North Carolina Nurse Aide I
Scannable Renewal Application

Request for Replacement (Duplicate) Renewal Form

Notice to the Aide: About three months before listing expiration, Nurse Aide I listing renewal applications are automatically mailed to the last known address on file with the Nurse Aide I Registry. It is not necessary to contact the registry to receive the automatic mailing. However, you may request a duplicate or replacement renewal application to be mailed to you (using this form) under the following circumstances.

Criteria for Using this Form

Use This Form to Request a Replacement/Duplicate Application ONLY IF:

1. You qualify for renewal, and your application was lost, damaged, or never received, **and**
2. Your listing has either expired or will expire in the next three months.

If your request does not meet the above criteria, or if you are unsure whether your employment will qualify, please call Registry staff for assistance at (919) 855-3969, Monday through Friday, between the hours of 9:00 a.m. and 3:00 p.m. Please have your employment dates available.

To request a replacement or duplicate renewal application form, complete the information below. Incomplete or unsigned requests cannot be processed and will not receive a response.

Nurse Aide Information:

1. Social Security Number_____
2. Date of Birth_____
3. Name _____
4. Street Address/PO Box _____

   City_____State_____Zip_____
5. Home Phone (_____)_____6. Work Phone (_____)_____
7. Aide's Signature _____

☐ Check here if this is a new mailing address. (You do not need to send a separate change of address form.)

Mail or Fax this form to: **Center for Aide Regulation and Education**
2709 Mail Service Center
Raleigh, NC 27699-2709
Fax: (919) 733-9764