Utah Nursing Assistant Registry
450 Simmons Way #700 | Kaysville, UT 84037
(801) 547-9947 | utahcna.com

NURSING ASSISTANT APPLICATION FOR CERTIFICATION TESTING
EXPIRED CERTIFICATE RETESTING

NAME (PLEASE PRINT) _____ **BIRTHDATE** ____/____/____

SOCIAL SECURITY #____/____/____ **PHONE** __(____)_____-_____

MAILING ADDRESS _____ **APT** _____ **CITY** _____

STATE _____ **ZIP** _____ **E-MAIL** _____

If your certification has lapsed less than 6 months and you have met the minimum requirement of completing 200 hours of paid employment under the direction of a licensed nurse, you are not required to retest. Contact UNAR for a renewal form. You will be required to submit the renewal form along with appropriate documentation and a $15 late fee per month up to 6 months late.

If you are 6 to 12 months late or have failed to meet the minimum renewal requirements, complete this form and include appropriate fees. You must successfully complete both the written and skill certification exams within 12 months of your expiration date to maintain certification. Candidates are granted one attempt to successfully pass both exams. If you do not successfully pass either test, you will be required to complete an approved nursing assistant training program. Testing appointments being unavailable will not be reason to extend this time frame.

CONSENT TO RELEASE OF 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 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** _____

EXPIRED CERTIFICATE TESTING FEES		
Testing Fees (required)	$75	$75
Priority Processing Fee (optional)	$25	
	TOTAL COST	

Please make certified check or money order payable to UNAR. Cash and personal checks are not accepted.
If paying with credit card, complete all information below.

Credit Card #____-____-____-____ **Exp. Date** ____/____ **CVV #**_____

Authorized Signature _____

Effective October 1, 2016 this form can be e-mailed to UNAR@datc.edu for processing.