

INSTRUCTIONS FOR VERIFICATION

Complete the attached application and email, mail or hand deliver it to our office along with the required documentation and required fee to the Utah Nursing Assistant Registry (UNAR). **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 to you for correct submission.**

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

Out of State CNA Credential/Verification Form Documentation Checklist

I have contacted the state I wish to transfer to.

I have included the Out of State Credential/Verification form 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 Verification* (see attached page).

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

Verification Letter Documentation Checklist

I have completed and included the *Application for Verification* (see attached page).

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

The Verification Letter needs to be addressed and mailed to: _____

The Verification Letter needs to be emailed to: _____

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 VERIFICATION

First _____ Last _____ DOB ____/____/____
 Last 4 of Social Security # _____ Phone Number ____ (____) _____ - _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Email Address _____
 Certification Number _____ State _____ Expiration Date ____/____/____

CONSENT TO RELEASE OF INFORMATION

I certify that the information given above is true and accurate. My signature also serves as authorization to verify certification from the Utah state registry and/or to release my information to the parties I have indicated on the instruction sheet.

Signature _____ Date _____

Applicable Fees			
State of Utah Verification Fee	(Required)	\$30.00	\$ 30.00
Priority Processing Fee <i>(includes USPO Certified Mail)</i>	(Optional)	\$25.00	\$
USPO Priority Mailing	(Optional)	\$ 6.70	\$
UNAR Lapel Pin <i>(\$3.00 + \$0.21 tax + \$2.00 shipping)</i>	(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 _____

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