

INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY

Transferring your CNA into and out of Utah: Complete the attached application and email, mail or hand deliver it to our office along with a photocopy of your driver's license or acceptable form of ID*, nursing assistant credentials and required fee to the Utah Nursing Assistant Registry (UNAR) office. The names on the application, ID and nursing assistant credentials **must** match or your application will be denied. **Only PDF versions of the application and attachments will be accepted by email. JPEG, TIFF, PNG or photos of the application and attachments will not be accepted and will be returned for correct resubmission.**

This application and required documentation can be mailed to: Utah Nursing Assistant Registry
450 Simmons Way #700
Kaysville, UT 84037

Or emailed to: unar@davistech.edu

Transferring INTO the State of Utah Application Check List

I have completed the *Application for Certification by Reciprocity* (see attached page).

I have included a copy of my driver's license or another form of ID.*

I have included a copy of my current (*not expired*) nursing assistant credentials.

Alabama CNA's Only: I have included my full social security number as well as a letter from my current employer indicating that I am currently working and performing the duties of a CNA. This letter must be on employer letterhead and signed by your supervising LPN or RN and include their nursing license number for verification purposes.

Transferring OUT of the State of Utah Checklist

I have contacted the state I wish to transfer to.

I have included the form in my application for the state I am transferring to that requires verification of my nursing assistant credentials by the state of Utah. (*If the state you are going to does not need a signed form from the state of Utah, you **do not** need to complete this application or pay the \$30 transfer fee.*)

I have completed and included the *Application for Certification by Reciprocity* (see attached page).

I have included a copy of my driver's license or another form of ID.*

*Please allow 3-5 business days for Application processing.
You will be notified via email once your Application has been processed.*

Acceptable forms of ID are: current, valid driver's license; current, valid learners permit or temporary operators permit from any state; current, valid ID card issued by any branch, department, or agency of the United States Government or the State of Utah; current, valid ID from a high school, technical school, college or professional school, located within the State of Utah; current, valid Passport; or current valid tribal ID card. **Please note that your picture must be on any of these alternate forms of ID and all forms of ID must contain an expiration date.*

APPLICATION FOR CERTIFICATION BY RECIPROCITY

I am requesting to transfer my CNA certification INTO Utah

(Includes free mailed copy of Utah CNA Certificate – digital copy available for additional fee)

I am requesting to transfer my CNA certification OUT OF Utah

First _____ Last _____ DOB ____/____/____

Social Security # _____ Phone Number ____ (____) _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Nursing Assistant Number _____ State _____ Expiration Date ____/____/____

Have you ever been or applied to be a nursing assistant in Utah? Yes No

If yes, under what name did you apply? _____

CONSENT TO RELEASE OF INFORMATION

I understand that upon successful transfer of my certificate, my name, address, date of birth and social security number 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 if the allegations are substantiated, 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. My signature also serves as authorization to verify certification from the state registry listed above and/or to release my information to the state to which I am transferring my certificate.

Signature _____ Date _____

Applicable Fees			
State of Utah Reciprocity Fee	(Required)	\$30.00	\$ 30.00
Priority Processing Fee <i>(includes USPO Certified Mail)</i>	(Optional)	\$25.00	\$
USPO Priority Mailing <i>(out of state verification forms only)</i>	(Optional)	\$ 7.35	\$
Utah CNA Certificate <i>(digital version)</i>	(Optional)	\$10.00	\$
UNAR Lapel Pin (\$3.00 + \$0.21 tax + \$2.00 shipping)	(Optional)	\$ 5.21	\$
<i>All priority processing ends at 3:30 pm</i>		Total amount to be charged	\$

Please complete all information below (including signature). Payment must accompany application.

No personal checks, cash, money orders or cashier's checks are accepted.

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Authorized Signature _____