

INSTRUCTIONS FOR CERTIFICATION BY RECIPROCITY

Transferring your CNA into and out of Utah: Complete the attached application and email or mail it to our office along with a photocopy of your driver's license or acceptable form of photo ID, nursing assistant credentials and required fee to the Utah Nursing Assistant Registry (UNAR) office. The names on the application, ID and nursing assistant credentials ***must*** match or your application will be denied. **Only PDF versions of the application and attachments will be accepted by email. JPEG, TIFF, PNG or photos of the application and attachments *will not be accepted* and will be returned for correct resubmission.**

This application and required documentation can be mailed to: Utah Nursing Assistant Registry
450 Simmons Way #700
Kaysville, UT 84037

Or emailed to: unar@davistech.edu

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 photo ID.

I have included a copy of my current and active nursing assistant credentials or a screenshot of my current CNA registry information.

I have filled out Section 1 of the UNAR Verification of Nursing Assistant Credentials form and have submitted the form to the state agency where I am currently certified. (Note: Your application cannot be processed until our office receives this completed form. This will affect the timeframe for completing your application.)

Transferring OUT of the State of Utah 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 photo ID.

I have included the form 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 form from the state of Utah, you ***do not*** need to complete this application or pay the transfer fee.)

- or -

I am requesting a verification letter emailed to _____ and/or
addressed to _____.

You will be notified via email once your Application has been processed.

APPLICATION FOR CERTIFICATION BY RECIPROCIITY

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

First _____ Last _____ DOB ____/____/____

Social Security # _____ Phone Number ____ (____) _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Nursing Assistant Number _____ State _____ Expiration Date ____/____/____

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

If yes, under what name did you apply? _____

CONSENT TO RELEASE OF INFORMATION

I understand that upon successful transfer of my certificate, my name, address, date of birth and social security number 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 registry 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 Reciprocity Fee	(Required)	\$50.00	\$ 50.00
Priority Processing Fee <i>(includes USPO Certified Mail)</i>	(Optional)	\$25.00	\$
USPO Priority Mailing <i>(out of state verification forms only)</i>	(Optional)	\$ 7.35	\$
Utah CNA Certificate <i>(digital version)</i>	(Optional)	\$10.00	\$
UNAR Lapel Pin <i>(\$3.00 + \$0.21 tax + \$3.50 shipping)</i>	(Optional)	\$ 6.71	\$
<i>All priority processing ends at 3:30 pm</i>		Total amount to be charged	\$

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

Credit Card Billing Zip Code _____

Authorized Signature _____ Printed Name _____

Cash, personal checks, money orders or cashier's checks are not accepted and will prevent your Application from being processed.

Verification of Nursing Assistant Credentials

Send this form to the state agency where you are currently certified

Section 1: This section is to be completed by the nursing assistant. Please print clearly. All fields are required.

Name (First, Middle, Last):		Maiden name or other names used:
Current Certification Number:		Certification State:
Mailing Address:	Address (including Apt. # if applicable)	
	City, State, Zip	
Social Security Number:	Date of Birth:	Telephone:
		Email:

I hereby authorize the release of information requested below to the Office of the Utah Nursing Assistant Registry.

Name (Print) _____ Signature _____ Date _____

Section 2: This section is to be completed by the state agency you are currently certified in. Sign, affix seal/stamp and mail or email the completed form directly to OUNAR at the address listed at the bottom of this form.

This individual is listed on the Nurse Aide Registry as currently certified: Yes No	Is there any record of substantiated abuse? Yes No	Certification Number:
		Issue Date:
	If yes, include documentation	Expiration Date:
Method of Registration: <input type="checkbox"/> Completed a State-Approved training program of _____ hours <input type="checkbox"/> Registered by Endorsement from the State of _____ <input type="checkbox"/> Nursing Student, passed a State-Administered competency evaluation <input type="checkbox"/> Waiver _____		Completion Date of Program:
Signature of verifying agent:		Date:
Title of verifying agent:		Official Seal
Name of Agency:		
City:	State:	

Do not return form to candidate. Return form to:
 Utah Nursing Assistant Registry | 450 Simmons Way #700, Kaysville, UT 84037 | unar@davistech.edu