

INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY

Transferring your CNA into and out of Utah: Complete the attached application and e-mail, mail or hand deliver it to our office along with a photocopy of your driver's license, nursing assistant credentials and required fee to the Utah Nursing Assistant Registry (UNAR).

Using this form for verification of previous or current certification: Please follow the instructions for transferring out of state. The \$30 transfer fee still applies for verifications of previous or current licensures for different vocations (i.e., medical assistant, physician's assistant, nursing programs, etc.)

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 I.D.*
- I have included a copy of my current (not expired) nursing assistant credentials.
(Your credentials must list the date your certification expires, the certification number and your current name. A screenshot of your entry in your state's registry will suffice.)

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 or sealed form from the state of Utah, you **do not** need to complete this application or pay the \$30 transfer fee, as per the instructions of the state I am transferring into.)*
- 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 I.D.*

*Acceptable forms of I.D. are: Current, valid learners permit or temporary operators permit from any state. Current, valid I.D. card issued by any branch, department, or agency of the United States Government or the State of Utah. Current, valid I.D. from a high school, technical school, college or professional school, located within the State of Utah. Current, valid Passport. Current valid tribal I.D. card. **Please note that your picture must be on any of these alternate forms of I.D.**

Why do you require an email address? Once your application has been processed you will receive an email from UNAR with instructions on how to access your personal CNA portal. This is where you will fill out your information to receive a paper copy of your certification, view your certification number and keep your information updated. It is vital that the email address you provide is one you can easily access. For questions, please email us at unar@davistech.edu.

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
[Select this option for verifications of current or previous nursing assistant certification]

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

First _____ Middle _____ Last _____ DOB ____ / ____ / ____

Last 4 of SSN # **XXX - XX -** _____ Phone (____) _____ - _____ E-mail [Required] _____

Nursing Assistant Number [Required] _____ State [Required] _____ Expiration Date ____ / ____ / ____

CONSENT TO RELEASE OF INFORMATION

I understand that upon successful transfer of my certificate; my name, address, date of birth, social security number, and name and date of the state-approved training and competency evaluation program that I attended 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(s) registries listed above and/or to release my information to the state to which I am transferring my certificate.

Signature _____ Date _____

Applicable Fees

Applicable Fees			
State of Utah Transfer Fee	[Required]	\$30.00	\$ 30.00
Priority Processing Fee	[Optional]	\$25.00	\$
Utah CNA Certificate (<i>digital version</i>)	[Optional]	\$10.00	\$
UNAR Lapel Pin \$3.00 + \$0.20 + \$2.00 tax/shipping	[Optional]	\$ 5.20	\$
<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 ____ / ____ CVV # _____

Authorized Signature _____