

## INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY

Each state has an agency that oversees CNA certification and has their own unique procedure for handling state CNA transfers.  
Check both states requirements.

### **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, nursing assistant credentials and fee to the Utah Nursing Assistant Registry (UNAR).

### **Transferring Into the State of Utah Application Check List**

I have completed the *Application for Certification by Reciprocity*.

I have included a copy of my driver's license or other 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)*

### **Transferring out of the State of Utah Checklist**

I have contacted the state I wish to transfer to.

I have a form in my application for the state I am transferring to that requires verification of my nursing assistant certificate 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 fee.)*

I have completed the *Application for Certification by Reciprocity*.

I have included a copy of my driver's license or other form of I.D.\* and the form that needs to be verified by the State of Utah, as per the instructions of the state I am transferring into.

*\*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 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.***

## 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**

**Have you ever been certified as a CNA in the State of Utah:**                      **Yes**                      **No**

**First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_ **Maiden** \_\_\_\_\_

**Birthdate** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security #** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Permanent Address** \_\_\_\_\_ **Apt.** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Nursing Assistant Number** (required) \_\_\_\_\_ **State** (required) \_\_\_\_\_

### 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** \_\_\_\_\_

Transfer 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 + \$2.00 shipping) )	[Optional]	\$ 5.00	\$
<i>All priority processing ends at 3:30 pm</i>		<b>Total amount to be charged</b>	<b>\$</b>

*Please make certified check or money order payable to UNAR. Cash and personal checks are not accepted.  
 If paying with credit card, complete all information below.*

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_ **CVV #** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_