

AMERICAN RED CROSS TESTING OFFICE

85 Lowell Street, Peabody, MA 01960

1-800-962-4337/ 781-979-4010

www.redcross.org

matesting@redcross.org

Massachusetts Nurse Aide Registry Renewal Form

Complete Sections I and II. Print or type all information.

This form must be signed and dated by the Employer to be valid.

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: _____

Take this form to your current or former employer to complete Section II.

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

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. We will send your new certificate and a wallet card to you within 30 days of our receipt of a completed Renewal application. Your NEW expiration date will be determined by adding TWO years to your last known date of employment as a Nurse Aide.

Please send your completed form to:

American Red Cross Testing Office
Renewal Program
85 Lowell Street
Peabody, MA 01960

You must MAIL your original form to our office. Copied, emailed or faxed renewal forms will not be accepted.