



MICHELLE LUJAN GRISHAM  
Governor

PATRICK M. ALLEN  
Cabinet Secretary Designate

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  
5300 Homestead Road NE  
Suite 300-3116  
Albuquerque, NM 87110

[CNA.Registry@doh.nm.gov](mailto:CNA.Registry@doh.nm.gov)

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**