

## Request for Replacement (Duplicate) Renewal Form N.C. Nurse Aide I / N.C. Medication Aide

Aides automatically receive a renewal application about three months before the listing expires if their listings are in good standing and their addresses are up to date with the registry. It is not necessary to contact the registry to receive the automatic mailing.

If your form was lost, damaged, or you missed the automatic mailing, please return this completed form to the registry. A replacement form will be issued and returned to you by mail.

Replacement forms will only be issued if your listing is due to expire in the next 3 months or has already expired.

For help, contact registry staff at 919-855-3969, weekdays, from 9 a.m. to 3 p.m.

**Complete all information below. Incomplete or unsigned requests cannot be processed and will not receive a response.**

(PLEASE PRINT CLEARLY)

1. Aide Name as it Appears on Registry \_\_\_\_\_
2. Last 4 Digits of Your Social Security Number \_\_\_\_\_
3. Your Nurse Aide I Listing Number (if applicable) \_\_\_\_\_
4. Date of Birth (Month/Day/Year) \_\_\_\_\_
5. Street Address/PO Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. Home Phone Including Area Code \_\_\_\_\_
7. Work Phone Including Area Code \_\_\_\_\_
8. Email Address \_\_\_\_\_
9. Aide's Signature \_\_\_\_\_

Check here if this is a new mailing address. (No additional change of address form is needed.)

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