

NURSING ASSISTANT APPLICATION FOR CERTIFICATION TESTING - NURSING STUDENTS

NAME (PLEASE PRINT) _____ BIRTHDATE ____/____/____
 SOCIAL SECURITY # _____ / _____ / _____ PHONE (____) _____ - _____
 MAILING ADDRESS _____ APT _____ CITY _____
 STATE _____ ZIP _____ E-MAIL _____

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 _____

COLLEGE CURRENTLY ENROLLED IN _____

An official, sealed copy of your transcript must be included with this application.

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 (including signature).
Payment and transcript must accompany application.

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

Authorized Signature _____