

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
 P.O. Box 30670
 Lansing, MI 48909
 www.michigan.gov/healthlicense

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING INSTRUCTIONS

~ NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING ~

READ AND FOLLOW THE DIRECTIONS CAREFULLY.

NOTE: It is your responsibility to have all required documentation sent to this office. Questions regarding your request for exemption can be directed to the Bureau of Health Professions at (517) 241-0554 ***three weeks AFTER*** the date you sent the request. Please allow 3-5 weeks processing time due to the volume handled. If you fail to complete the requirements for exemption within a 1-year period from date of filing the exemption, the request is no longer valid and will be destroyed.

GENERAL INSTRUCTIONS:

You **DO NOT** qualify for exemption if:

1. Your Michigan CNA certificate has been expired **more than 2 years prior to TODAY's date**. You must retrain.
2. You are a licensed Registered Nurse or Licensed Practical Nurse. Federal Law prohibits you from working as a CNA.
3. **You have completed training more than a year ago and failed to test or did not pass both parts of the test during the time period allotted. You must retrain no exceptions or extensions will be granted.**
4. You **have not** worked as a Nurse Aide in a long-term care setting in the last 2 years. You must retrain.
5. You have completed a Fundamentals of Nursing course or Nurse Aide course more than 1 year prior to submission of an application for exemption. You must complete a state-approved training.

ELIGIBILITY REQUIREMENTS:

There are four (4) conditions in which a nurse aide can request exemption from training in Michigan. If your situation is not one of the four conditions listed below, you will have to complete a Michigan state-approved Nurse Aide Training Program and pass a clinical and written examination to become a CNA in Michigan. **ALL applicants approved for exemption from training must take and pass a clinical and written examination.**

EXPIRED MICHIGAN REGISTRY ONLY:

Prior to submission of an application for exemption, your CNA certificate must be expired **within** the last **2 years**.

1. Completely fill out the attached form, sign it and date it. Make sure you list your Michigan Registry certificate number on the exemption form in the space provided. Return the completed form to the address noted on the top of the form.
2. Send a copy of your Michigan Registry document. **DO NOT SEND THE ORIGINAL CERTIFICATE.**
3. If your name is different than what appears on your Michigan registry document, you will need to send a copy of the legal document confirming the name change such as a marriage certificate or divorce decree. Social Security cards or driver's licenses are not acceptable.
4. You must include or have submitted a letter from your current or previous employer, on their company letterhead with an original signature, verifying the following information (see sample letter that is attached):
 - a. The employer letter must be on company letterhead and be an **original** document (photocopies and/or faxes are not acceptable).
 - b. The letter must be signed by the Facility Administrator, Director of Nursing or Assistant Director of Nursing.
 - c. The letter must verify your beginning and ending date of employment as a Certified Nurse Aide. You **MUST** have worked at least 8 hours (within a 2-week pay period) during the last 24-months.
 - d. Nurse in a long-term care facility. **NOTE:** if you work/worked for an employment agency, please be sure that the name of the long-term care facility where you were placed is included in the letter.
5. Disregard the attached Verification of Nurse Aide Certification in Another State form.

OUT-OF-STATE CERTIFIED NURSE AIDE CERTIFICATION:

Must hold or have held certification in another US State within the last 24 months prior to the submission of an application for exemption.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top of this form.
2. Send a **photocopy** of all out-of-state CNA certificate(s) you hold whether they are active or inactive. **DO NOT SEND THE ORIGINAL CERTIFICATE.**
3. If your name is different than what appears on your Michigan registry document, you will need to send a copy of the legal document confirming the name change such as a marriage certificate or divorce decree. Social Security cards or driver's licenses are not acceptable.
4. Each State that you hold a certificate or registration in must submit verification of your document, including any disciplinary action, directly to this office. If you are registered in more than one state, each state will need to verify your registration status; active, inactive or expired. Complete the attached Verification of Nurse Aide Certification in Another State form and forward it to the States(s) that you hold registration in. **NOTE: DO NOT forward this form to the states indicated on the back of the form. We will obtain verification via the Internet.**
5. If your certificate **DOES NOT** have an expiration date or it has expired within the last 24 months, **YOU** must include or have submitted a letter from your current or previous employer, on their company letterhead with an original signature, verifying the following information:
 - a. The employer letter must be on company letterhead and be an **original** document (photocopies and/or faxes are not acceptable).
 - b. The letter must be signed by the Facility Administrator, Director of Nursing or Assistant Director of Nursing.
 - c. The letter must verify your beginning and ending date of employment as a Certified Nurse Aide. You **MUST** have worked at least 8 hours (within a 2-week pay period) during the last 24-months.
 - d. Nurse in a long-term care facility. **NOTE:** if you work/worked for an employment agency, please be sure that the name of the long-term care facility where you were placed is included in the letter.

COMPLETED A TRAINING PROGRAM IN ANOTHER US STATE:

Must have completed training program within the last year of filing for exemption.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top.
2. Submit as much detailed information regarding the training program you completed; i.e. student achievement record, course syllabus, etc.
3. Submit a **COPY** of the Certificate of Completion.
4. The information will be reviewed to see if it is substantially equivalent to Michigan approved training programs. This process can take 4-6 weeks.

NOTE: If you completed a training program within the last year and also obtained certification in a state that **DOES NOT** have an expiration date on their certificates and you **DID NOT** work in that State, you will be required to submit the above noted information.

RN or LPN STUDENT WHO HAS COMPLETED NURSING FUNDAMENTALS COURSE:

Must be currently enrolled in a Michigan state-approved nursing program.

1. Completely fill out the attached exemption request form, sign it and date it. Return the completed form to the address noted on the top.
2. An official transcript must be sent directly to this office by the school you are attending showing that you are currently enrolled in a nursing program and your successful completion of a nursing fundamentals course with a "C" or higher average within the last year. **The course must include theory, lab and clinical portions.** Copies are not acceptable. If you send "Student Issued" transcripts, they must be received in an envelope **SEALED** by the school. Transcripts need to be sent to the attention of **NURSE AIDE CERTIFICATION.**
3. Those individuals who have completed a nursing program, are in the process of obtaining or hold licensure as an RN or LPN are not eligible for exemption.
4. Disregard the attached Verification of Nurse Aide Certification in Another State form. This form is only for applicants who hold certification in other states.

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Board Use Only
Exemption Number
Date of Exemption Approval

REQUEST FOR EXEMPTION FROM NURSE AIDE TRAINING

Please PRINT Clearly

This is **NOT** an authorization to test**Allow 3-5 weeks processing time**

First Name	Middle Name	Last Name	
Previous Name Used (attach legal document confirming change (i.e. marriage certificate or divorce decree)).			
Street Address			
City	State	Zip Code	Telephone Number w/Area Code
U.S. Social Security Number	Date of Birth	Michigan Registry Number , if applicable	
SIGNATURE			Date

~ NO EXTENSIONS WILL BE GRANTED FOR EXEMPTIONS FROM TRAINING ~

NOTE: If you are granted an exemption from training, you will receive notification from this Department and the paperwork to apply with Prometric to get your Authorization to Test and a list of testing sites. You will need to take the notification to your test site on the day of testing. You will have six months in which you must complete the testing process. If you fail to complete your testing, within the six month exemption period, you will have to complete a Michigan approved Nurse Aide Training Program and pass the test.

ALL APPLICANTS APPROVED FOR EXEMPTION FROM TRAINING MUST TAKE AND PASS A CLINICAL AND WRITTEN EXAMINATION. NO EXCEPTIONS.

****PLEASE CHECK THE BOX BELOW WHICH APPLIES TO YOU****



EXPIRED MICHIGAN REGISTRY ONLY (CNA certificate expired within the last 24 months – 2 years)

You are eligible for exemption if your CNA certificate expired within the **last 24 months** *and* you have worked as a CNA in a *traditional* or a *non-traditional* health care facility, **licensed by the State of Michigan and/or certified by the Federal Government**, performing nursing or nursing related services for pay under the supervision of a registered nurse for at least 8 consecutive hours (within a two-week pay period) during the last 24 months.

DISREGARD THE ATTACHED WHITE VERIFICATION OF CERTIFICATION FORM.



TRAINING PROGRAM IN ANOTHER STATE (Completed training within last year of applying for exemption but did not obtain certification in state training completed in) Send copy of certificate of completion and course syllabus.



NURSE AIDE WITH OUT-OF-STATE REGISTRY/CERTIFICATE

You **MUST** currently hold or have held a CNA certificate or registration in another US State within the past 24-months. You **MUST** forward the attached white verification of certification form to the state(s) in which you **HOLD OR HAVE HELD** certification/registration. Form can be copied. Addresses for the state boards can be found on the reverse side of the verification form. Attach additional sheet if necessary to list all states certified in.

List State(s) Certified in as a CNA	Certification/Registration Number	Date of Issue	How Obtained (Endorsement or Examination)



RN or LPN STUDENT WHO HAS COMPLETED A NURSING FUNDAMENTALS COURSE

You **MUST** be currently enrolled in a Michigan state-approved nursing program and successfully completed a nursing fundamentals course with a "C" or higher average within the last year. **The fundamentals course MUST include theory, lab and clinical portions.**

DISREGARD THE ATTACHED WHITE VERIFICATION OF CERTIFICATION FORM.

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF NURSE AIDE CERTIFICATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

*** APPLICANT MUST MAIL THIS FORM TO THE APPROPRIATE STATE BOARD ***

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

First Name		Middle Name		Last Name	
Street Address					
City		State	Zip Code	Telephone Number w/Area Code	
Previous Name Used			Date of Birth		U.S. Social Security Number
State Board Certified In			Certification Number		Date of Issue

ADDRESSES OF STATE NURSE AIDE REGISTRIES ON REVERSE SIDE

PART II: To be completed by the State Licensing Board.

The applicant listed above has applied for certification in Michigan and has indicated certification in your State. Please complete Part II of this form and return it to the address shown above.

Basis for Issuance of Registration/Certification:		
<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement – Please indicate name of State: _____	
Status of Registration/Certification	Original Issue Date	Expiration Date (If none, please indicate)
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed		
Are formal or informal actions pending?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the Nurse Aide registry/directory in your state substantiated a finding or conviction of abuse, neglect, or inappropriate conduct for the applicant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (If yes, please attach a summary)

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature _____	Date _____
Type or Print Name _____	
Title _____	(SEAL)
Full Name of Licensing Board _____	

LISTING OF STATE NURSE AIDE REGISTRIES

ALABAMA Department of Public Health Division of Healthcare Facilities PO Box 303017 Montgomery AL 36130-3017 334-206-5169 334-206-5219 Fax	ILLINOIS DO NOT send form to. We will obtain.	NEBRASKA Dept of Health & Human Services Division of Public Health, Licensure Unit Office of Nursing & Nursing Support PO Box 94986 Lincoln NE 68509-4986 402-471-0537 402-471-1066 Fax	SOUTH CAROLINA SC Nurse Aide Registry c/o Pearson VUE PO Box 13785 Philadelphia PA 19101-3785 888-274-6060
ALASKA Division of Occupational Licensing Nurse Aide Registry 550 W. 7 th Avenue, Suite 1500 Anchorage AK 99501 907-269-8169 907-269-8196 Fax	INDIANA Division of Long Term Care Nurse Aide Registry 2 North Meridian Street, Section 4B Indianapolis IN 46204 317-233-7351 317-233-7750 Fax	NEVADA Nurse Aide Registry 1550 E. College Parkway, Suite 158 Carson City NV 89706 775-687-4475	SOUTH DAKOTA SD Board of Nursing 4305 South Louise, Suite 201 Sioux Falls SD 57106 605-362-2769 605-362-2768 Fax
ARIZONA Arizona State Board of Nursing Nurse Aide Registry 4747 N. 7 th Street, Suite #200 Phoenix AZ 85014-3655 602-771-7800 602-771-7888 Fax	IOWA Iowa Nurse Aide Registry Division of Health Facilities Lucas State Office Building 321 East 12 th Street, 3 rd Floor Des Moines IA 50319-0083 515-281-4077 515-281-6259 Fax	NEW HAMPSHIRE New Hampshire Board of Nursing 21 South Fruit Street, Suite 16 Concord NH 03301-2431 603-271-8282/2323 603-271-6605 Fax	TENNESSEE Division of Health Care Facilities Department of Health 227 French Landing, Suite 501 Heritage Place, Metro Center Nashville TN 37243 615-532-7841 615-248-3601 Fax 800-778-4504 Registry
ARKANSAS Office of Long Term Care PO Box 8059, Mail Slot S405 Little Rock AR 72203-8059 501-682-8484 501-682-8551 Fax	KANSAS KS Department of Health & Environment Health Occupation Credentialing Unit 1000 SW Jackson, Suite 200 Topeka KS 66612-1365 785-296-6877 785-296-3075 Fax 785-296-6877 Verification	NEW JERSEY NJ Nurse Aide Registry c/o Pearson VUE PO Box 13785 Philadelphia PA 19101-3785 888-274-6060	TEXAS Dept. of Aging & Disability Services PO Box 149030, Mail Code E-414 Austin TX 78714-9030 512-438-2050 512-438-2051 Fax
CALIFORNIA DO NOT send form to. We will obtain.	KENTUCKY Kentucky Nurse Aide Registry 312 Whittington Parkway, Suite 300-A Louisville KY 40222 888-530-1919 502-564-3938 Fax	NEW MEXICO DOH/DHI/Hlth Facility Licensing & Cert. 2040 S. Pacheco Street 2 nd Floor, Room 413 Santa Fe NM 87505 505-476-9040 505-476-9026 Fax	UTAH Utah Hlth Technology Certification Center 550 East 300 South, Room 2036 Kaysville UT 84037-3699 801-547-9947
COLORADO DO NOT send form to. We will obtain.	LOUISIANA Louisiana Nurse Aide Registry 5647 Superior Drive Baton Rouge LA 70816 225-295-8575 225-925-8578 Fax	NEW YORK Prometric – NY Nurse Aide Registry 1260 Energy Lane St. Paul MN 55108 800-918-8818	VERMONT Vermont State Board of Nursing National Life Bldg., North FL2 Montpelier, VT 05620-3402 802-828-2819/2396 802-828-2484 Fax
CONNECTICUT Department of Public Health 410 Capitol Avenue, MS# 12MQA PO Box 340308 Hartford CT 06134-0308 860-509-7596 860-509-7607 Fax	MAINE Maine Registry of CNA's ME Dept. of Hlth & Human Services State House Station 11 41 Anthony Avenue Augusta ME 04333 207-624-7300 207-287-9325 Fax	NORTH CAROLINA DO NOT send form to. We will obtain.	VIRGINIA Virginia Board of Nursing Perimeter Center 9960 Mayland Drive, Suite 300 Richmond VA 23233 804-367-4614 804-527-4455 Fax
DELAWARE Division of LTC Residents Protection 3 Mill Road, Suite 308 Wilmington DE 19806 302-577-6666 302-577-6672 Fax 888-204-6179 Verification	MARYLAND Maryland Board of Nursing Nurse Aide Registry 4140 Patterson Avenue Baltimore MD 21215-2254 410-585-1900 410-764-8042 Fax	NORTH DAKOTA ND Department of Health Division of Health Facilities 600 East Boulevard Avenue, Dept 301 Bismarck ND 58505-0200 701-328-2353 701-328-9785 Fax	WASHINGTON NA Training & Competency Evaluation Nurse Aide Registry PO Box 45600 Olympia WA 98504-5600 360-725-2597 360-493-2581 Fax
DISTRICT OF COLUMBIA (DC) DC Nurse Aide Registry c/o Pearson VUE PO Box 13785 Philadelphia PA 19101-3785 888-274-6060	MASSACHUSETTS MA Nurse Aide Registry Department of Public Health 99 Chauncy Street, 11 th Floor Boston MA 02111 617-753-8143 617-753-7320 Fax	OHIO Ohio Department of Health 246 North High Street Columbus OH 43215-2412 614-752-9500 614-564-2461 Fax	WEST VIRGINIA Office of Hlth Facility Licensure & Cert. 408 Leon Sullivan Way Charleston WV 25301-1713 304-558-0050 304-558-1442 Fax
FLORIDA Department of Health MQA/Certified Nursing Assistant Prog. 4052 Bald Cypress Way Bin # C-13 Tallahassee FL 32399-3263 850-245-4125 ext. 3784 850-245-4172 Fax	MINNESOTA Division of Compliance Monitoring Nurse Aide Registry PO Box 64501 St. Paul MN 55164-0501 651-215-8705 651-215-9697 Fax	OREGON Oregon State Board of Nursing 17938 SW Upper Boones Ferry Road Portland OR 97224 971-673-0658 971-673-0684 Fax	WISCONSIN DO NOT send form. We will obtain.
GEORGIA Georgia Health Partnership (GHP) Nurse Aide Program 1455 Lincoln Parkway, Suite 750 Atlanta GA 30346-2200 678-527-3010 GHP 800-414-4358 Fax	MISSISSIPPI MS Department of Health c/o Pearson VUE PO Box 13785 Philadelphia PA 19101-3785 888-274-6060	PENNSYLVANIA PA Nurse Aide Registry c/o Pearson VUE PO Box 13785 Philadelphia PA 19101-3785 1-800-852-0518 877-543-5215 Fax	WYOMING Wyoming State Board of Nursing Nurse Aide Registry 1810 Pioneer Avenue Cheyenne WY 82002 307-777-7616 307-777-3519 Fax
HAWAII Dept of Commerce & Consumer Affairs Nurse Aide Registry PO Box 3469 Honolulu HI 96801 808-586-2695 808-586-2689 Fax	MISSOURI DO NOT send form to. We will obtain.	RHODE ISLAND RI Department of Health Professionals Nurse Aide Registry 3 Capitol Hill, Room 105 Providence RI 02908-5097 401-222-5888 401-222-3352 Fax	
IDAHO Bureau of Facility Standards Department of Health & Welfare PO Box 83720 Boise ID 83720-0036 800-748-2480 208-364-1888 Fax	MONTANA Dept of Public Health & Human Services Certification Bureau 2401 Colonial Drive, 2 nd Floor Helena MT 59620-2953 406-444-4980 406-444-3456 Fax		



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH PROFESSIONS
LANSING

STEVE HILFINGER
DIRECTOR

SAMPLE EMPLOYER LETTER

MUST BE TYPED ON COMPANY/FACILITY LETTERHEAD

TODAY'S DATE

MI Department of Licensing & Regulatory Affairs
Bureau of Health Professions
Attn: Nurse Aide Certification
P.O. Box 30670
Lansing MI 48909

To Whom It May Concern:

This letter is to inform you that **(NAME OF CNA APPLYING FOR EXEMPTION)** has been employed by **(NAME OF FACILITY)** from **(DATE OF HIRE)** to **(PRESENT OR LIST TERMINATION DATE)** as a Certified Nurse Aide (CNA).

She/He has worked at least 8 hours during the last 24 months in a traditional or a non-traditional health care facility, licensed by the State of Michigan and/or certified by the Federal Government, performing nursing or nursing related services for pay under the supervision of a Registered Nurse.

Sincerely,

NAME AND SIGNATURE OF DIRECTOR OF NURSING, REGISTERED NURSE OR M.D./D.O.
OVERSEEING YOU AND YOUR DUTIES.

PERSONNEL DIRECTOR, HUMAN RESOURCES DIRECTOR ARE NOT ACCEPTABLE.

NOTE:

- **PAYROLL OR HUMAN RESOURCES SIGNATURES ARE NOT ACCEPTABLE. SIGNATURE MUST BE DIRECTOR OF NURSING OR THE SUPERVISING REGISTERED NURSE, M.D. or D.O.**
- **WE DO NOT ACCEPT PHOTOCOPIES OR FAXES OF THE EMPLOYER LETTER AND IT MUST BE ON FACILITY LETTERHEAD.**
- **IF YOU ARE A STAFFING AGENCY, YOU MUST PROVIDE THE NAME OF THE FACILITY THAT THE CNA LAST WORKED AT AND SUPERVISORS NAME.**