



UNAR Guidance for Licensing Variance Applications- Expired CNA's

The Utah Department of Health is willing to consider requests from formerly certified individuals wishing to reinstate their certification without repeating a training program or state testing. If you are less than 12 months expired and have met the 200-hour minimum work requirement, you must go through the normal process for renewal. The normal process is to complete a renewal application which is available in your TMU portal. If you have not met the minimum 200-hour renewal requirement, you may submit a Variance Application for consideration.

What does this mean? This means if you were CNA in the State of Utah in the past, and in good standing with UNAR when you expired, you may be granted certification without needing to take another training program or the state exam.

If your name has changed since you were certified, fill out UNAR's **Name Change Application** which can be found here <http://utahcna.com/media/s5vjilzu/name-change-name-correction-application.pdf> prior to submitting your *Licensing Variance Application*.

How do you request to have your certification reinstated? You must complete a *Licensing Variance Application* and submit it to the UNAR, seeking their response. A reinstatement fee payment form must also be included with your submission.

The *Licensing Variance Application* is not an ideal document for this purpose, but we will make the best use of it we can.

- This is a fillable form, but it does not allow you to save the data that you enter.
- Once you type in the information, you will need to print it.
- You can then save it electronically by scanning the printed pages and saving it as a PDF file.
- You will then send an email with the subject line **Expired CNA Variance Request** and include your completed Variance Application and payment form as PDF attachments to donelle.ricketts@davistech.edu.

Directions for filling out the Variance Application:

The variance can be found at <http://health.utah.gov/hflcra/forms/Variance.pdf>

Leave all boxes that are not specifically mentioned below blank.

- **Identifying Information:** Use your name where it asks for the name of the facility along with your address and best contact phone number.
- **Variance Information:** The state rule is R432.45-7. Start of Variance request should be the date you are filling out the form. Enter your name as the individual for whom the variance is requested. Leave other boxes blank.

• **Facts Forming Basis for Variance:**

In the first text box tell us-

- That you were formerly a CNA and that you want to reinstate your certification, include the approximate date range you were certified as a nursing assistant in the State of Utah
- What your current job title is and your employer
- If unemployed, what was your most recent job title and employer
- What you plan to do with your certification if your Variance Request is accepted
- Your email address, date of birth, and previous certification number- if known

REINSTATEMENT FEE PAYMENT

Fees			
Reinstatement Fee	(Required)	\$50.00	\$ 50.00
Priority Processing Fee	(Optional)	\$25.00	\$
Utah CNA Certificate <i>(digital version)</i>	(Optional)	\$10.00	\$
UNAR Lapel Pin (\$3.00 + \$0.21 tax + \$3.50 shipping)	(Optional)	\$ 6.71	\$
<i>All priority processing ends at 3:30 pm</i>		Total amount to be charged	\$

Credit Card # _____ / _____ / _____ Exp. Date _____ / _____

Credit Card **Billing** City, State and Zip Code _____

Authorized Signature _____ Printed Name _____

Cash, personal checks, money orders or cashier's checks are not accepted and will prevent your Application from being processed.
For credit card payments, complete all information above including an authorized signature.

*Please allow 5-7 business days for Application processing.
 You will be notified via email once your Application has been approved.*