#### **DEPARTMENT OF HEALTH SERVICES**

Division of Quality Assurance F-03211 (08/2023)

#### STATE OF WISCONSIN Page 1 of 2

## WISCONSIN NURSE AIDE REGISTRY RENEWAL FORM

Federal and state regulations require that you performed nursing or nursing-related services for pay, under the supervision of a RN or LPN, during and since your last 24-month certification period.

Only use this form if your employer is not listed as an eligible employer in your TMU account.

#### Instructions

- Section I Nurse Aide Information: The nurse aide must complete this section of the form. Next, complete Section II or Section III.
- Section II Employer Information (Facility/Provider): The actual designated representative of the facility/provider where work was performed must complete this section of the form.
- Section III Renewal via Out of State Reciprocity: Renew your Wisconsin certification via active, out of state registry status.
- Return the completed forms via fax or email to: 608-226-5524 or dhswidqa\_natcep@dhs.wisconsin.gov

#### **Contact Information**

If you need assistance, call 608-261-9315 or email dhswidqa\_natcep@dhs.wisconsin.gov

| Section I – Nurse Aide Information  |              |   |                        |        |       |       |  |
|---|--------------|---|------------------------|--------|-------|-------|--|
| The nurse aide must complete this section of the form.  |              |   |                        |        |       |       |  |
| Last Name:  |              | First Name:                                 |                        |        |       | M.I.: |  |
| WI CNA Number:  | Previously U | Previously Used Last Names (if applicable): |                        |        |       |       |  |
| Address:  |              | City:                                       | State: ZIP Code        |        | Code: |       |  |
| Phone Number:   | Email:       |   |                        |        |       |       |  |
| Attestation   |              |   |                        |        |       |       |  |
| I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to \$10,000, or imprisonment not to exceed six years or both (Wis. Stat. § 946.32). |              |   |                        |        |       |       |  |
| Nurse Aide Signature:   |              |   |                        | Date:  |       |       |  |
| Section II – Employer Information (Facility/Provider)   |              |   |                        |        |       |       |  |
| The actual designated representative of the facility/provider where work was performed must complete this section of the form.  |              |   |                        |        |       |       |  |
| Facility/Provider Contact Name:   |              |   |                        |        |       |       |  |
| Facility/Provider Name:   |              |   | Employer Phone Number: |        |       |       |  |
| Address:  |              | City:                                       |                        | State: | ZIP C | Code: |  |
| Employer Type:  |              | Employer E                                  | Employer Email:        |        |       |       |  |
| I certify that the nurse aide named above is/was employed by this facility as a nurse aide and performed nurse aide services for monetary compensation under the supervision of an RN or LPN during the time period from:   |              |   |                        |        |       |       |  |
| Date: to Date:  |              |   |                        |        |       |       |  |
| The total hours this person was employed as a CNA during this period are hours.   |              |   |                        |        |       |       |  |
| Attestation   |              |   |                        |        |       |       |  |
| I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to \$10,000, or imprisonment not to exceed six years or both (Wis. Stat. § 946.32). |              |   |                        |        |       |       |  |
| Facility/Provider Designated Signature:   |              | Title:                                      |                        |        | Date: |       |  |

F-03211 (08/2023) Page 2 of 2

| Section III – Renew via Out of State Reciprocity (active status on another state's nurse aide registry) |                      |            |  |  |  |
|---|----------------------|------------|--|--|--|
| State   | Certification Number | Lapse Date |  |  |  |
|   |                      |            |  |  |  |
|   |                      |            |  |  |  |
|   |                      |            |  |  |  |
|   |                      |            |  |  |  |

## Common Questions

## • I worked in a private home as a CNA. Will these hours count?

Employment hours in a private setting will not be counted unless the work is performed under the supervision of a licensed nurse.

## Can I submit paystubs or a letter from my employer to verify my employment hours?

Paystubs or letters from employers will not be accepted to verify the number of employment hours. The employment verification form must be completed and submitted.

#### Can I change the dates on the form?

Forms with altered dates will not be accepted. The dates listed are not specific employment dates. Only the number of hours worked within the specified timeframe should be reported in Section II.

## How do I find out my nurse aide certification status or my last date of certification?

Please visit the registry website: witmuniverse.com to look up your registry account and determine your certification status.

# • When can I renew my certification?

Your nurse aide certification may be renewed within 90 days of the certification lapse date. It is possible you may have your certification renewed retroactively with employment verification.

# How long does it take to process my certification renewal request.

Renewal requests are processed in the order they are received. You can check the status of your certification the Wisconsin nurse aide registry website: wi.tmuniverse.com.