

**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

Fax: 501-682-8551

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 copy of your Driver's License or State Issued ID</p> <p>➔ Attach a copy of your Social Security Card</p> <p>➔ Attach a 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
Is the individual disqualified due to criminal record check?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Nursing Student	Found on Nursys?	AR NAR status:	Permission to test:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current on NAR <input type="checkbox"/> DQ'd on NAR	
		<input type="checkbox"/> Not found <input type="checkbox"/> Expired on NAR	
AR NAR Signature		AR NAR Decision Regarding Transfer	
AR NAR Title		<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	
Date		Reason:	