

UTAH NURSING ASSISTANT REGISTRY

550 East 300 South
Kaysville, Utah 84037

Phone: (801) 547-9947

CERTIFICATION BY RECIPROCITY

Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

State(s) certified as nursing assistant _____

PLEASE RETURN THIS FORM WITH \$10 FEE TO THE ADDRESS LISTED ABOVE.

Page 1 of the out-of-state application must be completed and sent to the state or states in which you are certified, unless noted otherwise. As soon as the fee and application is received from the other state(s), the Certification Center will notify you of your status in Utah.

Signature _____

Date _____