



Survey of Nurse Aide Registries (Direct Care Worker) in the United States

Iowa CareGivers Association
November 2004

The information in this report will serve as a resource for direct care workers, Nurse Aide Registry officials, policy-makers, and others to increase the effectiveness of state and federal policies and to promote needed reforms that will enhance the overall quality of care.

We hope it will generate interest on the part of policy-makers and key stakeholders and inform the dialogue around these important issues. It should challenge the federal regulation that was established in 1987 with little if any input from direct care workers. The regulation is grossly outdated and creates barriers to the recruitment and retention of direct care workers.

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Introduction

The following information has been gathered and compiled by the Iowa CareGivers Association (ICA), an independent professional association for direct care workers (Certified Nurse Aides, Home Care Aides). The ICA provides education, information, support, and advocacy for direct care workers in Iowa.

The information in this report will serve as a resource for direct care workers, Nurse Aide Registry officials, policy-makers, and others to increase the effectiveness of state and federal policies and to promote needed reforms that will enhance the overall quality of care.

Background: Federal Origin

The 1987 Omnibus Budget Reconciliation Act (OBRA 1987) “mandated the training and registration of nurse aides working in nursing homes and the training of home health aides working for certified home care agencies as a condition for reimbursement under Medicare” (National Center for Health Workforce Analysis, 2004). All fifty states, the District of Columbia, and the Virgin Islands created nurse aide registries and established Certified Nurse Aide (CNA) training requirements. The total number of required hours of training is a minimum of seventy-five hours. “These registries represent the only source of names and data on CNAs across the country” (National Center for Health Workforce Analysis, 2004). Only CNAs working in nursing facilities are required by the federal government to be listed on the Registries.

The OBRA regulations (1987) pertaining to CNAs stemmed from a series of hearings held by the Subcommittee on Health and the Environment of the US House of Representatives Committee on Energy and Commerce during the mid-1980s. Senator Henry Waxman of California, served as the Subcommittee’s Chair. Although a wide variety of individuals, including academics, officials within the US Department of Health and Human Services, and representatives of consumer groups, the nursing home industry, and the Academy of Sciences spoke at the hearings, it is worth noting that CNAs or other direct care workers did not testify.

M. Futrell (personal communication, Aug. 5, 2004) notes in June 1988, a large group of representatives from the National Citizens Coalition for Nursing Home Reform, the American Association of Retired Persons, several long term care provider associations, the American Red Cross, and the American Nurses’ Association convened in Baltimore to review and comment on a draft of the nurse aide training and competency evaluation administrative regulations arising from OBRA 1987 (Futrell, 2004). There was no nurse aide/direct care worker representation within this group.

Background: Iowa Direct Care Worker Registry

The Iowa Direct Care Worker Registry, formerly the Iowa Nurse Aide Registry, was created in October 1990 following the passage of OBRA in 1987. Since its establishment, the Iowa Direct Care Worker Registry has served two primary purposes: 1) to keep a list of qualified employable nurse aides; and 2) to keep a list of aides who have abused residents in

facilities. (The Iowa Direct Care Worker Registry Online, 2004) The Iowa Direct Care Worker Registry is located within the Health Facilities division of the Iowa Department of Inspections and Appeals.

Methodology

This survey was conducted between July 12 and August 17, 2004. Questionnaires were sent by electronic mail and by fax to Nurse Aide Registries in all fifty states, the District of Columbia, and the Virgin Islands. Several interviews were also conducted with officials who preferred to respond by telephone. Forty-four states and the Virgin Islands participated in the survey.

Summary of Responses

Nurse Aide Registry officials across the United States provided remarkably similar answers to the majority of the questions included in the survey. With few exceptions, nurse aides are trained by nursing facilities, community colleges, vocational-technical colleges, high schools, proprietary schools, and a small number of private programs. Some states also regulate who can conduct the training, limiting those approved to instruct nurse aide students to become Registered Nurses, Licensed Practical Nurses, or individuals who have completed special “train-the-trainer” instructional programs.

Nurse Aides typically pay for their own training if the training occurs in a non-nursing facility based program. However, when a Nurse Aide receives training in a non-facility based program, employers are required to reimburse training costs for new hires. Very few states license direct care workers. Certified Nurse Aides must re-certify if they leave the field for 24 months.

There is also a considerable amount of variation among nurse aide registries. The tables below summarize some of the differences.

What categories or classifications of direct care workers exist on your state’s Registry?

Number of States	Number of classifications or categories of direct care workers
28	1
9	2
8	3 or more

Does your registry track demographic information?

Yes	34
No	11

Does your state allow Nurse Aides to become certified by challenging the certification test?

Yes	24
No	20

It is worth noting that many of those who allow challenge testing have prerequisites. The only states that allow challenge testing with no prerequisites for training or otherwise are Iowa, Minnesota, Montana, and North Dakota.

How many hours of training must a nurse aide receive in order to gain certification in your state?

States	Hours
20	75
24	>75

Range for those over 75 hours: 76 to 175
 Average for all responding states: 96.36
 Median for all responding states: 80

Complete results for all questions follow in the last section of this report.

National Implications

In 2000, 1.9 million direct care workers provided care to 15 million Americans in long-term care settings (US Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, 2003). In July 2003, there were approximately 18,570 Certified Nurse Aides living and working in the State of Iowa alone (Center for Health Workforce Planning, 2004). Difficult working conditions, made worse by a lack of public recognition and respect, low pay, and meager benefits, however, pose a serious threat to the stability of our nation’s direct care workforce. In the words of Robyn Stone and Joshua Wiener (2004):

The paraprofessional long-term care workforce – nursing assistants, home health and home care aides, personal care workers, and personal care attendants – forms the centerpiece of the formal long-term care system. These frontline workers provide hands-on care, supervision, and emotional support to millions of elderly and younger people with chronic illness and disabilities. Low wages and benefits, hard working conditions, heavy workloads, and a job that has been stigmatized by society make worker recruitment and retention difficult.

The need for increased recruitment and retention within the long-term care workforce will become increasingly desperate as our nation’s baby boom generation ages and the number of women ages 25 to 50 who typically make up the direct care workforce shrinks (National Center for Health Workforce Analyses, 2004). This impending “care gap” could have especially severe consequences in the State of Iowa, as Iowa will have a higher percentage of its population between the ages of 75 and 84, and over the age of 84, than any other state in the nation by 2020 (AARP, 2002).

Barbara Frank and Steven Dawson (2004) have noted:

Vacancy and turnover rates of direct care staff are at historic highs. This turmoil is not only destabilizing providers, it has two other profound impacts: For *health care workers*, low staffing undermines those who remain on the job: forced to ‘work short’ and therefore ‘speed up,’ workers must care for more people with relatively less time. Direct care staff face higher levels of stress, a greater likelihood of injury, and deep frustration when they are unable to provide the care consumers deserve, and which they are legally responsible to provide. Yet for *health care consumers*, the impact of understaffing is even more direct: Care that is rushed, care that is delayed, and in some cases, care that is entirely foregone – a home care client not visited; a person with disabilities left in bed all weekend, or whose family cannot work because help is not available; a hospital patient whose medication is forgotten; a nursing home resident who sits alone, hungry and dehydrated.

These are serious problems that require the immediate attention of state and national policy-makers, but all efforts to seek and craft solutions must be preceded by and grounded in an informed dialogue between legislators, bureaucrats, direct care workers, the long term care industry, and consumers of care and support.

There is currently a movement toward the establishment of direct care worker associations throughout the country. It is the ICA’s hope that the following report will provide useful information to all of those involved in creating direct care workforce policy. These and other organizations can garner support for:

- Inclusion of direct care workforce issues on the White House Conference on Aging’s agenda
- A national commission on direct care workforce issues that would be led by the US Departments of Labor and Human Services and include workers, providers, consumers and other key stakeholders

Implications for the State of Iowa

Iowa’s Direct Care Worker Registry is similar to other Nurse Aide Registries across the country. The policies governing Iowa’s Registry can be improved. The Iowa Better Jobs Better Care program, funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies, has been the catalyst to making a major expansion of the former Nurse Aide Registry. The new Registry will eventually accommodate direct care workers in other care settings (home care, hospitals, hospice, residential, adult day, assisted living, etc.).

The intent of this report is to not only be informative, but to generate interest on the part of policy-makers and key stakeholders to:

- 1) challenge the outdated federal regulation that was established in 1987 with little if any input from direct care workers.
- 2) inspire Iowa lawmakers to create a direct care worker credentialing body that will streamline the educational and training standards for direct care workers and thereby enhance the status of direct care workers and stability of the overall direct care workforce. Such an entity (commission, board, council) should have significant direct care worker representation.

The US Department of Health and Human Services Office of Inspector General (2002) has found “that the medical and personal care needs of today’s nursing home residents have changed since the implementation of OBRA 87. Compared to nursing home residents 15 years

ago, today's nursing home residents are older, sicker, require more assistance with activities of daily living, and take more medications." Whereas only 35.4% of nursing home residents required assistance with 3 or more activities of daily living (ADLs) in 1984, 75% of nursing home residents required assistance with 3 or more ADLs in 1999. Moreover, in 1984, only 33.7% of nursing home residents were considered to be cognitively impaired. Data from 2001, on the other hand, indicate that almost 60% of nursing home residents had moderately or severely impaired cognitive skills (US Dept. of Health and Human Services Office of Inspector General, 2002). Thus, nurse aide training has not evolved in tandem with changes in the demands made upon direct care workers since the passage of OBRA 1987 seventeen years ago. The consequences of this failure on the part of Iowa policy-makers to increase training requirements for nurse aides in our state can be easily quantified. OSCAR data provided by the Iowa Department of Inspection and Appeals in July 2004 revealed that the services provided in 35.20% of Iowa's nursing facilities failed to meet professional standards. Nationally, only 20.72% of nursing facilities were cited with the same deficiency. In addition, the ADL care provided for dependent residents was cited as being deficient in 21.17% of Iowa's nursing facilities. The same deficiency was cited in only 11.51% of nursing facilities nationally. (Iowa Department of Inspections and Appeals, 2004)

In addition, Iowa's policy of allowing prospective nurse aides to take a challenge test without any training, though allowed under OBRA 1987, is both unsafe for care receivers and unfair to direct care workers. Indeed, for the same reasons as those listed above, prospective direct care workers must receive as much training as possible before entering the health care workforce. According to a report sponsored by the Florida Department of Elder Affairs, nurse aides who successfully challenge competency tests pose a "threat to the quality of care that Nurse Aides provide" (Peacock, 2000). Similarly, an investigation conducted by *USA Today* found that "staff shortages and insufficient training place elderly residents at risk with inadequate care, delayed diagnosis and treatment, and even death" (McCoy and Appleby, 2004). Iowa must follow the example set by those states that do not allow challenge tests under any circumstances. Care receivers deserve the best possible quality of care, and their families deserve the peace of mind that comes with knowing their loved ones are receiving nutritious meals, skilled medical assistance, individual attention, high quality care, and personal respect. Similarly, direct care workers deserve training that prepares them for the important responsibilities associated with their profession. It is too easy to undervalue the important function direct care workers fill within our society, and inadequate training only makes their jobs more difficult, their sense of self-worth less secure, and their profession less esteemed. Thus, both care receivers and those charged with their care deserve a realistic and comprehensive direct care worker training system that prepares direct care workers for their professional responsibilities. Indeed, anything less jeopardizes the health and safety of those who receive care and the proficiency of Iowa's direct care workforce.

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State	How many hours of training must a nurse aide receive in order to gain certification in your state?	Who trains nurse aides in your state?	Who pays for nurse aide training in your state?
Alabama	75 Hours	State approved training programs in nursing homes, colleges, and private schools; programs taught by nurses with "Train the Trainer" certification, a current license, and at least two years nursing experience with the elderly	The state in nursing homes and the student in colleges and private schools
Alaska	160 Hours	State approved training programs	Student
Arizona	120 Hours	50 long-term care facilities; 1 hospital; 23 independent agencies; and 50 high schools and colleges	Facilities cover own costs; high schools, colleges, and independent agencies charge students at varying rates
Arkansas	75 Hours	Nursing homes; state vo-tech schools technical colleges; high schools; proprietary vocational schools	Student or the state if the student is employed by a Medicaid-certified nursing home
California	150 Hours (The California Legislature has passed a bill to increase the training to 160 hours. The increase will not be implemented, however, until new regulations are written.)	Nursing homes; Adult schools; Regional Occupational Programs; community colleges; proprietary schools	Nursing homes pay for their own training; students pay if training is conducted by another type of agency; if facility hires a student before he or she completes training, the facility picks up cost on a prorated basis from the date of hire
Connecticut	100 Hours	Training programs approved by the state located in nursing homes, hospitals, vocational technical schools, high schools, private occupational schools, community colleges, or community-based organizations	Nursing homes pay for their own training; private occupation schools are paid by the nurse aide
Delaware	150 Hours	State approved training programs in nursing homes and training schools	Facilities cover own costs but are reimbursed by Medicaid; students pay for training at training schools, but are reimbursed upon being hired if they are hired within one year of completing the training
Florida	120 Hours	Community colleges; vocational technical schools; high schools; private training programs	Student
Georgia	85 Hours	Nursing homes; high schools; vo-tech schools; private schools	Facilities or the student if not employed
Idaho	120 Hours	Instructors	Facilities or the student in certain circumstances
Illinois	120 Hours	Basic Nursing Assistant training programs approved by the Illinois Department of Public Health	Students make their own financial arrangements
Indiana	105 Hours	Long-term care facilities; vocational schools; and non-facility based entities (a total of 300 sites across the state)	The Indiana State Department of Health does not have a policy regarding expenses; however, nurse aide must be reimbursed for the cost of the course

State	How many hours of training must a nurse aide receive in order to gain certification in your state?	Who trains nurse aides in your state?	Who pays for nurse aide training in your state?
Iowa	75 Hours	Community colleges; select, certified entities across the state	Student if employed by a facility; if student is employed within 12 months of training, the employer is responsible for a pro-rated amount based on the number of months elapsed between training and the hire date. If it exceeds the 12 month period, the CNA is responsible
Kentucky	75 Hours	Department of Technical Education; nursing facilities; community colleges and universities; proprietary education; licensed health care facilities; non-profit, church related, or tax supported programs	Facilities or the student if not employed
Louisiana	80 Hours	Vo-Tech Schools; nursing homes; private schools	Nursing homes or students everywhere else
Maine	150 Hours	Approved educational training facilities including adult education, secondary and post-secondary vocational schools	Student, long-term care facilities, career training centers, and job corps
Maryland	100 Hours	Registered Nurses teach in Board approved CNA training programs	In licensed nursing homes, the employer pays for the training; in other settings, the student must pay
Massachusetts	75 Hours	Nursing homes; private companies approved by both the Massachusetts Dept of Public Health and the Massachusetts Dept of Education	Nursing homes cover own costs; student pays at non-facility based programs, but employer reimburses if student is hired within one year of completing his or her training
Michigan	75 Hours	Nursing homes; high schools; community colleges; adult education programs; private vocational programs; Red Cross	Individuals pay in non-nursing home facilities; if hired by a nursing home within one year of program completion, the home is required to reimburse the individual
Minnesota	75 Hours	Approved RNs in a variety of settings	Long-term care facilities, or the Nurse Aide if he or she is unemployed; if hired within 90 days, the long-term care facility reimburse the Nurse Aide
Mississippi	75 Hours	Long-term care facilities; distinct-part long term care units in hospitals that participate in the Medicaid/Medicare programs; two-year allied health programs taught in high schools; vocational/technical schools; first semester RN/LPN programs; proprietary schools	Long-term care facilities cover own costs but are reimbursed by the Division of Medicaid; nurse aides in non-facility based programs pay for their own training, but are reimbursed by the Division of Medicaid if hired within twelve months of training

State	How many hours of training must a nurse aide receive in order to gain certification in your state?	Who trains nurse aides in your state?	Who pays for nurse aide training in your state?
Missouri	175 Hours	RNs who have attended a train-the-trainer session; class is taught in hospitals, long-term care facilities, high schools, vocational-technical schools, and community colleges	The facility if the student is employed or becomes employed with that facility; student; taxpayer (in the case of high schools)
Montana	75 Hours	Approved instructors at facilities with approved training programs.	Facilities cover own costs but are reimbursed by Medicaid; student pays for training at college or private program, but are reimbursed upon being hired.
Nebraska	76 Hours	Nursing homes; hospitals with long-term care divisions; colleges	Facilities cover own costs; student pays for training at other entities but is reimbursed by employer upon being hired
Nevada	75 Hours	State-approved training programs, the majority of which are run by long-term care facilities	Student at community colleges; facilities cover own costs but are reimbursed by Medicare/Medicaid
New Hampshire	100 Hours	64 NH Board of Nursing approved education programs instructed by either a Registered or a Licensed Practical Nurse	Student; nurse aides who complete the program and who work in a long-term care facility can apply for reimbursement through the state Medicaid program
New Jersey	90 Hours	State-approved training programs with instructors taught by state approved Train-the-Trainer programs.	Facilities
New Mexico	75 Hours	Nursing facilities; vo-tech schools	Facilities cover own costs; student pays for training at vo-tech schools
New York	100 Hours	Nursing homes; proprietary schools; community colleges; high schools; community-based organizations; Job Corps	State reimbursement for costs incurred in nursing homes; students in other settings
North Carolina	Nurse Aide I: 75 Hours Nurse Aide II: An Additional 180 Hours	RNs in community colleges, nursing homes, high schools, schools of nursing, home care agencies, adult care homes, and proprietary agencies/schools	Medicaid covers cost if student is employed or has an offer of employment with a nursing facility; otherwise, the student pays
North Dakota	75 Hours	61 approved nurse training programs	The nursing home that hires the trained CNA
Ohio	75 Hours	State-approved training programs with instructors taught by state approved Train-the-Trainer programs.	Student
Oklahoma	75 Hours	Approved nursing home-based training; vo-tech schools	Nursing homes; students; Tannif; Job Corp
Oregon	150 Hours	Approved programs in nursing homes, hospitals, community colleges, high schools, and various independent programs	Nursing home if student is employed; student unless employed within in 12 months
Rhode Island	100 Hours	RN coordinator through a licensed training program	Nursing homes pay for their own training; students pay if training is conducted by another type of agency

State	How many hours of training must a nurse aide receive in order to gain certification in your state?	Who trains nurse aides in your state?	Who pays for nurse aide training in your state?
South Dakota	75 Hours	Nursing Homes	Nursing homes
Tennessee	75 Hours	RNs and LPNs in long-term care settings, vocational schools, and private programs	Free in long term care settings; if trained in a vocational school, the student may qualify for federal assistance; if trained in a private program, the individual student is responsible for payment
Texas	75 Hours	487 facility-based NATCEPs; 333 non-facility NATCEPs (proprietary schools, community colleges, and high schools)	Nursing facility covers cost for its employees and for those employed within 12 months of training
Utah	80 Hours	80 programs in high schools; colleges, proprietary programs, and a small number of nursing homes	Free in the high schools; student pays everywhere else
Vermont	80 Hours	RNs and LPNs	Nursing home programs are reimbursed by Medicare and the Technical centers are reimbursed by the individual taking the nursing assistant program
Virginia	120 Hours	Approved nurse aide education programs housed in nursing homes, community colleges, public schools, home health agencies and propriety schools	Nursing home or student if not employed
Virgin Islands	120 Hours	Schools	Student
Washington	85 Hours	Approved nursing assistant training programs in skilled nursing facilities, hospitals, assisted living facilities, adult family homes, private vocational schools, vocational technical schools, high schools, community colleges, Job Corps centers	Facilities cover the cost for their employees and are reimbursed by Medicaid; the other entities (except Job Corps, which is federally funded) charge NA students for their training; students who pay for their own tuition, books/supplies, and competency exams can be reimbursed if they are employed within twelve months of completing their training and competency evaluation
Wisconsin	75 Hours	Instructors with RN license who are approved by the Department of Health and Family Services in nursing homes, technical colleges, and private agencies	Students pay for training at technical colleges and private agencies; most nursing homes do not charge for training programs, but some do
Wyoming	75 Hours	Nurse aide training programs approved by the Wyoming Board of Nursing	Facilities offering the training

State	What categories or classifications of direct care workers exist in your state's registry?	Are direct care workers in your state licensed?	Does your registry track eligibility, employment, or both?
Alabama	CNAs	No	Nursing homes are required to track both eligibility and employment
Alaska	Certified Nurse Aides	No	Eligibility
Arizona	Certified Nursing Assistants	No	Neither
Arkansas	Certified Nurse Aides	No	Employment
California	Certified Nursing Assistant (CNA); Certified Home Health Aide (CHHA); Certified Hemodialysis Technician (CHT); Direct Care for the Developmentally Disabled (DD)	No	Eligibility
Connecticut	Certified Nurse Aides	No	Eligibility and employment
Delaware	Certified Nurse Aides	No	Eligibility
Florida	Certified Nurse Aides	No	Eligibility
Georgia	Certified Nurse Aides	No	Eligibility and employment
Idaho	Certified Nurse Aides	No	Employment
Illinois	Certified Nursing Assistants; Developmental Disability Aides; Child Care Aides (work in skilled pediatric facilities only)	No	Eligibility
Indiana	Certified Nurse Aides; Qualified Medication Aides; and Home Health Aides	No	Eligibility

State	What categories or classifications of direct care workers exist in your state's registry?	Are direct care workers in your state licensed?	Does your registry track eligibility, employment, or both?
Iowa	Certified Nurse Aides; Certified Nurse Aide Mentors (will be expanding to include additional certifications shortly)	No	Eligibility and employment
Kentucky	State Registered Nurse Aides; Home Health Aides	No	Eligibility
Louisiana	Certified Nurse Aide	No	Eligibility and employment
Maine	Certified Nursing Assistant	No	Eligibility and employment
Maryland	Certified Nursing Assistant; Geriatric Nursing Assistant; Certified Medicine Aide; Home Health Aide; CNA-Dialysis Technician; Medication Assistants	No	Eligibility
Massachusetts	Certified Nurse Aide	No	Eligibility and employment
Michigan	Nurse Aides; RN; PN	No	Eligibility
Minnesota	Nurse Aides; RN	No	Employment
Mississippi	Direct Care Worker; Certified Nurse Aide	No	Eligibility

State	What categories or classifications of direct care workers exist in your state's registry?	Are direct care workers in your state licensed?	Does your registry track eligibility, employment, or both?
Missouri	Certified Nurse Assistant; Medication Technician (possibly Home Caregiver in the future)	No	Eligibility and employment
Montana	Certified Nurse Aide (CNA); Certified Nurse Aide/Home Health Aide (CNA/HHA)	No	Eligibility and employment
Nebraska	Nurse Aides (There exists a separate registry for Medication Aides)	No	Eligibility and employment
Nevada	RN; LPN; CNA; APN; CRNA	No	Eligibility and employment
New Hampshire	Licensed Nursing Assistants	Nursing Assistants Only	Eligibility and employment
New Jersey	Certified Medication Aides; Certified Nurse Aides; Personal Care Assistants	No	Eligibility
New Mexico	Certified Nurse Aides	Yes	Eligibility
New York	Certified Nurse Aides	No	Neither
North Carolina	Nurse Aide I; Nurse Aide II (Medication Aide and Geriatric Aide Specialist will be added in the next 1-2 years)	No	Eligibility and employment
North Dakota	Certified Nurse Aides	Yes	Eligibility
Ohio	State Tested Nurse Aides	No	Eligibility and employment
Oklahoma	Home Health-Certified Nurse Aide (CHHA); Long Term Care Certified Nurse Aide (CNA); Residential Care Aide (RCA); Developmentally Disabled Direct Care Aide (DDCA)	No	Eligibility and employment
Oregon	Currently only CNA; CNA I and CNA II soon	No	Eligibility and employment
Rhode Island	Nursing Assistants	Yes	Eligibility

State	What categories or classifications of direct care workers exist in your state's registry?	Are direct care workers in your state licensed?	Does your registry track eligibility, employment, or both?
South Dakota	Certified Nurse Aides	No	Eligibility and employment
Tennessee	Certified Nurse Aides	No	Eligibility and employment
Texas	Nurse Aides	No	Eligibility and employment
Utah	Certified Nurse Aides	No	Neither
Vermont	Licensed Nursing Assistants	Yes	Neither
Virginia	Certified Nurse Aides; Advanced Certified Nurse Aides	No	Neither
Virgin Islands	Certified Nurse Aides	No	Eligibility
Washington	Nursing Assistant Registered; Nursing Assistant Certified	Direct care workers classified as Nursing Assistant Registered are licensed	Eligibility and employment
Wisconsin	Nurse Aides	No	Eligibility and employment
Wyoming	Certified Nursing Assistant	No	Eligibility

State	Does your registry track demographic information?	Does your registry record training information and information regarding additional certifications?	Who does criminal background checks in your state?
Alabama	No	No	Employer
Alaska	Yes	Yes	State
Arizona	Yes	Only training site information	Arizona Department of Public Safety and the FBI
Arkansas	Yes	Training information	Employer
California	No	Yes	California Department of Justice
Connecticut	Yes	Training information	Registry
Delaware	Yes	Training information	Nurse Aide Registry Criminal Background Check Unit
Florida	Yes	No	Florida Department of Law Enforcement
Georgia	Yes	Yes	Employer
Idaho	No	No	Employer
Illinois	No	No	Employer through the Illinois State Police
Indiana	No	Only training site information	Employer or training site

State	Does your registry track demographic information?	Does your registry record training information and information regarding additional certifications?	Who does criminal background checks in your state?
Iowa	Yes	No	Employer
Kentucky	No	No	Employer
Louisiana	Yes	No	Employer
Maine	Yes	Training information	Registry
Maryland	Yes	Yes	Employer
Massachusetts	Yes	No	State
Michigan	Yes	Training information	Employers and training programs prior to admission
Minnesota	No	Training and testing information	Department of Human Services
Mississippi	Yes	No	Mississippi State Department of Health, Office of Licensure, Criminal Record Check Unit
Missouri	Yes	Only additional certifications	Employer
Montana	Yes	Yes	Not a requirement

State	Does your registry track demographic information?	Does your registry record training information and information regarding additional certifications?	Who does criminal background checks in your state?
Nebraska	Yes	No	Only assisted living facilities are required to by law; other facilities can choose to run background checks on their employees, but they are not required to do so
Nevada	Yes	Yes	Nevada Highway Patrol and the FBI
New Hampshire	Yes	No	NH Division of State Police
New Jersey	Yes	Only for Certified Medication Aides	Department of Health and Senior Services Criminal Investigations Unit
New Mexico	Yes	No	Employer
New York	Yes	Yes	Not a requirement, although some nursing homes do their own checks
North Carolina	Yes	Only training information	Employer
North Dakota	Yes	No	Nursing home at the time of hire or the training program (optional)
Ohio	No	No	Employer
Oklahoma	Only for certain pilot programs	Yes; certified medication aide (CMA) certification	Employers and vo-tech schools

State	Does your registry track demographic information?	Does your registry record training information and information regarding additional certifications?	Who does criminal background checks in your state?
Oregon	Yes	Once CNA II classification is added, CNA II training information will be added as well	Department of Human Services prior to training and the Board of Nursing
Rhode Island	No	Only training information	Training programs
South Dakota	Yes	Only training information	Not a requirement
Tennessee	Yes	No	Employer
Texas	Yes	No	Employer
Utah	No	No	Employer
Vermont	Yes	Only training information	Employer
Virginia	Yes	Only training information	Employer
Virgin Islands	Yes	No	Not a requirement; developing a program

State	Does your registry track demographic information?	Does your registry record training information and information regarding additional certifications?	Who does criminal background checks in your state?
Washington	Yes	No	Training entities, through either the Department of Social and Health Services (if facility-based) or the Washington State Patrol Identification Section (if non-facility based)
Wisconsin	Yes	Yes; home health and medication aide eligibility are recorded	Employer provides the background check for their employees; the Department does background checks on healthcare provider owners
Wyoming	Yes	Only Home Health Aide Certification	Board of Nursing

State	Does CNA certification expire in your state, and if so, after what time period?	What must a CNA do to maintain his or her certification in your state?	If their certification expires, how do CNAs in your state re-certify?
Alabama	Yes; it expires if the CNA does not work as a CNA in a nursing home, hospital, home health agency, hospice, or placement agency through which he or she is sent to work in a nursing home	Work as a CNA in a nursing home, hospital, home health agency, hospice, or placement agency through which he or she is sent to work in a nursing home	Retrain and retest
Alaska	Yes; March 31 of even years	160 hours of work and 24 contact hours of continuing education	Submit renewal form; pay fee; submit verification of employment
Arizona	Yes; two years	Work a minimum of 8 hours	Show proof of employment of a minimum of 8 hours every two years
Arkansas	Yes; two years	Submit a renewal form that discloses last place and date of employment	Submit renewal form; retake competency test if expired for more than two years
California	Yes; two years	Pay \$20 renewal (\$30 if mailed after expiration date); work a minimum of 8 hours; have 48 hours of in-service or continuing education	Pay \$30; work a minimum of 8 hours; have 48 hours of in-service or continuing education
Connecticut	Yes; two years	Work an 8-hour shift	Either prove that they have been doing nursing related duties or retrain and retest, or simply retest
Delaware	Yes, two years	Perform 64 hours of nursing related services for pay in a health care setting	Retest
Florida	Yes; two years	Work for pay and receive 18 hours of in-service training	Retest
Georgia	Yes; two years	Work a minimum of 8 hours for a wage in a long-term care setting	Retest
Idaho	Yes; two years	Perform nursing or nursing related duties for a minimum of 8 hours	Retest
Illinois	No	Work in a nursing-related position for pay within every twenty-four month period	Retrain and retest or just retest; must also have a current criminal background report
Indiana	Yes; two years	Work at least 8 hours in a long-term care facility, hospital, or licensed agency	Retrain

State	Does CNA certification expire in your state, and if so, after what time period?	What must a CNA do to maintain his or her certification in your state?	If their certification expires, how do CNAs in your state re-certify?
Iowa	As long as the CNA is working, his or her certification does not expire; if the CNA becomes unemployed, his or her certification expires 24 months after separation date	Must be employed as a CNA at least 8 hours within a 24-month period and must obtain 12 CEUs/Inservice points per year	Retest
Kentucky	Yes; two years	Work one 8-hour shift for pay	Allowed a one-time challenge test if not on the Abuse Registry; if they fail either portion, they are required to retake the 75 hour training course before retesting
Louisiana	Yes; two years	Work one 8-hour shift	Retrain and retest
Maine	Certificate does not expire, but the individual's eligibility for placement on the registry does - every two years	Work a minimum of 8 hours under the supervision of a Registered Professional Nurse in a "health care setting" and take a minimum of 24 hours of continuing education	Either produce officially documented work history as a CNA to cover the expired time or take both written and clinical work competency tests
Maryland	Yes; every two years based on month of birth	16 hours active practice and in certain instances a continuing education requirement	Must retrain if unable to meet the active practice requirement
Massachusetts	Yes; two years	Work within the previous two years	Retest
Michigan	Yes; two years	Work in an approved setting for at least 8 hours	After sixty days following expiration, must repeat certification process
Minnesota	Yes; two years	Work 8 hours as a paid Nurse Aide	Retrain and retest or retest only
Mississippi	Yes; two years	Work as a nurse aide performing nurse aide services for monetary compensation for at least eight hours in a nursing home or other health care setting; submit renewal form	Retest and pass both parts of the competency evaluation; if nurse aide fails to pass both parts of the evaluation on the first try, he or she must retrain
Missouri	Certification becomes inactive after two years and completely expired after five years	Nursing work for 8 hours for pay	2-5 years retake exam; over 5 years, retrain
Montana	Yes; two years	Work a minimum of 8 hours for a wage in a long-term care setting	Take CNA classes or challenge the state test.

State	Does CNA certification expire in your state, and if so, after what time period?	What must a CNA do to maintain his or her certification in your state?	If their certification expires, how do CNAs in your state re-certify?
Nebraska	Yes; two years after testing date or last work date	Work an unspecified number of hours within the previous two years	Provide proof that they have worked within the previous two years or retake the written and clinical exams
Nevada	Yes; every second birthday	400 hours of work; 24 hours contact hours of in-service/continuing education; renewal form	Depends on original certification; potentially retraining and retesting
New Hampshire	Yes, two years	200 hours of practice as a nursing assistant under the supervision of a licensed nurse; 12 hours of continuing education contact hours per year	Repeat the written and clinical competency portion of the Nursing Assistant Training Requirement; obtain the continuing education contact hours
New Jersey	Yes; two years	Pass criminal background check every two years; work one seven-hour shift; have employing facility sign renewal mailer; and pay a \$30 recertification fee	If trained more than 5 years ago, must retrain, reskill, and retest; if trained less than 5 years ago, must reskill and retest
New Mexico	Yes; two years	Work at least 8 hours for pay	If less than two years have passed since expiration, aides must retest; if more than two years have passed since expiration, aides must retrain and retest
New York	Yes; two years	Work at least 7 hours for pay in a nursing home or other approved health care setting	Retrain and retest or just retest if they attended an approved nurse aide training program after 1 July 1989
North Carolina	Yes; twenty-four months from the last date the individual worked as a nurse aide	Work at least 8 hours for pay under RN supervision in each 24 month period	Complete a nurse aide training and competency evaluation or competency evaluation program
North Dakota	Yes; two years after the last 8 hour shift worked by the CNA	Work at least 8 hours in a 24 month period	Some will need to retest; others can meet renewal requirements within a day or two of certification expiration and be renewed
Ohio	Yes; two years	Work one shift every two years	Must be retrained
Oklahoma	Yes; two years (CMA certification expires yearly)	Work 8 hours in a nursing facility	Prove they worked 8 hours in the last two years; retest both written and clinical between two and three years; retrain after three years

State	Does CNA certification expire in your state, and if so, after what time period?	What must a CNA do to maintain his or her certification in your state?	If their certification expires, how do CNAs in your state re-certify?
Oregon	Yes; two years	Work 400 hours for pay under the supervision of a nurse	To reactive within 2 years of expiration: application, fee, and either proof of 400 hours of employment within the last two years or passing a competency exam in the last two years; to reactive after two years since expiration: retrain and retest
Rhode Island	Yes; two years	Work an 8-hour shift in a long-term care facility	Retrain and retest
South Dakota	Yes; two years	Work 8 hours	If they have worked as a nurse aide, they must complete a renewal notice; if they have not worked, they must complete a refresher course and re-test
Tennessee	Yes; two years	Work at least one 8 hour shift	Retrain and retest
Texas	Yes; two years after last verified employment date	Verify employment	Retest or retrain and retest
Utah	Yes; two years	Work at least 200 hours	Submit a renewal
Vermont	Yes, two years	Work 400 hours under the supervision of an RN every two years	Submit renewal form
Virginia	Yes; two years	Submit renewal application with fee and evidence that he or she has performed nursing related duties for compensation	Apply for reinstatement and pay reinstatement fee; must demonstrate competence by work experience or by retaking and passing the nurse aide competency examination
Virgin Islands	Yes; two years	Work 80 hours; submit renewal; maintain CPR certification	Volunteer or work 80 hours in a facility; maintain or gain CPR certification; pay \$200 and a \$75 renewal fee

State	Does CNA certification expire in your state, and if so, after what time period?	What must a CNA do to maintain his or her certification in your state?	If their certification expires, how do CNAs in your state re-certify?
Washington	Yes; every year on his or her birthday	Submit renewal application and pay applicable fee	Within one year of expiration, must submit renewal and pay both a renewal fee and a \$25 late fee; between one year and three years following expiration, must submit a reactivation application and pay both a renewal fee and a \$25 late fee; if more than three years since expiration, must submit reactivation application, retrain, and retest with the Dept of Social and Health Services
Wisconsin	Yes; two years	Perform nursing related duties for pay under the supervision of an RN or LPN for at least 8 hours	Must take the National Nurse Aide Assessment Program (NNAAP) examination.
Wyoming	Yes; December 31 of even years	16 hours practice and 24 hours continuing education	Recertification process in which they must meet competency requirements

State	Does your registry serve as a licensing board or credentialing body?	Do nurse aides have to pay a fee to be licensed or certified?	Do nurse aides have to pay a fee to be re-certified if their certification expires? If so, do they pay for the fee or do their employers?
Alabama	Yes	No	No
Alaska	Yes	Yes; application by examination is \$269 and application by endorsement is \$229	Yes; nurse aide or employer (\$120)
Arizona	Yes	Examination applicants and renewal applicants do not pay a fee unless they want a wallet card to carry; endorsement applicants pay a fee	No
Arkansas	No	Nurse aides must pay a fee to be certified if they are not employed by a Medicaid certified nursing home or if they do not intend to seek employment.	Nurse aides must pay a fee to be re-certified if they are not employed by a Medicaid certified nursing home or if they do not intend to seek employment.
California	No	Yes; a fingerprint card processing fee of \$32 and an application fee of \$15	Yes; nurse aide pays (\$30)
Connecticut	No	Yes; \$120 to take the exam and to be listed on the registry for the first time; \$53 fee for reciprocity applicants to get onto the registry	Yes; employer or nurse aide depending on the situation
Delaware	No	Yes; \$99 fee for competency test, to be paid by facility or CNA if not employed within 12 months of taking the test	No, but there is a fee (\$99) for retaking the competency test; if CNA is employed by a nursing facility, the facility pays the fee and is reimbursed by the state; if the CNA is not employed, he or she pays the fee; if the CNA receives employment within 12 months of taking the test, the facility hiring the CNA reimburses this cost
Florida	Yes	Yes (\$52)	No
Georgia	No	No	No

State	Does your registry serve as a licensing board or credentialing body?	Do nurse aides have to pay a fee to be licensed or certified?	Do nurse aides have to pay a fee to be re-certified if their certification expires? If so, do they pay for the fee or do their employers?
Idaho	No	No	No
Illinois	No	No	No (except for the cost of retraining)
Indiana	No	No	No
Iowa	Yes	No	No
Kentucky	No	No	Yes; employer or nurse aide if not employed (\$75)
Louisiana	Yes	No	No
Maine	Yes	No	NA - CNAs are reactivated rather than recertified; the certificate itself never expires
Maryland	Yes	Yes; a \$20 initial application fee	Yes; licensed nursing homes pay for the CNA's renewal, in other settings the CNA pays (\$30)
Massachusetts	Yes	No, but there is a fee for taking the test	No, but there is a fee for retaking the test

State	Does your registry serve as a licensing board or credentialing body?	Do nurse aides have to pay a fee to be licensed or certified?	Do nurse aides have to pay a fee to be re-certified if their certification expires? If so, do they pay for the fee or do their employers?
Michigan	Yes	Yes	Yes; if working in a nursing, home, the facility reimburses the nurse aide; otherwise, the individual pays the renewal fee
Minnesota	No	No, but there is a fee for taking the test	No, but there is a fee for retraining and retesting
Mississippi	Yes	No	Certified Nurse Aides employed in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying for their own recertification; nurse aides that are not employed in a Medicaid/Medicare nursing home are permitted to pay for recertification
Missouri	Yes	No	No
Montana	No	No	Facilities cover own costs but are reimbursed by Medicaid; student pays for training at college or private program, but are reimbursed upon being hired.
Nebraska	No	No	No
Nevada	No	Yes (\$50)	Yes; nurse aide pays
New Hampshire	Yes	Yes (\$20)	Yes; nurse aide or employer
New Jersey	Yes, but in conjunction with vendor	Yes	Yes; nurse aide pays (\$30)
New Mexico	Only for reciprocities	Yes	Yes
New York	Yes	Cost of retesting is \$115; cost of reciprocity is \$50	Yes; employer pays (\$40)

State	Does your registry serve as a licensing board or credentialing body?	Do nurse aides have to pay a fee to be licensed or certified?	Do nurse aides have to pay a fee to be re-certified if their certification expires? If so, do they pay for the fee or do their employers?
North Carolina	No	Nurse Aide I Registry: No Nurse Aide II Registry: Yes	Nurse Aide I Registry: No Nurse Aide II Registry: Yes Nurse Aide IIs pay the fee
North Dakota	No (but the Board of Nursing does)	Licensed aides pay a fee to the Board of Nursing. Certified Nurse Aides do not pay a fee for renewal	No
Ohio	No	Yes	Yes; nurse aide pays
Oklahoma	Yes	\$5 per card or certification (many have multiple certifications)	Yes; nurse aide pays (\$5)
Oregon	No	Certification fee to take exam and to apply (\$106)	Yes; facility or nurse aide if unemployed
Rhode Island	Yes	Yes (\$24)	Yes; nursing home or student if program is conducted by another type of agency
South Dakota	Yes	No	No
Tennessee	Yes	No	No
Texas	No	No	Fees for training and testing, but no fees for registry
Utah	No	No; only test fees	Yes; nurse aide pays (\$10)
Vermont	Yes	Yes (\$20)	Yes; nurse aide pays (\$25)
Virginia	Yes	No, but there is an examination fee paid directly to company that administers the exam	Yes; nurse aide pays, unless employer pays for them (\$45)
Virgin Islands	No	Yes; test scoring is outsourced and requires fee	Yes; nurse aide pays (\$200 plus \$75 renewal fee)
Washington	No	Yes	Yes

State	Does your registry serve as a licensing board or credentialing body?	Do nurse aides have to pay a fee to be licensed or certified?	Do nurse aides have to pay a fee to be re-certified if their certification expires? If so, do they pay for the fee or do their employers?
Wisconsin	No	There is a \$100 fee to take the National Nurse Aide Assessment Program examination	There is a \$100 fee to take the National Nurse Aide Assessment Program examination
Wyoming	Yes	Yes; \$60 certification and \$50 renewal	Yes; nurse aide or employer (\$60)

State	Can CNAs maintain their certification through continuing education? If so, how many hours do they need?	Does your state allow nurse aides to take a challenge test, the successful completion of which allows for certification regardless of the number of hours of training a nurse aide has completed?	Would you like a copy of the final results of this survey e-mailed to you upon its completion?
Alabama	No	No	Yes
Alaska	Need 24 hours of continuing education, but must also have employment hours to renew	No	Yes
Arizona	No	No	Yes
Arkansas	No	May challenge the test if he or she has received another specified form of healthcare training	No
California	Need 48 hours of continuing education, but must also work 8 hours and pay \$20 renewal fee	May challenge the test one time in lieu of continuing education hours. The cost of taking the test with the American Red Cross is \$85 and with the Chancellor's Office of the State of California is \$80	Yes
Connecticut	Yes, if they are enrolled in school or working towards their LPN or RN training	Only RN and LPN students	Yes
Delaware	No	Nursing students enrolled in a nursing program who have satisfactorily completed a basic hands on nursing course with a clinical component, military trained individuals with a nursing or medical specialist training who have performed nursing related services within the last 24 months, previously Delaware certified CNAs with a lapsed certification, and CNAs in good standing outside the state of Delaware who have less than 150 hours of training or less than 3 months of full time employment as a CNA may all take a challenge test	Yes
Florida	No	Yes, the only requirement is that the person have at least a GED	Yes
Georgia	No	Only RN students	Yes

State	Can CNAs maintain their certification through continuing education? If so, how many hours do they need?	Does your state allow nurse aides to take a challenge test, the successful completion of which allows for certification regardless of the number of hours of training a nurse aide has completed?	Would you like a copy of the final results of this survey e-mailed to you upon its completion?
Idaho	No	Nursing students who have taken Fundamentals of Nursing, a physician or licensed nurse from another state or country may challenge the certification test. Other conditions exist as well.	No
Illinois	No	No	Yes
Indiana	No	Only currently enrolled nursing students who have completed a fundamentals of nursing course or nurse aides who move to Indiana and are current on their state registry	Yes
Iowa	Must have 12 hours of CEUs per year, but they must also meet the 8-hour employment requirement	Yes	Yes
Kentucky	No	No, with one exception: individuals who have successfully completed either a prelicensure practical nursing or registered nursing education program are not required to take 75 hours of training within one year of completing the program	Yes
Louisiana	No	No	Yes
Maine	Must have 24 hours of continuing education every 24 months, but they must also work a minimum of 8 hours	No	Yes
Maryland	In some instances there is a continuing education requirement in addition to the 16 hours of active practice requirement	No	Yes
Massachusetts	No	Yes, if applicant has work experience and a comparable form of training	Yes

State	Can CNAs maintain their certification through continuing education? If so, how many hours do they need?	Does your state allow nurse aides to take a challenge test, the successful completion of which allows for certification regardless of the number of hours of training a nurse aide has completed?	Would you like a copy of the final results of this survey e-mailed to you upon its completion?
Michigan	No	No	Yes
Minnesota	No	Yes	Yes
Mississippi	No	Only when certification has lapsed	Yes
Missouri	Need 12 hours of continuing education, but this does not maintain their certification	Only under certain circumstances	Yes
Montana	12 hours of in-service required each year; in-services provided by facilities; in-service hours do not replace required work hours	Yes	Yes
Nebraska	No	No	Yes
Nevada	Need 24 hours of continuing education, but must also have employment hours to renew	No	Yes
New Hampshire	Need 12 hours of continuing education, but must also have employment hours	Challenge tests are approved only when applicant produces documentation of comparable education; i.e., a minimum of 100 hours of formal training comparable to LNA training	Yes
New Jersey	While there is no requirement for continuing education as a condition of recertification, nurse aides are required to accumulate 12 hours of CEUs every year.	May challenge the test if he or she has received another specified form of healthcare training	Yes
New Mexico	No	Under certain circumstances	Yes
New York	No	No	Yes

State	Can CNAs maintain their certification through continuing education? If so, how many hours do they need?	Does your state allow nurse aides to take a challenge test, the successful completion of which allows for certification regardless of the number of hours of training a nurse aide has completed?	Would you like a copy of the final results of this survey e-mailed to you upon its completion?
North Carolina	No	Nurse Aide Is may take a challenge test; Nurse Aide IIs may not	Yes
North Dakota	No	Yes	Yes
Ohio	No	No	Yes
Oklahoma	CMA is maintained through continuing education	No	Yes
Oregon	No (although medication aides have a continuing education requirement)	Only nurse aides who are certified in other states and then move to Oregon are allowed to take a challenge test	Yes
Rhode Island	No	No	Yes
South Dakota	No	Nursing students who have completed the Basic Nursing Class	Yes
Tennessee	No	No, except if a person has received 75 hours of similar training	Yes
Texas	No	No	Yes
Utah	No	Only if they are members of the military and have a current DD214 or are nursing students having completed nursing fundamentals; also foreign nurses	Yes
Vermont	No	No	Yes
Virginia	No, though facilities have their own requirements	No	Yes
Virgin Islands	No	No	Yes
Washington	No	Only if the candidate can prove that he or she passed training that meets or exceeds state requirements	Yes

State	Can CNAs maintain their certification through continuing education? If so, how many hours do they need?	Does your state allow nurse aides to take a challenge test, the successful completion of which allows for certification regardless of the number of hours of training a nurse aide has completed?	Would you like a copy of the final results of this survey e-mailed to you upon its completion?
Wisconsin	No	No	Yes
Wyoming	No, though nurse aides are required to have 24 hours of continuing education	No	Yes