EXPEDITED LICENSURE ON THE ARKANSAS NURSE AIDE REGISTRY

VIA MILITARY MEMBER PROOF OF SERVICE

Applicability for expedited nurse aide licensure applies to the following members-

* A uniformed service member stationed in the State of Arkansas;
* A uniformed service veteran who resides in or establishes residency in the State of Arkansas;
* The spouse of a uniformed service member or veteran who resides in or establishes residency in the State of Arkansas;
* The spouse of a uniformed service member who is assigned a tour of duty that excludes the uniformed service member’s spouse from accompanying the uniformed service member and the spouse relocates to the State of Arkansas;
* Or the spouse of a uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty, if the spouse establishes residency in the State of Arkansas,

who complete one of the eligibility routes listed under the Nurse Aide Registry Requirements section of the [Arkansas Candidate Handbook](https://hdmaster.com/testing/cnatesting/arkansas/AR_CNA_Home.htm) ([www.hdmaster.com](http://www.hdmaster.com), click on Arkansas CNA, Arkansas NA Candidate Handbook, for information regarding placement on the ARNAR), submit the applicable completed forms and provide images/copies of the applicable, required documentation.

**Complete this form**, AR Military Expedited Licensure Form, to verify you qualify for expedited placement on the Arkansas nurse aide registry.

Please read these directions completely prior to completing this form online. Your request cannot be processed if it is incomplete, illegible or includes false statements.

Upon completion of this form, be sure to attach an image/copy showing proof of service documentation before submitting for placement on the Arkansas Nurse Aide Registry. Proof of service documentation includes:

* Department of Defense Identification Card (active, retired or TDRL).
* DD214 Military Discharge Certificate indicating disposition of discharge.
* Report of Separation from the national archives at the National Personnel Records Center (NPRC) in St. Louis, Missouri.
* Veterans Identification Card from the Department of Veterans Affairs.

You will be renewed on the Arkansas registry if you are qualified after the following is successfully completed:

* *We have received proof of service documentation*
* *We have verified your CNA certification is in good standing*

Your renewal request will be expedited and you will be notified of successful submission for Arkansas renewal by email to the email address listed within this submission.

***Check for the status of your AR nurse aide certification listing on the Arkansas NA Registry at:*** [***https://ar.tmuniverse.com***](https://ar.tmuniverse.com)

**If you need assistance, call (888)401-0462 during regular business hours,**

**Monday through Friday, 7:00AM to 7:00PM Central Standard Time (CST).**

*The following information MUST be truthfully completed and attested to by the applicant:*

Please check one of the following:

I am a uniformed service member stationed in the State of Arkansas

I am a uniformed veteran who resides in or has residency in the State of Arkansas

I am the spouse of a uniformed service member or veteran who is stationed in, resides in or has residency in the State of

Arkansas

*Please complete the following:*

**SOCIAL SECURITY NUMBER**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAST NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_\_\_\_\_\_\_ **MIDDLE INITIAL:** \_\_\_\_ MAIDEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Maiden Name, if applicable)*

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently working as a nurse aide?**

*Please list all the states where you are listed on a nurse aide Registry:*

**Have you ever been convicted of abuse or neglect of a person in your care, theft from a person in your care,**

**or child abuse?**

***If yes****, please explain.*

**Are you currently under investigation for abuse or neglect of a person, theft from a person or child abuse?**

***If yes****, please explain.*

***My signature certifies that the information provided herein is true and correct.***

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*After submitting this form, remember to attach an image of your proof of service documentation.*