



**NMI BOARD OF NURSING**

P. O. Box 501458, CK

Saipan, MP 96950

Telephone: (670) 233-2263

Email: [contact@nmibon.info](mailto:contact@nmibon.info)

**APPLICANT'S CHECKLIST FOR CERTIFIED NURSING ASSISTANTS**  
**(ENDORSEMENT)**

1. \_\_\_\_\_ **Official Transcript –**

\_\_\_\_\_ **High School/GED.** Document must be an official documentation with the school's seal or authentication stamp(s) affixed. If a copy is being submitted, the school's certifying authority must sign the copy being submitted and the document presented to the Board must bear the original signature.

\_\_\_\_\_ **Certified Nursing Assistant Training.** This document must show evidence of completion of the certified nursing assistant training.

2. \_\_\_\_\_ **Current License.** A copy of the current unencumbered U.S. license.

3. \_\_\_\_\_ **Birth Certificate and Marriage Certificate** if name is different from the birth certificate. This document must be clear and legible. Amendments must be attached if applicable.

4. \_\_\_\_\_ **Pictures.** Upload an original U.S. passport type (2"x2" size) photos with white background taken within the past 6 months and must have a visible signature on the front bottom portion of the photo. Colored background will NOT be accepted.

5. \_\_\_\_\_ **Letter of Good Standing** from your employer within the past 5 years.

6. \_\_\_\_\_ **Fee(s).** A non-refundable application fee of **NMI-115: Endorsement: \$70.00.**