



**DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH CARE FACILITY  
LICENSURE & CERTIFICATION  
99 Chauncy Street  
Boston, MA 02111**

## Nurse Aide Training Waiver Application

**Instructions:**

This application is to request a waiver of the training requirement to take the Massachusetts Nurse Aide Competency Evaluation. Please complete all applicable sections below and attach photocopies of documentation supporting your training. A waiver will not be granted to those applicants that cannot verify they meet the qualifications listed at 105 CMR 156.100(A)(2). Submit your completed application and attachments to:

Department of Public Health  
Division of Health Care Facility Licensure and Certification  
Nurse Aide Registry  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111

**I: Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/Town
State
Zip

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Circle which waiver provision is applicable to you:

- a) I successfully completed an approved nurse aide training course in another state; or
- b) I successfully completed a clinical course in an approved School of Nursing, in accordance with 244 CMR 6.00, which includes hands on care skills as specified in the minimum standard curriculum.

**II: Training Information:**

Name of Training Program or Nursing School: \_\_\_\_\_

Title of Course or Class: \_\_\_\_\_

Address: \_\_\_\_\_  
City/Town
State
Zip

Date Began: \_\_\_\_\_ Date Complete: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Attach **copies** of any information you have about the class or course, such as:

- Certificate of Completion
- Skills Evaluation
- Course Outline
- Correspondence from the Course
- Course Transcript

<b>DPH USE ONLY</b>		
Approved:	Y	N
Category:	_____	
Date:	_____	
Approved by:	_____	