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|  | **ARKANSAS DEPARTMENT OF HUMAN SERVICES** |  |
|  | **DIVISION OF MEDICAL SERVICES** |  |
|  | **OFFICE OF LONG TERM CARE** |  |
|  | **NURSING ASSISTANT REGISTRY** |  |
|  | **PO BOX 8059, SLOT S405** |  |
|  | **LITTLE ROCK, AR 72203-8059** |  |
|  | **Telephone: 501-320-6461** |  | **TDD: 501-682-6789** |  |
|  | **www.humanservices.arkansas.gov** |  |
|  |  |  |
|  | **INTERSTATE TRANSFER FORM** |  |
|  | **SECTION A** | **TO BE COMPLETED BY THE NURSING ASSISTANT** |  |
|  |  |  |
|  |  |  |  |  |  |  |
|  | Name: |       |       |      |       |  |
|  |  | Last | First | Initial | Maiden |  |
|  |  |  |
|  | Address: |       |       |  |
|  |  | Street Address or PO Box | Apt Number |  |
|  |  |  |
|  |       |    |       |  |
|  | City | State | Zip |  |
|  |  |  |
|  |       |  |       |  |
|  | Email Address |  | Telephone Number |  |
|  |  |  |
|  |        |  |       |  |
|  | Social Security Number |  | Date of Birth |  |
|  |  |  |
|  | **Attach a clear, readable copy of your Driver’s License or State Issued ID** |  |
|  | **Attach a clear, readable copy of your Social Security Card** |  |
|  | **Attach a clear, readable copy of your Nursing Assistant Certificate OR Training Certificate of Completion OR Nursing School Transcript** |  |
|  |  |  |
| **FAILURE TO ATTACH THE ABOVE DOCUMENTS WILL RESULT IN PROCESSING DELAYS AND/OR DENIAL OF TRANSFER INTO ARKANSAS** |
|  |  |  |
| **STOP! DO NOT COMPLETE SECTION B OR THE APPLICATION WILL BE RETURNED TO YOU!** |
|  |  |  |
|  | **SECTION B** | **TO BE COMPLETED BY THE STATE OF ARKANSAS** |  |
|  |  |  |  |  |  |  |  |
|  | Transferring From |  | Date originally placed on Registry |  | Expiration Date (if any) |  |
|  |
|  | **Disciplinary Action** | **Status of Certificate** |
|  |
|  | Are there any findings of abuse, neglect or misappropriation? | [ ]  Yes | [ ]  No | [ ]  Active |
|  |  |
|  | Is the individual disqualified due to criminal record check? | [ ]  Yes | [ ]  No | [ ]  Inactive |
|  |
|  | [ ]  Nursing Student | Found on Nursys? | **AR NAR status:** | [ ]  Current on NAR | [ ]  DQ’d on NAR | **Permission to test:** |
|  |  | [ ]  Yes [ ]  No | [ ]  Not found | [ ]  Expired on NAR |  |
|  |
|  | **AR NAR Decision Regarding Transfer** |
|  |  |  |  |  | [ ]  Accepted | [ ]  Denied |  |
|  |  |  |  |  |  |  |  |
|  | AR NAR Signature |  | Date |  | Reason: |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | AR NAR Title |  |  |  |  |  |  |
| DMS – 798 (R. 2/2015)Arkansas Department of Human ServicesDivision of Medical ServicesOffice of Long Term Care / AR Nurse Aide RegistryInternet website: [www.prometric.com/nurseaide/ar](http://www.prometric.com/nurseaide/ar)Telephone: 501-320-6461 TDD: 501-682-6789Website: [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)Thank you for contacting the AR Nursing Assistant Registry. As requested, this is your INTER-STATE TRANSFER FORM for certification as a Long Term Care Nursing Assistant to the State of Arkansas. Please complete Section A Only. **Please include clear, readable copies of your Driver’s License / Photo ID, Social Security Card and a copy of your Nursing Assistant Certification from the State you are currently certified in. Your name must be the same on all documents. If not, send a copy of documents showing legal reason of Name Changes (Marriage License, Divorce Decree or Court Order).** You must also have an Arkansas Address unless you live in a bordering city of Arkansas.Mail all required forms to: OFFICE OF LONG TERM CARE AR NURSE AIDE REGISTRY PO BOX 8059 SLOT S405 LITTLE ROCK AR 72203-8059Failure to comply with all requirements will delay transfer into the State of Arkansas.**Process time is 2 weeks.**If you have any questions, please call 501-320-6461. |
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