



# UTAH NURSING ASSISTANT REGISTRY

550 East 300 South  
Kaysville, Utah 84037  
Phone: (801) 547-9947

## INSTRUCTIONS TO THE OUT-OF-STATE REGISTRY:

The individual named on the reverse side of this form has applied for certification as a nurse aide by reciprocity based upon the listing in your Registry. Please assist us by completing the information below and return to the **Utah Nursing Assistant Registry** at the address listed above. Thank you for your assistance in this matter.

1. The individual named appears on our State Registry as a Certified Nurse Aide all relevant State and Federal requirements under OBRA '87 and '89.

YES \_\_\_\_\_ NO \_\_\_\_\_

Certificate / Registration Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. This individual was granted "deemed" status for entry into the Registry without competency evaluation.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. This individual was registered by reciprocity from the State of \_\_\_\_\_

4. This individual successfully passed the state-administered written competency evaluation.

YES \_\_\_\_\_ NO \_\_\_\_\_

5. This individual successfully passed the state-administered clinical performance competency evaluation.

YES \_\_\_\_\_ NO \_\_\_\_\_

6. If this individual is not currently listed on your State Registry, is their prior training program equivalent to the current OBRA regulations.

YES \_\_\_\_\_ NO \_\_\_\_\_

7. There is documentation of substantiated abuse, neglect, or misappropriation of a resident's property by this individual.

YES \_\_\_\_\_ NO \_\_\_\_\_

If so, please summarize below.

SUBMITTED BY

\_\_\_\_\_  
Nurse Aide Registry Representative Title

\_\_\_\_\_  
Agency State

\_\_\_\_\_  
Telephone number Date