



New Mexico Department of Health
New Mexico Nurse Aide Training and Registry
RECIPROCITY FORM

Email, Fax or send via mail to:

CNAR Coordinator
Division of Health Improvement
5301 Central Avenue NE
Suite 1510, Room 11
Albuquerque, NM 87108
CNA.registry@state.nm.us

FAX: (505) 841-6551

Four documents are required for reciprocity to New Mexico from other states: Reciprocity Form, Copy of Driver's License or Identification to include Date of Birth, Copy of Social Security Card, and Copy of current, active certification(s).

1. Full Name _____
(First, Middle and Last Name)

If there is a name change on any of the documents DOH requires; a copy of the document which has changed the last name via marriage license (maiden name), divorce decree or other then a document must accompany the documentation submitted for proof of name change of the nurse aide.

2. Email address: _____
3. Two Contact Phone Numbers: _____ / _____
4. Permanent Mailing Address (P.O. Box): _____

5. Copy of Driver's License or Identification to include Date of Birth
6. Copy of Social Security Card
7. Copy of the current, active certification(s) (it must be in good-standing)

ALL COPIES MUST BE LEGIBLE