

NURSING ASSISTANT EXPIRED CERTIFICATE APPLICATION

FIRST NAME _____ LAST NAME _____ MAIDEN NAME _____
 BIRTHDATE ____/____/____ PHONE __ (____) _____ - _____
 LAST FOUR SOCIAL SECURITY # _____ E-MAIL _____
 UTAH CNA CERTIFICATE NUMBER _____

If your certification has lapsed less than 6 months and you have met the minimum requirement of completing 200 hours of paid employment under the direction of a licensed nurse, you are not required to retest. Contact UNAR for a renewal form. You will be required to submit the renewal form along with appropriate documentation and a \$15 late fee per month up to 6 months late.

If you are 6 to 12 months late or have failed to meet the minimum renewal requirements, complete this form and submit it to UNAR for approval and processing. You must successfully complete both the knowledge and skill certification exams within 12 months of your expiration date to maintain certification. Candidates are granted one attempt to successfully pass both exams. If you do not successfully pass either test, you will be required to complete an approved nursing assistant training program. Testing appointments being unavailable will not be reason to extend this time frame.

CONSENT TO RELEASE OF INFORMATION

I understand that upon successful completion of the nurse aide training and competency evaluation program, my name, address, date of birth, social security number, and name and date of the state-approved training and competency evaluation program will be entered into the Utah Nursing Assistant Registry.

I understand that any allegation of resident abuse, neglect, or misappropriation of property will be thoroughly investigated by the State of Utah Health Facility Licensing & Certification agency and that the State of Utah shall ensure that a reasonable opportunity for a hearing has been offered to the nursing assistant.

I understand that any substantiated allegation, along with a statement submitted by the nursing assistant disputing the findings, or, if applicable, any statement by the individual waiving his/her rights to a hearing, will be entered into the abuse registry. I understand that by law this information must be available to the public.

I certify that I have read R432-45-6 Certified Nurse Aide Misconduct.

I certify that the information given above is true and accurate.

I have not worked the required 200 paid hours in the previous 24-month period and must now retest.

I have passed the 6-month grace period to renew my certificate and must now retest.

STUDENT SIGNATURE _____ DATE _____

EXPIRED CERTIFICATE TESTING FEES		
Testing Fees (required)		\$75

Once your application has been approved you will receive an e-mail with your user name and password.

You will then log into your student portal at ut.tmuniverse.com where you will pay your testing fees and schedule your appointments to test. All testing fees must be paid through your TMU student portal.

If your name has changed and you plan to test under your new name you must also include a Name Change Application with this form otherwise your account will be set up in your previously registered account name.

E-mail completed form to UNAR@davistech.edu for processing.