

**AMERICAN RED CROSS TESTING OFFICE**

143 MAIN STREET

CAMBRIDGE, MA 02142-1530

1-800-962-4337/ 781-979-4010

<http://BostonRedCross.org/testing> [massbaytesting@usa.redcross.org](mailto:massbaytesting@usa.redcross.org)

**Massachusetts Nurse Aide Registry Renewal Form**

Complete Sections I and II. Print or type all information.

*This form must be signed and dated by the Employer to be valid.*

**SECTION I: NURSE AIDE INFORMATION**

**If changing social security number, please provide copies of both your old and new social security cards. If your name has changed please provide legal documentation.**

Name: \_\_\_\_\_

Social Security: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

**Take this form to your current or former employer to complete Section II.**

**SECTION II: CURRENT OR MOST RECENT HEALTH CARE EMPLOYER**

Name of Employer: \_\_\_\_\_

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

Facility Phone #: \_\_\_\_\_

Type of Employer (check one):

- \_\_\_\_\_ Long-term care facility VPN: \_\_\_\_\_ (long-term care facility only)
- \_\_\_\_\_ Home health agency \_\_\_\_\_ Private\*
- \_\_\_\_\_ Staffing agency \_\_\_\_\_ Hospice
- \_\_\_\_\_ Hospital, clinic \_\_\_\_\_ Other

Must be completed and must include month, day and year:

Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YEAR

Date of termination: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(if currently unemployed) MO/DAY/YEAR

**Eligibility for recertification: MUST BE COMPLETED IN ORDER TO BE PROCESSED:**

**The herein-named individual has worked for pay as a nurse aide, under the supervision of a nurse, for the health care employer listed above for at least eight consecutive hours performing nursing related duties.**

**IMPORTANT: SEE PAGE TWO OF THIS FORM FOR A DESCRIPTION OF NURSING RELATED DUTIES.**

**I certify that the information put forth on this Massachusetts Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.**

Employer Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO/DAY/YEAR

Employer Name (please print or type): \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

Circle one: Present Former  
Employer Employer

**\*If privately employed, please have your client's physician (including their office number) or nurse (including their license number) sign this form.**

**If you do not meet the criteria below, you are not eligible to renew and must take the knowledge and clinical skills test to remain active on the Massachusetts Nurse Aide Registry.**

**Injury prevention, safety and emergencies**

- Body Mechanics
- Identifying potential hazards to residents
- Knowledge of proper use of resident's equipment
- Fire protection and burns
- Falls, Seizures, Oxygen use
- Choking-Heimlich maneuver

**Prevention and control of infection**

- How microorganisms cause infections
- Strategies for breaking the chain of infection transmission
- Standard Precautions
- Special equipment and supplies for infection prevention and control
- Symptoms of common infections
- Isolation procedures

**Resident's Rights**

- Recognition of resident's rights, which are:
- Consequence of not assuring resident's rights
- Reporting violation of resident's rights

**Basic nursing skills**

- Height and weight
- Vital signs
- Intake/Output
- Bed making
- Collecting specimens
- Application of support hose and elastic stocking
- Hot and cold applications
- Nonprescription preparations
- Assisting with an ostomy
- Caring for the resident's environment
- Caring for the resident when death is imminent
- Acute and chronic illness, disease, or problems
- Observing and reporting potential health problems

**Personal care skills**

- Bathing
- Oral hygiene
- Grooming
- Dressing and undressing

- Nutrition
- Assisting residents with meals
- Fluids
- Assisting with elimination
- Position, transfer, and turning
- Caring for resident's environment and belongings
- Skin care

**Communication skills to promote a positive atmosphere**

- Basic human needs and principles of communication
- Confidentiality, ethics, and issues of resident rights
- Call lights
- Helping residents do more for themselves
- Communication with residents with visual or hearing impairment
- Communicating with depressed residents
- Communicating with residents with dementia
- Communicating with friends and relatives
- Responding to sexual advances or physical abuse
- Responding to demanding residents

**Restorative care**

- Application of assistive devices
- Range of motion exercises
- Walking with a resident
- Bowel and bladder training
- Self care
- The aging process

**Responding to typical resident behaviors**

- Anger
- Combativeness
- Confusion
- Delusions
- Depression
- Hallucinations
- Hoarding
- Suspiciousness
- Wandering

**Please return the completed Renewal application as soon as possible. We will send your new certificate and a wallet card to you within 30 days of our receipt of a completed Renewal application. Your NEW expiration date will be determined by adding TWO years to your last known date of employment as a Nurse Aide.**

**Please send your completed form to:**

American Red Cross Testing Office  
Renewal Program  
143 MAIN STREET  
CAMBRIDGE, MA 02142-1530

**You must MAIL your form to our office. Faxed renewal forms will not be accepted.**