

# UTAH NURSING ASSISTANT REGISTRY

550 East 300 South

Kaysville, Utah 84037

Phone: (801) 547-9947

## NURSING ASSISTANT APPLICATION FOR CERTIFICATION TESTING

NAME (PLEASE PRINT) \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF TEST: WRITTEN \_\_\_\_\_ SKILLS \_\_\_\_\_

### CONSENT TO RELEASE 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 state-approved training and competency evaluation program will be entered into the nurse aide registry.

I understand that each allegation of resident neglect, abuse or misappropriation of residents' property against a nurse aide will be thoroughly investigated by the Division of Health Care Financing before any name is reported to the registry. The Division of Health Care Financing shall ensure that a reasonable opportunity for a hearing has been offered to the nurse aide, and will show the hearing has either taken place or the nurse aide has waived his/her rights to a hearing.

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

I understand that an individual who has not performed nursing or nursing-related services for a continuous 24-month period for pay after completion of a training and competency evaluation program must complete a new training and/or competency evaluation program.

I understand that if I am employed by a Medicare/Medicaid certified nursing facility, the nursing facility where I am employed is responsible to pay for the training, course materials, and competency evaluation (OBRA 1989, Section 6901).

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Utah expired nursing assistant certification, candidates are granted one time to successfully pass the State written and skills exam. If not passed, completing an approved nursing assistant training program is required.

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### Instructions:

1. Please complete and sign the combination application and consent to release information form above
2. Order test vouchers below.
3. Remit appropriate funds with application. Make check payable to: Nursing Assistant Registry
4. Mail all completed documents to the Registry at the address listed above. **Testing Voucher(s) will then be returned by mail at which time you may make your appointments to test.**
5. Testing centers will not allow you to make testing appointments without vouchers.

TEST VOUCHERS WILL NOT BE ISSUED WITHOUT APPROPRIATE FEES

\_\_\_\_\_ Written test at \$35.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Clinical skills at \$35.00 each = \$ \_\_\_\_\_

TOTAL FEES ENCLOSED: \$ \_\_\_\_\_