

## INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY

**Transferring your CNA into and out of Utah:** Complete the attached application and e-mail, mail or hand deliver it to our office along with a photocopy of your driver's license, nursing assistant credentials and required fee to the Utah Nursing Assistant Registry (UNAR).

**Using this form for verification of previous or current certification:** Please follow the instructions for transferring out of state. The \$30 transfer fee still applies for verifications of previous or current licensures for different vocations (i.e., medical assistant, physician's assistant, nursing programs, etc.)

### **Transferring INTO the State of Utah Application Check List**

I have completed the *Application for Certification by Reciprocity* (see attached page).

I have included a copy of my driver's license or another form of ID.\*

I have included a copy of my current (*not expired*) nursing assistant credentials.

*(Your credentials must list the date your certification expires, the certification number and your current name. A screenshot of your entry in your state's registry will suffice.)*

### **Transferring OUT of the State of Utah Checklist**

I have contacted the state I wish to transfer to.

I have included the form in my application for the state I am transferring to that requires verification of my nursing assistant credentials by the state of Utah. *(If the state you are going to does not need a signed or sealed form from the state of Utah, you **do not** need to complete this application or pay the \$30 transfer fee, as per the instructions of the state I am transferring into.)*

I have completed and included the *Application for Certification by Reciprocity* (see attached page).

I have included a copy of my driver's license or another form of ID.\*

*\*Acceptable forms of ID are: Current, valid driver's license; current, valid learners permit or temporary operators permit from any state; current, valid ID card issued by any branch, department, or agency of the United States Government or the State of Utah; current, valid ID from a high school, technical school, college or professional school, located within the State of Utah; current, valid Passport; or current valid tribal ID card. **Please note that your picture must be on any of these alternate forms of ID.***

## APPLICATION FOR CERTIFICATION BY RECIPROCITY

**I am requesting to transfer my CNA certification INTO Utah**

(Includes free mailed copy of Utah CNA Certificate – digital copy available for additional fee)

**I am requesting to transfer my CNA certification OUT OF Utah**

(Select this option for verifications of current or previous nursing assistant certification)

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

First \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last 4 of Social Security # \_\_\_\_\_ Phone Number \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Nursing Assistant Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CONSENT TO RELEASE OF INFORMATION

I understand that upon successful transfer of my certificate; my name, address, date of birth, social security number, and name and date of the state-approved training and competency evaluation program that I attended 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 if the allegations are substantiated, 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. My signature also serves as authorization to verify certification from the state(s) registries listed above and/or to release my information to the state to which I am transferring my certificate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicable Fees			
State of Utah Transfer Fee	(Required)	\$30.00	\$ 30.00
Priority Processing Fee	(Optional)	\$25.00	\$
Utah CNA Certificate <i>(digital version)</i>	(Optional)	\$10.00	\$
UNAR Lapel Pin \$3.00 + \$0.20 tax + \$2.00 shipping	(Optional)	\$ 5.20	\$
<i>All priority processing ends at 3:30 pm</i>		<b>Total amount to be charged</b>	<b>\$</b>

Please complete all information below (including signature). Payment must accompany application.

**No personal checks, cash, money orders or cashier's checks are accepted.**

Credit Card # \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ CVV # \_\_\_\_\_

Authorized Signature \_\_\_\_\_