

# INSTRUCTIONS FOR COMPLETING THE IOWA DIRECT CARE WORKER REGISTRY APPLICATION

The Iowa Direct Care Worker Registry Application **only** needs to be completed in the following instances:

1. When a Direct Care Worker on the Registry has changed their name (legally or through marriage or divorce) or place of residence **and** has not logged into the website to make the corrections.
2. When a Direct Care Worker is transferring into Iowa from another state.
3. When an applicant is not found on the Registry. This individual must enroll in and complete the 75-hour (minimum) course plus competency test (written & skills) within 4 months of hire date. The Registry does receive the address from the testing sites upon completion of the skills portion of the test.

## Section 1:

This portion of the application is to be completed by the Direct Care Worker. It is imperative that all areas are completed and signed by the Direct Care Worker.

**If the DCW is transferring from another State**, please use the “State Certified (if other than IA)” field to indicate state(s) where the DCW is presently active. Please include a copy of the DCW’s present Registry certification card, if available, as well as a legible copy of their Social Security card. **You do not need to mail or fax these instructions back to the Registry.**

For all CNAs, please complete the “Employment History” section of the form for the last three years of employment as a CNA. This will allow us to verify that we have all employer information in order to maintain a DCW’s active status. This employment must be verifiable, as all employers will be contacted for confirmation. Please list employment in date order, starting with the most recent. **Make sure you give complete MM-DD-YYYY dates for each hire and separation.**

## Section 2 for an Iowa-based Hiring Facility:

This portion of the application is to be completed by the Iowa employer **if** the CNA has a pending job offer. The DON or other authorized individual can leave this blank if there has not been. It is imperative that all areas are completed and signed by the.

Also, please provide the hire date at your entity in section 2 in the “Hire Date” field. If the individual no longer is employed at your entity, please provide the separation date in the “Separation Date (if applicable)” field. If you have questions, please contact the Iowa Direct Care Worker Registry at 515-281-0108.

All information can either be mailed or faxed to the Registry. The mailing address and fax number are located at the top of the application form.

**It is the facility’s responsibility to contact the previous state’s Registry to verify status to have the 30-day employment option while the DCW Registry processes the CNA’s application. Many States will provide a license number and/or an expiration date.**

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**We no longer mail cards automatically to protect a CNA’s identity from being stolen.**  
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Cards can be securely printed from our website: [www.dia-hfd.state.ia.us](http://www.dia-hfd.state.ia.us), by either CNAs or Iowa facilities who are logged in with an account id and password. For CNAs an account id is the last 4-digits of the CNA’s Social Security Number, an underscore, and the first initial of their first and last name, capitalized (6789\_FL). The temporary password is the first 5-digits of the CNA’s Social Security Number, an underscore, and the first initial of their first and last name, capitalized (12345\_FL). There are situations when this format may differ. If you are unable to access a record with the formats given, please contact the Iowa Direct Care Worker Registry at 515-281-0108.

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**If you do not have access to the internet, or to a printer, and would like a card to be mailed, please indicate this on the application form, and one will be sent to you.**  
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