

# Supplemental Nursing Services Agency Registration Application

In accordance with [Minnesota Statutes, section 13.41 \(https://www.revisor.mn.gov/statutes/cite/13.41\)](https://www.revisor.mn.gov/statutes/cite/13.41), **all data submitted on this application shall be classified public information upon issuance of a license.**

Answer all questions completely and accurately to avoid unnecessary delay. Mail the completed application, fee payment, and applicable supporting documents to Minnesota Department of Health (MDH) (see last page for mailing address).

Registration renewal notices will be sent to the email address on file to receive correspondences from MDH at least 90 days prior to the registration expiration date. Renewal registration applications should be submitted at least 30 days prior to the expiration date of the current registration via the [Minnesota Improved Customer Service Delivery \(https://icsd.web.health.state.mn.us/security/login.do\)](https://icsd.web.health.state.mn.us/security/login.do) system.

The undersigned hereby makes application to operate a supplemental nursing services agency (SNSA) subject to the provision of [Minnesota Statutes, section 144A.70 \(https://www.revisor.mn.gov/statutes/cite/144A.70\)](https://www.revisor.mn.gov/statutes/cite/144A.70).

**Keep a copy of the application and attachments for your records.**

## Identification

Minnesota Statutes, section 144A.71, subdivision 1

(<https://www.revisor.mn.gov/statutes/cite/144A.71#stat.144A.71.1>) states that each separate location of the business of a supplemental nursing services agency shall have a separate registration.

Agency Name (doing business as): \_\_\_\_\_

Agency Physical Address: \_\_\_\_\_

(P.O. Box address without a street address is unacceptable.)

City/State/Zip: \_\_\_\_\_

☐ Check here if mailing address is the same as physical address above.

Telephone Number: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

▪ Direct Email Address: \_\_\_\_\_

▪ Direct Phone Number: \_\_\_\_\_

Name and title of person responsible for completing application: \_\_\_\_\_

Email to receive correspondences from MDH: \_\_\_\_\_

☐ Check here if email is the same as the Administrator.

County in which the agency is located: \_\_\_\_\_

Provide at least one (1) county in Minnesota in which the agency plans to provide services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Ownership

Fill in the code that corresponds to the type of entity legally responsible for operating the facility: \_\_\_\_\_

Governmental Non-Federal	Governmental Non-Profit	Non-Governmental for Profit	Other
11. State 12. County 13. City 14. City-County 15. Hospital district of Authority	20. Church-related 21. Nonprofit Corporation 22. Other Nonprofit Ownership	23. Individual 24. Partnership 25. Corporation 26. Group 28. Limited Liability Company 29. Business Trust 30. Housing and Redevelopment Employment	27. Tribal

Provide the legal entity name that is responsible for the operation of this facility, as it appears on file with the [Office of the Minnesota Secretary of State \(https://mbisportal.sos.state.mn.us/Business/Search\)](https://mbisportal.sos.state.mn.us/Business/Search).

\_\_\_\_\_

\_\_\_\_\_

Federal Tax Identification Number (FEIN) registered with the [Internal Revenue Service \(IRS\)](https://www.irs.gov/) (<https://www.irs.gov/>): \_\_\_\_\_

Minnesota Tax ID Number as registered with [Minnesota Department of Revenue](https://www.revenue.state.mn.us) (<https://www.revenue.state.mn.us>): \_\_\_\_\_

President/Owner Representative Name: \_\_\_\_\_

Management Agent Name (if different from owner): \_\_\_\_\_

- Title: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- City: \_\_\_\_\_
- State: \_\_\_\_\_
- Zip: \_\_\_\_\_

## Specific Information

Minnesota Statutes, section 144A.70, subdivision 4

(<https://www.revisor.mn.gov/statutes/cite/144A.70#stat.144A.70.4>) states a "Health care facility" means:

*a hospital, boarding care home, or outpatient surgical center licensed under sections 144.50 to 144.58; a nursing home or home care agency licensed under this chapter; an assisted living facility licensed under chapter 144G; or a board and lodging establishment that is registered to provide supportive or health supervision services under section 157.17.*

What other Minnesota health care facility licenses does the owner hold? Check all that apply and list the Health Facility Identification Number (HFID).

Facility type	HFID
<input type="checkbox"/> Assisted Living	
<input type="checkbox"/> Boarding Care Home	
<input type="checkbox"/> Board and Lodging Establishment	
<input type="checkbox"/> Home Care Agency	
<input type="checkbox"/> Hospital	

Facility type	HFID
<input type="checkbox"/> Nursing Home	
<input type="checkbox"/> Outpatient Surgical Center	
<input type="checkbox"/> Supervised Living Facility	
<input type="checkbox"/> Supplemental Nursing Services Agencies	

Complete the table below. List the approximate number of employees who will provide services to a Minnesota health care facility preceding the supplemental nursing services agency registration.

Employees Providing Supplemental Nursing Services	Approx. Number of Employees	Minnesota Health Care Facility Types
Registered Nurses		<input type="checkbox"/> Assisted Living <input type="checkbox"/> Boarding Care Home <input type="checkbox"/> Board and Lodging Establishment <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Supervised Living Facility

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Employees Providing Supplemental Nursing Services	Approx. Number of Employees	Minnesota Health Care Facility Types
Licensed Practical Nurses		<input type="checkbox"/> Assisted Living <input type="checkbox"/> Boarding Care Home <input type="checkbox"/> Board and Lodging Establishment <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Supervised Living Facility <input type="checkbox"/> Supplemental Nursing Services Agencies
Nurse Aides / Nursing Assistants		<input type="checkbox"/> Assisted Living <input type="checkbox"/> Boarding Care Home <input type="checkbox"/> Board and Lodging Establishment <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Supervised Living Facility <input type="checkbox"/> Supplemental Nursing Services Agencies
Orderlies		<input type="checkbox"/> Assisted Living <input type="checkbox"/> Boarding Care Home <input type="checkbox"/> Board and Lodging Establishment <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Outpatient Surgical Center <input type="checkbox"/> Supervised Living Facility <input type="checkbox"/> Supplemental Nursing Services Agencies

## Controlling Person Information

[Minnesota Statutes, section 144A.70, subdivision 3](https://www.revisor.mn.gov/statutes/cite/144A.70) (<https://www.revisor.mn.gov/statutes/cite/144A.70>) states that a “Controlling person” means a business entity or entities, officer, program, administrator, or director, whose responsibilities include the management and decision-making authority to establish or control business policy and all other policies of a supplemental nursing services agency. Controlling person also means an individual who has a direct ownership interest or indirect ownership interest in a corporation, partnership, or other business association that is the registrant.

[Minnesota Statutes, section 144A.72, subdivision 1](https://www.revisor.mn.gov/statutes/cite/144A.72) (<https://www.revisor.mn.gov/statutes/cite/144A.72>) state as all owners and controlling persons must complete a background study under [144.057](https://www.revisor.mn.gov/statutes/cite/144.057) (<https://www.revisor.mn.gov/statutes/cite/144.057>) and receive a clearance or set aside of any disqualifications through the Minnesota Department of Human Services (DHS).

Under [Minnesota Statutes, Chapter 245C.03](https://www.revisor.mn.gov/statutes/cite/245c.03) (<https://www.revisor.mn.gov/statutes/cite/245c.03>), any controlling person holding a valid license issued by a health-related licensing board (HLB) as defined in section [214.01, subdivision 2](https://www.revisor.mn.gov/statutes/cite/214.01#stat.214.01.2) (<https://www.revisor.mn.gov/statutes/cite/214.01#stat.214.01.2>), and has completed the criminal background check as required in section [214.075](https://www.revisor.mn.gov/statutes/cite/214.075) (<https://www.revisor.mn.gov/statutes/cite/214.075>), shall not initiate a background study.

Once MDH receives and processes this registration form, DHS Background Studies will contact the administrator by email with information about the background study process and instructions to access the “in application” account in NETStudy 2.0.

**Provide the legal names, titles and addresses of all owners and controlling persons of the SNSA, including their percentage of ownership. If more space is required, use Appendix A: Controlling Person Information.**

Legal name of controlling person: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Street, City, State and Zip code): \_\_\_\_\_

Percentage of ownership (if for-profit): \_\_\_\_\_

MN HLB license issued by: \_\_\_\_\_

MN HLB license number: \_\_\_\_\_

Legal name of controlling person: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Street, City, State and Zip code): \_\_\_\_\_

Percentage of ownership (if for-profit): \_\_\_\_\_

MN HLB license issued by: \_\_\_\_\_

MN HLB license number: \_\_\_\_\_

## Affirmation and Registration Fee

- ☐ I certify that the information provided on this form is accurate and complete.
- ☐ I understand that the Minnesota Department of Health may conduct an onsite visit/desk audit at any time to examine records to validate that the information provided is true and correct.
- ☐ I understand that the commissioner may obtain any other relevant information that is necessary to properly evaluate an application for registration.
- ☐ I understand there is a nonrefundable registration fee of \$2,442.
- ☐ I understand that the commissioner shall immediately suspend or refuse to issue the SNSA registration if the agency fails to provide the items to the department.
- ☐ I have read and understand Minnesota Statutes, section [144A.70](https://www.revisor.mn.gov/statutes/cite/144A.70) (<https://www.revisor.mn.gov/statutes/cite/144A.70>) to [144A.74](https://www.revisor.mn.gov/statutes/cite/144A.74) (<https://www.revisor.mn.gov/statutes/cite/144A.74>).
- ☐ I understand as a condition of registration:
- The SNSA shall document that each temporary employee provided to health care facilities currently meets the minimum licensing, training, and continuing education standards for the position in which the employee will be working and verifies competency for the position. An SNSA that violates this clause may be subject to a fine.
  - The SNSA shall comply with all pertinent requirements relating to the health and other qualifications of personnel employed in health care facilities.
  - The SNSA must not restrict in any manner the employment opportunities of its employees. An SNSA that violates this clause may be subject to a fine.
  - The SNSA must not, in any contract with any employee or health care facility, require the payment of liquidated damages, employment fees, or other compensation should the employee be hired as a permanent employee of a health care facility. An SNSA that violates this clause may be subject to a fine.
  - The SNSA shall document that each temporary employee provided to health care facilities is an employee of the agency and is not an independent contractor.
  - In order to retain registration, the SNSA must provide services to a health care facility in Minnesota within the past 12 months preceding the SNSA's registration renewal date.

Name (type or print): \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Checklist of documents to enclose with application

The following must be received before your application is considered complete.

- ☐ Enclose the \$2,442.00 annual registration fee made payable to the **Minnesota Department of Health** at the address listed below.
- ☐ Print out of Active/Registered status with the with the [Office of the Minnesota Secretary of State \(SOS\)](https://mbportal.sos.state.mn.us/Business/Search) (<https://mbportal.sos.state.mn.us/Business/Search>).
- ☐ If the owner is a corporation, copies of its articles of incorporation and current bylaws, together with the names and addresses of its officers and directors.
- ☐ If the owner is a limited liability company, copies of its articles of organization and operating agreement, together with the names and addresses of its officers and directors.
- ☐ Documentation of medical malpractice insurance to insure against the loss, damage, or expense of a claim arising out of the death or injury of any person as the result of negligence or malpractice in the provision of health care services by the SNSA or by any employee of the agency. *(Must be valid for the registration period. The Certificate Holder must list **Minnesota Department of Health** and address listed below.)*
- ☐ Documentation that the SNSA has an employee dishonesty bond in the amount of \$10,000. *(Must be valid for the registration period. The Certificate Holder must list **Minnesota Department of Health** and address listed below.)*
- ☐ Documentation that the SNSA has insurance coverage for workers' compensation for all nurses, nursing assistants, nurse aides, and orderlies provided or procured by the agency. *(Must be valid for the registration period. The Certificate Holder must list **Minnesota Department of Health** and address listed below.)*
- ☐ Documentation that the SNSA filed with the commissioner of revenue:
  - The name and address of the bank, savings bank, or savings association in which the SNSA deposits all employee income tax withholdings.
  - The name and address of any nurse nursing assistants, nurse aide, or orderly whose income is derived from placement by the agency, if the agency purports the income is not subject to withholding.
- ☐ Documentation of a policy and procedure that describes how the SNSA's records will be immediately available at all times to the commissioner and facility and shall retain all records for five calendar years.
- ☐ A brief description of the organization structure of the agency including a table of organization (e.g., organizational chart) and relationship to any existing parent entity if applicable.



## Appendix A: Controlling Person Information

Minnesota Statutes, section 144A.70, subdivision 3 (<https://www.revisor.mn.gov/statutes/cite/144A.70>) states that a “Controlling person” means a business entity or entities, officer, program, administrator, or director, whose responsibilities include the management and decision-making authority to establish or control business policy and all other policies of a supplemental nursing services agency. Controlling person also means an individual who has a direct ownership interest or indirect ownership interest in a corporation, partnership, or other business association that is the registrant.

**Provide the legal names, titles and addresses of all owners and controlling persons of the SNSA, including their percentage of ownership. You may submit more than one copy of the form.**

Legal name of controlling person: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Street, City, State and Zip code): \_\_\_\_\_

Percentage of ownership (if for-profit): \_\_\_\_\_

MN HLB license issued by: \_\_\_\_\_

MN HLB license number: \_\_\_\_\_

Legal name of controlling person: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Street, City, State and Zip code): \_\_\_\_\_

Percentage of ownership (if for-profit): \_\_\_\_\_

MN HLB license issued by: \_\_\_\_\_

MN HLB license number: \_\_\_\_\_

Legal name of controlling person: \_\_\_\_\_

Title: \_\_\_\_\_

Address (Street, City, State and Zip code): \_\_\_\_\_

Percentage of ownership (if for-profit): \_\_\_\_\_

MN HLB license issued by: \_\_\_\_\_

MN HLB license number: \_\_\_\_\_

## SUPPLEMENTAL NURSING SERVICES AGENCY REGISTRATION APPLICATION

Minnesota Department of Health  
Health Regulation Division  
Federal Licensing, Certification, and Registration  
P.O. Box 64900  
St. Paul, Minnesota 55164-0900  
651-201-4200  
[health.HRD-FedLCR@state.mn.us](mailto:health.HRD-FedLCR@state.mn.us)  
[health.state.mn.us](http://health.state.mn.us)

07/17/2025

*To obtain this information in a different format, call: 651-201-4200.*