

**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](mailto:cna@mt.gov) Website: [www.dphhs.mt.gov/cna](http://www.dphhs.mt.gov/cna)  
Phone: 406-444-4980

**Nurse Aide Registry - Nursing Student Application**

**Section I: Applicant's Personal Information**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (Maiden/Previous) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_ Gender:  Female  Male

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**Section II: Applicant's Education Information**

Are you currently attending a Nursing Program at a Montana College?  Yes  No

School Attending: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**In order for your application to be processed, an official transcript must be sent to the nurse aide registry.**