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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **INTERSTATE TRANSFER FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **SECTION A** | | | | | | | | | | **TO BE COMPLETED BY THE NURSING ASSISTANT** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | | Last | | | | | | First | | | | | | | | | | | | Initial | | | | | | Maiden | | | | | | | | | |  | |
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|  | Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | |
|  |  | | Street Address or PO Box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt Number | | | | |  | |
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|  | | | Email Address | | | | | | | | | | | | | | |  | | | | Telephone Number | | | | | | | | | | | | | | |  | |
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|  | | | Social Security Number | | | | | | | | | |  | | | | | | | | | Date of Birth | | | | | | | | | | | | | | |  | |
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|  | | **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **STOP! DO NOT COMPLETE SECTION B OR THE APPLICATION WILL BE RETURNED TO YOU!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **SECTION B** | | | | | | | | | | | **TO BE COMPLETED BY THE STATE OF ARKANSAS** | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Transferring From | | | | |  | Date originally placed on Registry | | | | | | | | | | | | | |  | | Expiration Date (if any) | | | | | | | | | | |  |
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|  | **Disciplinary Action** | | | | | | | | | | | | | | | | | | | | | | | | **Status of Certificate** | | | | | | | | | |
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|  | Are there any findings of abuse, neglect or misappropriation? | | | | | | | | | | | | | Yes | | | | | No | | | | | | | Active | | | | | | | | |
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|  | 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 | | | | | | | | | |  | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **AR NAR Decision Regarding Transfer** | | | | | | | | |
|  |  | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | | Accepted | | | | | | Denied |  | |
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|  | AR NAR Signature | | | | | | | | | | | | | |  | Date | | | | | | | | | | | |  | | Reason: | | | | | |  |  | |
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|  | AR NAR Title | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | |  | | | | | |  |  | |
| DMS – 798 (R. 2/2015)  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](http://www.prometric.com/nurseaide/ar)  Telephone: 501-320-6461 TDD: 501-682-6789  Website: [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 72203-8059  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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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