



MI-NATES USER GUIDE

FOR

NURSE AIDES

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1) Overview

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System (MI-NATES) is a web-based application that automates the process for applications, renewals, enforcement, communication, and payments related to nurse aide registrations, nurse aide trainer permits, and nurse aide training program permits in Michigan.

2) Login to MI-NATES: Once the user has successfully created their MI-NATES account (reference the MI-Login Account Set Up for MI-NATES Manual available at www.michigan.gov/bchs), the Nurse Aide will log in with the Username and Password they created and click **Submit**.



MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

Login to MI-NATES

MI-NATES is the State of Michigan's online system for management of Nurse Aides (NA), Nurse Aide Trainers (NAT), and Nurse Aide Training Programs (NATP).

Please login below to continue.

User Name:

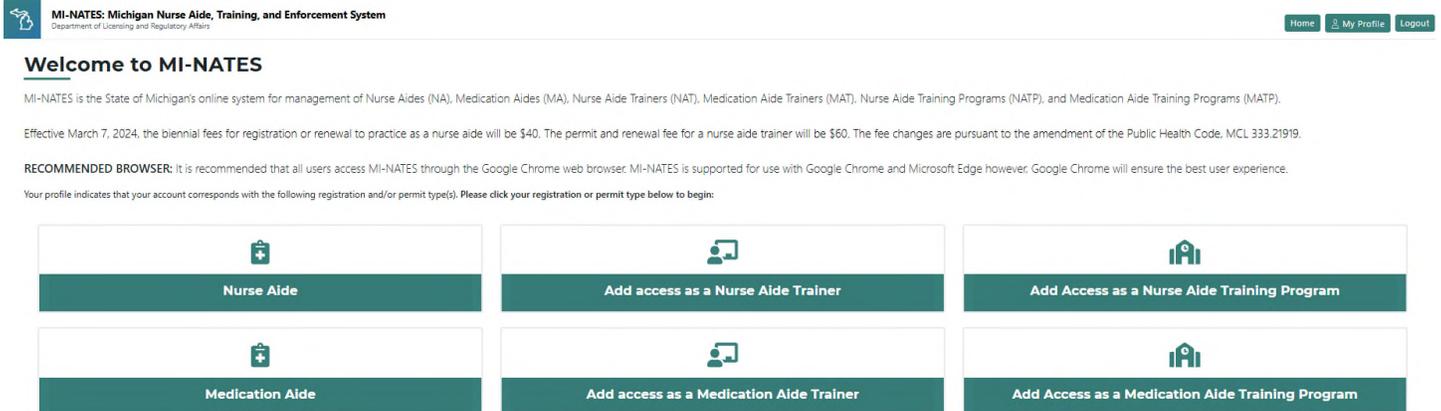
Password:

Submit

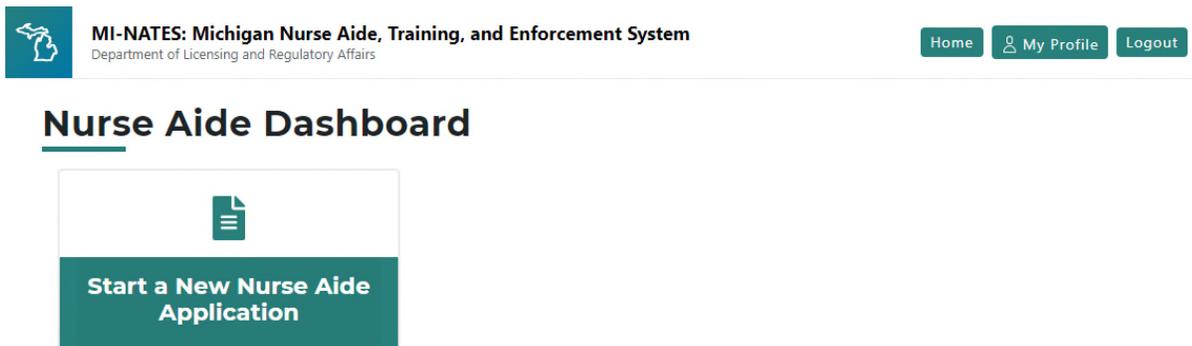
Register

The user will then be directed to the Welcome to MI-NATES screen.

3) Welcome to MI-NATES: This screen has several options, the upper righthand corner has a Home, My Profile and Logout button (these buttons are available on all screens and may be utilized at any time). There are 3 additional buttons in the center of the screen offering the user access to the Dashboard, as well as the option to add a other registration or permit types to their account. The user current will select their current registration/permit type, ie...“Nurse Aide”, selecting this box will take the user to their dashboard.



4) MI-NATES Dashboard: After logging into MI-NATES and selecting the Nurse Aide (NA) button, the user will be redirected to their main dashboard which will provide options based on the status of their registration. It is here that the NA may make name and address changes/corrections, apply for a first-time registration or a renewal, if applicable. The NA may also view their status, print a certificate of registration or view enforcement actions taken against the NA’s registration.



4a) New Application for Nurse Aide Registration: This application is used to request a certificate of registration as a nurse aide in Michigan. It is to be completed only after you have met the training and testing requirements to become registered in Michigan. If you have not met the training and/or testing requirements, please contact Headmaster at michigan@hdmaster.com or (888) 401-0462. The application can also be submitted by nurse aides interested in obtaining a Michigan nurse aide registration under reciprocity from another state. The on-line application

must be completed in its entirety, there are three tabs to be completed: 1) Applicant Information, 2) Registration Option and 3) Pay and Submit.

1) Applicant Information: This screen will auto-populate with the information provided during your first time logging in to MI-NATES. Prior to submitting your application, you are allowed the opportunity to update your date of birth and social security number, in case of typos. You can also use this screen to request a name change, if applicable. If all information is correct on the screen, click, NEXT. Applications can also be saved as a draft by clicking SAVE.

Application for Nurse Aide Registration

This application is to request registration as a nurse aide in Michigan. It is to be completed only after you have met the training and testing requirements to become registered in Michigan. If you have not met the training and/or testing requirements, please contact Headmaster at michigan@hdmaster.com or (888) 401-0462.

1 Applicant Information 2 Registration Option 3 Pay and Submit

Applicant Information

First Name*	Middle Initial	Last Name*	Previous Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth*	Last 4 Digits of Social Security Number*
<input type="text"/>	<input type="text"/>

Street Address*		
<input type="text"/>		
City*	State*	Zip*
<input type="text"/>	<input type="text"/>	<input type="text"/>
County*		
<input type="text"/>		
Phone Number*		
<input type="text"/>		
Email Address*		
<input type="text"/>		

2) Registration Option: This screen allows the user to specify if they are applying for a New Registration or if they are applying for a Michigan Registration through Reciprocity from a Michigan approved state.



Application for Nurse Aide Registration

This application is to request registration as a nurse aide in Michigan. It is to be completed only after you have met the training and testing requirements to become registered in Michigan. If you have not met the training and/or testing requirements, please contact Headmaster at michigan@hdmaster.com or (888) 401-0462.

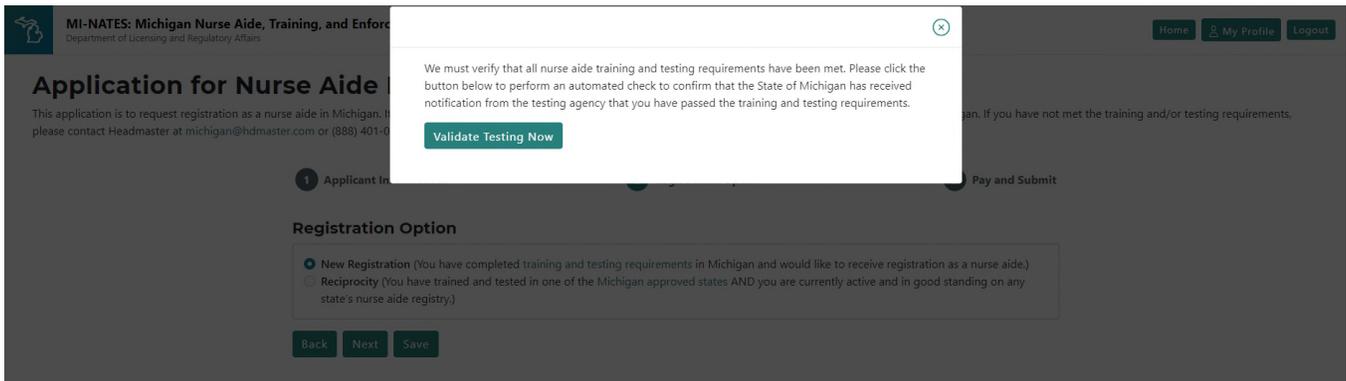
- 1 Applicant Information
- 2 Registration Option
- 3 Pay and Submit

Registration Option

- New Registration** (You have completed training and testing requirements in Michigan and would like to receive registration as a nurse aide.)
- Reciprocity** (You have trained and tested in one of the Michigan approved states AND you are currently active and in good standing on any state's nurse aide registry.)

Back Next Save

2a) A new registration is available to applicants that have completed all training requirements and have successfully passed the required testing in Michigan. Selecting this option will prompt a screen to validate the completion of all required training and testing, based on the information shared with us by the testing agency. When selecting “New Registration” the user will be required to “Validate Testing.”



2b) Reciprocity: For applicants that currently hold a nurse aide certificate of registration in another state, the State of Michigan will grant reciprocity under the conditions listed in Section 333.21913 of the Michigan Public Health Code. Candidates seeking reciprocity must be in good standing from a state that meets the Michigan Requirements for reciprocity to be eligible for certification in Michigan.

When selecting “Reciprocity” the user will be required to select the state in which they are currently registered, enter their registration number from the other state and confirm they currently have an active registration that is in good standing with no substantiated allegations of abuse, neglect, or misappropriation. Once completed the user will select “NEXT”. Selecting “NEXT” will take the user to step 3, Pay and Submit, the last step of the application process.

MI-NATES
Department of Licensing and Regulatory Affairs

Profile Logout

Select the state that you are requesting reciprocity from to obtain a registration in the state of Michigan:

State*
XXXXXXXX

Registration Number*
1234

Is the status of your registration in this state currently active?*

Yes
 No

Is your registration in this state currently in good standing with no substantiated allegations of abuse, neglect, or misappropriation?*

Yes
 No

Back Next

3) Pay and Submit: This screen allows the user to pay the application fee and submit the NA application for registration with the State of Michigan

3a) E-SIGNATURE: User must accept the e-signature conditions by checking the accept box and entering their first and last name. User will then select “Click here to submit application and provide payment information” where the user will be directed to another screen to pay the application fee online.

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Department of Licensing and Regulatory Affairs

Home My Profile Logout

Application for Nurse Aide Registration

This application is to request registration as a nurse aide in Michigan. It is to be completed only after you have met the training and testing requirements to become registered in Michigan. If you have not met the training and/or testing requirements, please contact Headmaster at michigan@hdmaster.com or (888) 401-0462.

1 Applicant Information 2 Registration Option 3 Pay and Submit

Pay and Submit

E-SIGNATURE

By submitting my electronic application and entering my name below, I certify:

- All information provided in this document is true and correct to the best of my knowledge.
- I meet and will follow any applicable federal regulations, state regulations, and administrative rules.
- I understand that a false statement or dishonest answer by me may be grounds for disciplinary action against my permit/registration or may be punishable by law.
- I understand that I am prohibited from employment in a covered facility under the Michigan Public Health Code if I have had a substantiated finding against me for abuse, neglect, and/or misappropriation of resident property.
- I understand that there is a non-refundable application fee of \$20.00.

Accept *

First Name *
Last Name *

This is a required field. This is a required field.

In order to complete the process, you must click the submit button below and successfully make your payment. Clicking the submit button below will redirect you to the payment screen. After your payment is complete, you will have the ability to print a copy of this document. You will also have the ability to print it at a later time by logging into your account and accessing your history screen.

[Back](#) [Save](#) [Click here to submit application and provide payment information](#)

3b) Payment-Application Fee –Once the payment request screen displays, select “Next”.

Payment Method

State of MI Nurse Aide Payment Request

Welcome to the payment processing module for State of MI Nurse Aide.

This process is being used as a secure means of processing credit card authorizations.

Payment may be made with a valid Visa, MasterCard, Discover, or American Express.

To begin the payment process, click the "Next" button in the box below.

* Indicates required field

Choose Method Of Payment

Pay with new account

Pay by credit card

[Back](#) [Next](#) [Exit](#)

[MI.gov Home](#) | [Policies](#) | [Accessibility](#) | [Disability Resources](#) | [FOIA](#) | [Departments](#)

The payment screen will require the user’s name and address along with the credit card information in order to submit the on-line application fee. Once the form is completed, the user will select “Next”

Payment Information

State of MI Nurse Aide Payment Request

To continue the payment process, complete the required fields and click the "Next" button in the box below.

If you have entered a valid email address, the confirmation email will be received from noreply@fiserv.com.

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Country:

*Phone:

*E-Mail:

Payment Details

*Payment Amount: 20.00 USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date: * Month * Year

*Card Verification Value(CVV2): [What's This?](#)

[Back](#) [Next](#) [Exit](#)

By selecting “Next”, the user will be redirected to the confirmation page which will allow the user to verify their information and confirm it is accurate by selecting “Pay Now” at the bottom of the box.

Payment Review

State of MI Nurse Aide Payment Request

To confirm your payment information, click on "Pay Now" in the box below.

Address
Billing Address: [Redacted]
Payment Method
Credit Card: VISA [Redacted]
Payment Amount
Amount: 20.00 USD Total: 20.00 USD
<input type="button" value="Back"/> <input type="button" value="Pay Now"/> <input type="button" value="Exit"/>

Once the user selects "Pay Now", they will be redirected to the Nurse Aide Dashboard where the newly assigned registration number will appear, along with the active status and expiration date of the registration. The user may click on the registration number in order to open the newly created account and can then view/print their certificate of registration, as well as make any necessary changes to their record.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

[Home](#)
[My Profile](#)
[Logout](#)

Nurse Aide Dashboard

Click a registration below to begin.

Registration #	Status	Expiration Date
MIKY05032023912828	ACTIVE	05/03/2025

5) REGISTRATION RENEWAL:

5a) Renewal Application for Currently Registered Nurse Aides:

A nurse aide registration must be renewed every 2 years.

Important information regarding renewing a CNA Certificate:

A renewal notice will be sent via email 45 days before the expiration date listed on the certificate. To receive this notice, it is important that your email address is accurate in MI-NATES.

A certificate must be renewed prior to the expiration date listed on the current certificate. It is encouraged to submit renewal requests and payment as soon as possible after receipt of a renewal notice (but cannot be done earlier than 45 days before the certification expiration date).

A renewal certificate is good for 24 months from the last certificate's expiration date. If a renewal is not submitted timely, or is incomplete, the certificate will lapse the day after the expiration date.

An individual may not work as a CNA with a lapsed or expired certificate.

Important information regarding a lapsed CNA certificate less than 24 months of its expiration date:

Individual will follow the standard renewal process above.

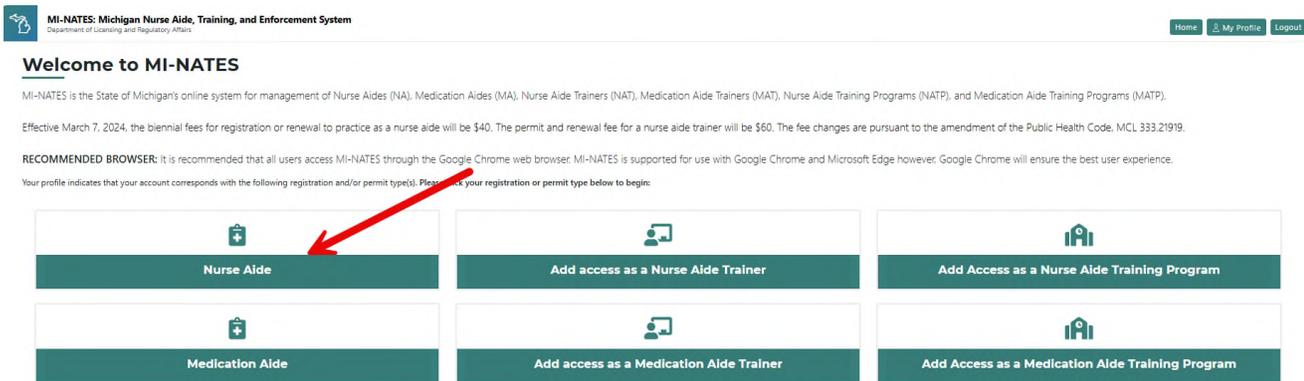
The individual is still required to acknowledge that they worked providing nursing or nursing related services for monetary compensation within the last 24 months prior to the expiration of the certificate.

If a lapsed certificate is renewed, the renewed certificate will only be valid for 24 months from the last certificate's expiration date.

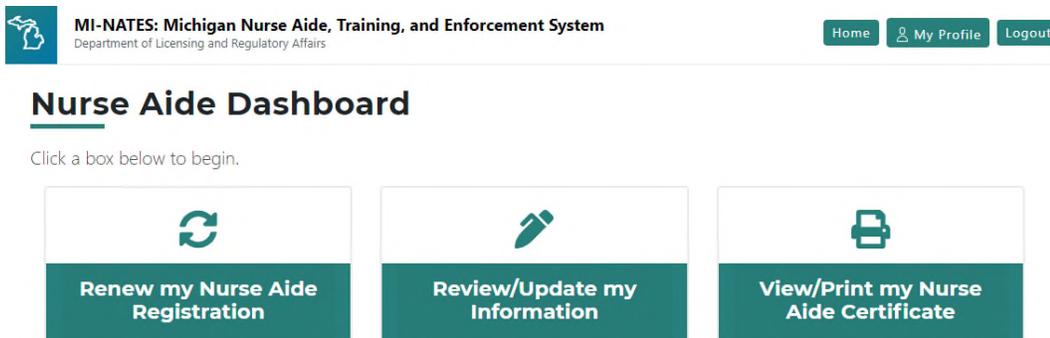
Important information regarding a lapsed CNA certificate greater than 24 months of its expiration date or an individual that cannot acknowledge the employment requirement within the last 24 months:

An individual must be removed from the registry in accordance with federal regulations and must retake a state-approved nurse aide training course and competency examination. An individual must apply as a new initial certification.

5b) Completing the renewal process: The NA can only renew their registration if they are in ACTIVE or LAPSED status. Upon selecting the Nurse Aide button from the Welcome screen, the second Dashboard screen with additional options will appear.



Here the user will find the options to Renew a registration, if applicable, Review/Update their information or View/Print their Certificate. If the registration is lapsed the option to view/print will not be available. Certificates can only be printed if the registration status is ACTIVE.



5c) Renewing A Nurse Aide Registration: By selecting “Renew My Nurse Aide Registration” tab the Renewal of Nurse Aide Registration screen will come up, this will allow the user to renew their NA registration on-line, on or before the expiration date of their current registration. The on-line application **must** be completed in its entirety. There are three tabs to be completed: 1) Applicant Information, 2) Employment Information and 3) Pay and Submit.

1) Applicant Information: The renewal application will allow the user to request a name change and/or update their information prior to renewing the registration. Once the user has verified that all information is accurate and up to date they will select “Save” and “Next”.

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Department of Licensing and Regulatory Affairs

Home My Profile Logout

Renewal of Nurse Aide Registration

This application is to renew your existing registration as a nurse aide in Michigan. You are required to renew your registration every two years. For additional information, please visit our website at LARA - Nurse Aide Registry.

1 Applicant Information 2 Employment Information 3 Pay and Submit

Applicant Information

First Name* Middle Initial Last Name* Previous Name (if applicable)

NAActive15DaysD NAActive15DaysD

Request Name Change

Date of Birth* Last 4 Digits of Social Security Number*

12/12/1980 1234

Street Address*

813 Ash St

City* State* Zip*

Port Huron Michigan 48819

County*

Ingham

Phone Number*

(517) 555-5555

Email Address*

testfacility10000@gmail.com

Update Contact Information

Next Save

In order to renew a nurse aide registration, the individual must acknowledge that they worked providing nursing or nursing related services for monetary compensation within the last 24 months prior to the expiration of the certificate. As of March 2026 registrants will also have to attest to having completed the required continuing education (CE).

2) Employment Information: Step two of the renewal application allows the user to indicate if they have completed the necessary employment requirements in order to renew their nurse aide registration. If the user has not met these requirements, the application will not allow them to move forward.

Payment Method

State of MI Nurse Aide Payment Request

Welcome to the payment processing module for State of MI Nurse Aide.
This process is being used as a secure means of processing credit card authorizations.
Payment may be made with a valid Visa, MasterCard, Discover, or American Express.
To begin the payment process, click the "Next" button in the box below.

* Indicates required field

Choose Method Of Payment

Pay with new account

Pay by credit card





User must fill in the billing address, payment method and select "next" in order to complete the renewal registration process.

Payment Information

State of MI Nurse Aide Payment Request

To continue the payment process, complete the required fields and click the "Next" button in the box below.
If you have entered a valid email address, the confirmation email will be received from noreply@fiserv.com.

* Indicates required field

Billing Address

Use Business Name

*First Name:

M.I.:

*Last Name:

*Street Line 1:

Street Line 2:

*City:

*State:

*Zip:

*Country:

*Phone:

*E-Mail:

Payment Details

*Payment Amount: 20.00 USD

Payment Method

*Name on Card:

*Card Number:

*Expiration Date: * Month
* Year

*Card Verification Value(CVV2): [What's This?](#)

Confirm all information is correct and select "Pay Now" to submit payment.

Payment Review

State of MI Nurse Aide Payment Request

To confirm your payment information, click on "Pay Now" in the box below.

Address	
Billing Address: [Redacted]	
Payment Method	
Credit Card [Redacted]	
Payment Amount	
Amount:	20.00 USD
Total:	20.00 USD
Back Pay Now Exit	

3c) Renewal Dashboard: If the Nurse Aide has renewed their registration prior to their current expiration date, their Nurse Aide Dashboard will now provide two options for printing a certificate of registration. The user may print their current (soon to expire) certificate and/or their newly renewed certificate with a future effective date and expiration date.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

Home My Profile Logout

Nurse Aide Dashboard

Click a box below to begin.

Review/Update my Information

The current certificate of registration, with a previous effective date 2 years prior and an expiration date soon to expire.

View/Print my Nurse Aide Certificate

Recently renewed certificate of registration with a current effective date and an expiration date 2 years in the future.

View/Print my Nurse Aide Renewal Certificate

6) Review/Update my Information: By selecting the Review/Update button the user will be directed to the Nurse Aide Profile screen. This screen contains the nurse aide's contact information, personal information, and Enforcement, History, Training/Testing, Correspondence, and Attachments, as applicable.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

Home My Profile Logout

Nurse Aide Dashboard

Click a box below to begin.

Review/Update my Information

View/Print my Nurse Aide Certificate

View/Print my Nurse Aide Renewal Certificate

6a) Your Nurse Aide Profile: Your Nurse Aide Profile Page is a comprehensive view of the details of your nurse aide registration.

Registration Number - This is your nurse aide registration number that will print on your certificate of registration and will appear on the public registry.

Current Effective Date - This is the date of your initial registration or your last renewal, as applicable.

Current Expiration Date - This is the expiration date of your registration.

Initial Effective Date - This is the earliest date on record that your registration was first active.

Status: The primary status of your registration is what will appear on the public registry. Registrations can also have secondary statuses assigned to track actions such as a pending name change request. Below are the definitions of the primary and secondary statuses for nurse aides.

Primary Statuses:

DRAFT - Application draft saved.

DECEASED - Registration holder is deceased.

VOLUNTARILY SURRENDERED - Registration holder has voluntarily surrendered their registration (this action can only be done if the registration does not have a history of misconduct or enforcement actions).

INACTIVATED - State agency has temporarily inactivated the registration.

REVOKED - State agency has revoked the registration.

SUMMARY SUSPENSION - State agency has summarily suspended the registration.

SUSPENDED - State agency has suspended the registration.

ACTIVE - Registration is active and in good standing.

LAPSED - Registration was not renewed timely and has lapsed.

Secondary Statuses:

CE CLASS - Registration holder is required to complete a continuing education class under the state agency's enforcement process.

PROBATION - Registration holder has been placed on probation under the state agency's enforcement process.

REPRIMAND - Registration holder has been reprimanded under the state agency's enforcement process.

NAME CHANGE REVIEW - Registration holder has submitted a name change request and it is pending review by the state agency.

PENDING MANAGER NEGLECT PETITION - Registration holder has submitted a petition to remove neglect findings from their registration and it is pending review by the state agency.

INFORMATION REQUESTED - State agency has requested information from the registration/permit holder and is waiting for the registration/permit holder to upload the information in MI-NATES

The "Edit Personal Information" button can be selected to update your contact information or request a name change. The Enforcement section will show any enforcement actions taken against the

registration, if applicable. The History section will display a history of all actions related to the registration. The Training/Testing section displays the training program and nurse aide test completion dates. The correspondence section contains a history of correspondence sent to the nurse aide via the MI-NATES system. The attachments section contains attachments uploaded by the nurse aide. This section can also be used to respond to any requests for information from the state agency.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

Home My Profile Logout

Your Nurse Aide Profile

Registration Number: MI0316202117	Status: REVOKED	
Current Effective Date: 03/16/2021	Current Expiration: 03/16/2023	Original Start: 03/16/2021

Personal Information

First Name: NAActive15DaysB	Middle Initial:	Last Name: NAActive15DaysB	Previous Name:
Date of Birth: 12/12/1980	SSN (Last 4 Digits): 1234		
Street Address: 813 Ash St			
City: Port Huron	State: Michigan	Zip: 48819	County: Ingham
Phone Number: (517) 555-5555	Email: testfacility10000@gmail.com		

[Edit Personal Information](#)

- > Enforcement
- > History
- > Training/Testing
- > Correspondence
- > Attachments

[Save](#)

USER PROFILE:

By selecting the "Edit Personal Information" button, the user is taken to their USER PROFILE screen.

Your User Profile screen shows the details associated with your MI-NATES user account. Initially, the information displayed is what was collected during your first-time login to your account, when you created your MI-NATES account profile.

If you need to update your contact information, click the button to "Edit Contact Info".

If you need to change your name, click the button to "Request Name Change".

To add a role (NA = Nurse Aide, NAT = Nurse Aide Trainer, and NATP = Nurse Aide Training Program), go to your home page and click to add access for the desired role. You cannot remove a role if you have a registration or permit that matches the role, regardless of the status of the registration or permit.

If your profile is associated with a nurse aide or a nurse aide trainer, you can make edits to the date of birth or social security number (in case of typos) only until your account is linked to a registration or permit. Once your profile is associated with a registration or permit, you cannot change your date of birth or social security number.

State users are unable to edit your profile information.

Once the user is on the “User Profile” screen they may request a name change by selecting “Request Name Change”, completing the on-line form, attach documentation supporting the name change and selecting “Submit Name Change Request”. Once submitted, the user will receive an e-mail indicating name change request has been submitted, the user may also print a copy of the request. A state worker will also receive an e-mail indicating a name change request has been submitted. The state worker will then review the request and either approve or deny the request. The user will receive notification via e-mail once the request has been received and processed. The user may also make any necessary changes to their mailing address, phone number or e-mail on this screen.

For nurse aides and nurse aide trainers:

If your name has changed, you must submit a name change request to be reviewed and approved by the state agency. Approval will only be granted if proof of the name change is attached to the request. If you have an active registration or permit, a notification will be sent to your email address on file once your name change request is approved. User must complete all boxes that have “*”. Once completed, the e-signature line and submit button will be accessible for the user to accept, sign, and submit their name change request.

To edit the user’s contact information, select the “Edit Personal Information” button and then select the “Edit Contact Info” button, this will make the boxes “editable” for any necessary updates or changes. Make required changes and SAVE.

Date of Birth: 12/12/1980 | Last 4 Digits of Social Security Number: 1234

Street Address *: 813 Ash St | City *: Port Huron

State *: Michigan | Zip *: 48819

County *: Ingham

Email *: testfacility10000@gmail.com | Phone *: (517) 555-5555

Edit Contact Info ← Once you select "Edit Contact Info" the boxes that can be edited will go from a shaded grey to white. The "*" indicates boxes that MUST have data in them in order to be saved.

Roles

NA NAT NATP

Save **Cancel**

6b) ADDITIONAL SCREENS: Viewing all other activities on the users record, Enforcement action, History of transactions, previous training/testing, correspondence, and attachments submitted.

ENFORCEMENT: The enforcement section will show basic information related to any enforcement actions taken against your registration. If anything is listed in this section, you can review your correspondence section below for notices that may have been sent regarding the enforcement.

Personal Information

First Name: NAActive15DaysA	Middle Initial:	Last Name: NAActive15DaysA	Previous Name:
Date of Birth: 12/12/1980	SSN (Last 4 Digits): 1234		
Street Address: 813 Ash St			
City: Port Huron	State: Michigan	Zip: 48819	County: Ingham
Phone Number: (517) 555-5555	Email: testfacility10000@gmail.com		

Edit Personal Information

▼ **Enforcement** ←

Type of Findings	Action Taken	Investigation Completed
Neglect	Suspension	03/06/2023

- > **History**
- > **Training/Testing**
- > **Correspondence**
- > **Attachments**

HISTORY: The history section displays a history of applications, renewals, actions, and status changes related to the registration.

Phone Number: (517) 555-5555	Email: testfacility10000@gmail.com
------------------------------	------------------------------------

[Edit Personal Information](#)

> **Enforcement**

▼ **History** 

03/06/2023 01:24 PM	State User
Added primary status SUSPENDED.	
03/06/2023 01:24 PM	State User
Removed primary status ACTIVE.	

Showing results 1 - 2 of 2

«« « 1 » »»

Items per page: 10 ▼

> **Training/Testing**

> **Correspondence**

> **Attachments**

[Save](#)

TRAINING/TESTING: The training/testing section displays the details related to the completion of your required nurse aide training program and testing completion.

Personal Information

First Name: NAExpires1DayA	Middle Initial:	Last Name: NAExpires1DayA	Previous Name:
Date of Birth: 12/12/1980	SSN (Last 4 Digits): 1234		
Street Address: 813 Ash St			
City: Port Huron	State: Michigan	Zip: 48819	County: Ingham
Phone Number: (517) 555-5555	Email: testfacility10000@gmail.com		

[Edit Personal Information](#)

> **Enforcement** ?

> **History** ?

▼ **Training/Testing** ? 

Training Program:	Date Completed:
-------------------	-----------------

> **Correspondence** ?

> **Attachments** ?

[Save](#)

CORRESPONDENCE: The correspondence section lists all electronic correspondence that has been sent via MI-NATES regarding your nurse aide registration. You can view and/or print the correspondence and any attachments, if applicable.

- > Enforcement ?
- > History ?
- > Training/Testing ?

▼ Correspondence ?

Notice Type	Date Sent	Method Sent	
NA Renewal Submitted	05/04/2023	Email	View Email Attachments: NA Certificate.pdf

- > Attachments ?

Save

ATTACHMENTS: The attachments section can be used to upload documents and information relative to your nurse aide registration. This is also where you would attach information that is requested by the state agency. Once an attachment is added and you save your record, the state agency will be notified that the information has been uploaded and you are no longer able to delete or modify the attachment. The state agency can only view your attachments. The state agency does not have the ability to update or delete them.

- > Enforcement ?
- > History ?
- > Training/Testing ?
- > Correspondence ?

▼ Attachments ?

WARNING: Once you upload an attachment and save, you will no longer be able to delete or change the attachment.

File Name	Date Attached	Description
No results found		

+ Add Attachment

Save

ENFORCEMENT ACTION: When the department issues a Notice of Intent to the Nurse Aide, an e-mail will be sent to the e-mail address of record, and the notification will post to the Nurse Aide’s MI-NATES dashboard under correspondence.

- > Enforcement ?
- > History ?
- > Training/Testing ?
- > Correspondence ?

Notice Type	Date Sent	Method Sent	
Notice of Intent	05/09/2023	Email	View Email Attachments: Notice of Intent.pdf

A new button will appear on the user's Dashboard "Submit an appeal to notice of intent". The user may select this button in response to the e-mail received regarding the Notice of Intent.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

Home My Profile Logout

Nurse Aide Dashboard ?

Click a box below to begin.



Review/Update my Information



View/Print my Nurse Aide Certificate



Submit an Appeal to Notice of Intent

Selecting the Submit an Appeal button will take the user to the next screen to select an option to either have a compliance conference, an administrative hearing or choose to not appeal at all.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System
Department of Licensing and Regulatory Affairs

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Submit an Appeal to Notice of Intent

Click here if you would like to participate in a compliance conference. If a resolution is not reached at the compliance conference, an administrative hearing will be scheduled.
 Click here if you would like to waive the compliance conference and instead proceed directly to an administrative hearing.

If you do not wish to appeal the Notice of Intent, please close this screen without making a selection. The proposed action stated in the Notice of Intent will be final. Additional communication will be sent after the 30-day allowance has passed.

An e-signature will be required unless the Nurse Aide Trainer elects to not appeal. If the user does not wish to appeal the Notice of Intent, simply close the screen without making a selection. The proposed action stated in the Notice of Intent will be final. Additional communication will be sent after the 30-day allowance has passed.

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E-SIGNATURE
By submitting this request and typing my name below, I hereby certify:

- I have received and read the Notice of Intent and understand my appeal rights.

Accept *

First Name * Last Name *

* This is a required field.

Additional information may be found on our website at www.michigan.gov/bchs. Should you have any questions or concerns regarding your account you may contact the department via e-mail: BCHS-CNA-Registry@Michigan.gov or by phone (517) 284-8961.