

INSTRUCTIONS FOR RENEWAL

1. Take this form to a current or previous licensed nurse to complete. Verification is required for a total of 200 hours of paid nursing or nursing related services during the 24-month period following your most recent certification effective date. If you need to fulfill these hours with more than one employer, please make duplicates of this renewal form and give them to **each** of your employers. *Please specify how many hours were completed with each employer.* You must provide nursing or nursing-related services under the direction of a licensed nurse. **Only a licensed nurse's signature will be accepted.** (MD and physician signatures are not acceptable.)
2. The renewal application is not complete without your signature. Please sign where indicated. **No photocopies of your signature will be accepted. Your signature must be a pen and ink signature.**
3. Send completed renewal via mail or deliver it to our office (**we do not accept renewals via fax or e-mail**). UNAR is not responsible for lost or misdirected mail. You will receive an updated copy of your certificate as renewal verification. *If you have not received an updated certificate within 20 business days, it is your responsibility to follow up with the UNAR staff.*
4. **Your renewal must be submitted by the date listed on the front of your renewal.** The postmark will be used to determine the timeliness of the submission. If it is postmarked after your expiration date you will be subject to late fees. *We will not process your renewal until all fees have been paid.*
5. **If your renewal notice has been returned to you and it is on time, you have 60 days to re-submit your renewal without facing late fees. However, if you do not re-submit your renewal within a 60 day period you are then subject to full late fees.**
6. Priority processing is available. Priority processing assures that your renewal will be processed and updated in the registry the day it is *received*; without priority processing your renewal will take 1-3 business days to be processed and updated in the registry.
7. Renewal notices will be accepted up to **6 months** after your listed expiration date. If it has been *more* than 6 months but *less than* 12 months you may still renew your certificate by successfully completing the state written and skills certification exam.
8. Check for accuracy and proper spelling of your name, address, telephone number and birthdate. Name and birthday changes require proof – copy of driver's license, marriage certificate, or other legal document. A name change form can be found at www.utahcna.com.

Please make certified checks or money orders payable to UNAR.

Cash and personal checks are not accepted and will be returned to you, this will prevent your renewal from being processed.

*If paying with a credit card, complete all information below including the **authorized signature**.*

Late Fee Table (Renewals are free unless they are submitted late)		
Number of Months Late _____	Number of Months Late x \$15	Late fee \$ _____
Priority Processing Fee (Optional)	\$25	Processing Fee \$ _____
UNAR Lapel Pin (Optional)	\$3.00 + \$2.00 shipping (\$5.00 total)	Lapel Pin \$ _____
		Total Fees Charged \$ _____

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

Authorized Signature _____

