Print Form

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION
NURSE AIDE REGISTRY
PO BOX 202953
HELENA, MT 59620-2953
email: cna@mt.gov
web: www.dphhs.mt.gov/cna
phone: 406-444-4980
fax: 406-444-3456

APPLICATION INSTRUCTIONS FOR INTERSTATE ENDORSEMENT IN MONTANA

Interstate Endorsement is the process that allows you to become a Certified Nursing Assistant (CNA) in Montana, when you are a current CNA in good standing in any other state. Please read and follow the instructions below.

1. Complete the application form and return to the Montana Nurse Aide Registry with a copy of your nurse aide card or letter from the states or states in which you are currently or have been certified.

2. Montana charges no fees for this process.

3. Once it is determined you are applicable to be certified in Montana, your name will be placed on the Nurse Aide Registry. We do not send out any notification. It is your responsibility to print your verification from our website. www.dphhs.mt.gov/cna

4. If, after 15 working days you do not find your name on our Registry, please contact our office.

5. You may work in Montana as a nursing assistant for 30 days while you are applying for Interstate Endorsement. It is the responsibility of your employer to ensure you are current and in good standing in another state.

6. You need to notify this if your address or name changes.

7. Incomplete documentation will be returned to the candidate.

8. If you have any questions or need assistance completing this form, please call the Montana Nurse Aide Registry.

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
QUALITY ASSURANCE DIVISION
NURSE AIDE REGISTRY
PO BOX 202953 HELENA, MT 59620-2953
email: cna@mt.gov web: www.dphhs.mt.gov/cna
phone: 406-444-4980 fax: 406-444-3456

NURSE AIDE INTERSTATE ENDORSEMENT REGISTRY APPLICATION

THE REGISTRY DOES NOT MAIL OUT CARDS. VERIFICATIONS CAN BE PRINTED THROUGH OUR WEBSITE AT www.dphhs.mt.gov/cna . PLEASE CHECK AFTER 10 WORKING DAYS TO FIND YOUR CNA ID # AND EXPIRATION DATE.

SECTION I: APPLICANT'S PERSONAL INFORMATION

NAME (LAST): _____ NAME (FIRST): _____ (M.I.): ____ NAME (MAIDEN/PREVIOUS): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

DOB: _____ Gender: ☐ Female ☐ Male SSN: _____

****

SECTION II APPLICANT'S EMPLOYMENT INFORMATION

Are you currently employed as a Nurse Aide? ◯ Yes ◯ No

Employer Name/City	Employer Phone Number	Dates Worked

State(s) where you are or have been certified (Please list certification or ID # for each state):

_____

_____

SIGNATURE: _____ DATE: _____

if you have any questions or need assistance completing this form, please contact the Montana Nurse Aide Registry.

Please allow 15 working days for processing. Most applications do not take this long.

Rev. 01/13