

NURSING ASSISTANT APPLICATION FOR RETEST VOUCHERS

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 each allegation of resident neglect, abuse or misappropriation of residents' 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 also be entered into the 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 _____

TESTING VOUCHER REQUEST/FEEES			
<i>(Please indicate which Retest you are requesting by placing a check mark in the appropriate boxes)</i>			
Written Retest Order (\$35 each)		Skills Retest Order (\$40 each)	
Written Retest 2		Skills Retest 2	
Written Retest 3		Skills Retest 3	
Written Retest Fee		\$35	
Skills Retest Fee		\$40	
Priority Processing Fee (optional)		\$25	
TOTAL FEES			

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 must accompany application.

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

Authorized Signature _____

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