Massachusetts Nurse Aide Registry as a Reciprocity Candidate. **Please complete the section below.**

**If the aide is listed on your Registry in good standing:** please return the application directly to the aide at the address listed on this 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 the ARC/Massachusetts Nurse Aide Program at the address listed on the instructions page of this application.

\_\_\_\_\_  
YES NO Is the information provided by the nurse aide on this application accurate?

\_\_\_\_\_  
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 the above information is true in every respect, according to the records on file with the:

\_\_\_\_\_  
Verifying Agency/Current State Registry

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Authorized Signature of Current State Registry Date