PROMETRIC

Arkansas Nursing Assistant Registry Renewal Form

Instructions:

- Please go to **www.prometric.com/NurseAide/AR** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms **will not** be processed.
- Please complete **all** of the information requested on this form, including the **employer information** on Page 2 of this form**.** Failure to **fully complete all pages** may result in **delays or denial** of the **renewal** of your certification.
- Please mail completed original forms to **Prometric, ATTN: AR Nurse Aide Registry Renewal, 7941 Corporate Drive, Nottingham, MD 21236.**

If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

Eligibility for Renewal

You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal. The state of Arkansas no longer requires nursing assistants to pay the renewal fee.

Nursing Assistant Information

All fields marked with * are required. Print one number/letter in each box where required.

*Social Security Number ☐☐☐-☐☐-☐☐☐☐

*First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle Initial ☐

*Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

*Date of Birth (Month/Day/Year) ☐☐/☐☐/☐☐☐☐

Previous name (if applicable):

*Street Address (including Apt. number or P.O. Box, if applicable)

*City

*State ☐☐ * ZIP Code ☐☐☐☐☐

*County (first four letters only)

Daytime Phone Number (including area code) ☐☐☐-☐☐☐-☐☐☐☐

*Email Address (form will not be processed without an email address)

Employment Information

Current or previous employer

*Name of Facility or Agency Where Employed
*Address of Employer (Street Address or P.O. Box)
*City *State *Zip Code
*What Type of Nursing Assistant Employer is the Facility/Agency? Traditional: ☐ Home Health Agency ☐ Hospital ☐ Hospice ☐ Residential/Assisted Living ☐ (Long Term Care Facility/Nursing Home). Must provide name of facility: _____ Nontraditional: ☐ Staffing Agency ☐ Providing Private Duty Care Other (please describe): _____
*Provide Dates of Employment as a Nursing Assistant: mm/dd/yyyy
Date of Hire: (MONTH/DAY/YEAR): _____ Are you currently employed at the facility listed above? ☐ Yes ☐ No If No, Date of Termination: (MONTH/DAY/YEAR): _____
*Name of person supervising your duties as a Nursing Assistant (current or former)

Nursing Assistant Signature

I certify that the information put forth on this Arkansas Nursing Assistant Registry Renewal Form is true and correct to the best of my knowledge.

Signature of Candidate (in box below)

Date:_____

Questions: For additional information, please visit our website at **www.prometric.com/nurseaide.**

Please make a copy of all completed forms for your personal records.

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Payment Form

The state of Arkansas no longer requires nursing assistants to pay the renewal fee.

However, please submit this page along with your completed application.

Please mail completed form and all supporting documentation to:

Prometric
ATTN: AR Nurse Aide Registry Renewal
7941 Corporate Drive
Nottingham, MD 21236