

**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:	<div style="display: flex; justify-content: space-between; width: 100%;"> Last First Initial Maiden </div>		
Address:	<div style="display: flex; justify-content: space-between; width: 100%;"> Street Address or PO Box Apt Number </div>		
	City	State	Zip
	Email Address	Telephone Number	
	Social Security Number	Date of Birth	
<p>➔ Attach a clear, readable copy of your Driver's License or State Issued ID</p> <p>➔ Attach a clear, readable copy of your Social Security Card</p> <p>➔ Attach a clear, readable copy of your Nursing Assistant Certificate OR Training Certificate of Completion OR Nursing School Transcript</p>			
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Active	
Is the individual disqualified due to criminal record check? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Inactive	
<input type="checkbox"/> Nursing Student	Found on Nursys? <input type="checkbox"/> Yes <input type="checkbox"/> No	AR NAR status: <input type="checkbox"/> Current on NAR <input type="checkbox"/> DQ'd on NAR	Permission to test:
	<input type="checkbox"/> Not found <input type="checkbox"/> Expired on NAR		
AR NAR Signature		Date	
AR NAR Title		AR NAR Decision Regarding Transfer <input type="checkbox"/> Accepted <input type="checkbox"/> Denied Reason:	

Arkansas Department of Human Services
Division of Medical Services
Office of Long Term Care / AR Nurse Aide Registry

Internet website: www.prometric.com/nurseaide/ar

Telephone: 501-320-6461 TDD: 501-682-6789

Website: 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 72203-8059

Failure 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.