

PART II – REGISTRY PERSONNEL COMPLETE THIS SECTION *(in the state where the applicant is currently listed)*

REGISTRY MAILING INSTRUCTIONS

**After you have completed PART II, mail this application to:
Pearson VUE – Pennsylvania Nurse Aide Registry, PO Box 13785, Philadelphia, PA 19101-3785.**

Has the above mentioned individual been enrolled on your nurse aide registry by meeting one of the enrollment requirements as mandated by the OBRA regulations? Yes No

If Yes, by which method _____

Certificate Number

Expiration Date - -
MONTH DAY YEAR

Is this certificate current and in good standing? Yes No

Date this individual was enrolled on your registry - -
MONTH DAY YEAR

Are there documented findings on the nurse aide registry of resident abuse, neglect or misappropriation of property for this applicant? If "Yes", please list below: Yes No

Print name of official completing this form _____

SIGNATURE TITLE

AGENCY STATE DATE