

## NURSING STUDENT WAIVER APPLICATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Last 4-digits of Social Security # \_\_\_\_\_ E-Mail \_\_\_\_\_

Have you ever been or applied to be a nursing assistant in Utah?      Yes      No

If yes, under what name did you apply? \_\_\_\_\_

College Currently Enrolled In \_\_\_\_\_

*If your name has changed and you plan to test under your new name, you **must** also include a [Name Change Application](#) and required documentation with this form otherwise your TMU account will be set up in your previously certified name. The Name Change Application form is available at [utahcnaregistry.com](http://utahcnaregistry.com).*

**An official, sealed copy of your transcript showing completion of a Fundamentals of Nursing course with a passing grade within the past two years must be submitted by the college register to [office@utahcnaregistry.com](mailto:office@utahcnaregistry.com). Students MAY NOT submit their own transcript by email.**

### CONSENT TO RELEASE OF INFORMATION

I understand that upon successful completion of the state certification testing, my name, address, date of birth, social security number, and name and date of the state-approved training and competency evaluation program 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 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.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TESTING FEES		
Testing Fees		\$90

*Email your Application to [office@utahcnaregistry.com](mailto:office@utahcnaregistry.com)*

**Once your application has been approved you will receive an e-mail with your username and password along with additional information concerning testing and your TMU account.**

**You will log into your account at [ut.tmuniverse.com](http://ut.tmuniverse.com) where you will pay your testing fees and schedule your appointments to test. All testing fees must be paid through your TMU account.**

