

**Dear Nurse Aide Applicant:**

**Enclosed please find your application for Nurse Aide recertification. You are requested to complete Section I (personal information) and Section II (employment information). In Section II you are requested to list the name, address and phone number of your current or former employer for whom you are working or have worked in the last 24 consecutive months prior to the expiration date listed on your Nurse Aide certification letter. It is very important to list the date you started your employment and the date you ended your employment (if applicable). This information will be used to determine your certification status.**

**On the reverse side of the application you will see that this is to be either taken to or mailed to your current/former employer so that he/she may verify your employment. This information must be verified by an authorized signature only. Failure to obtain verification of employment will result in lapse of both your certification and placement on the Nurse Aide Registry. Once your certification has lapsed you will be required to either retake an approved Nurse Aide Training Program and/or the State Test in order to be reinstated as competent to practice as a Nurse Aide in the State of Montana.**

**If you have any questions on how this is to be completed, please feel free to call the Nurse Aide Registry at (406) 444-4980.**