



UNAR Guidance for Licensing Variance Applications- Expired CNA's

The Utah Department of Health has given UNAR the ability to consider requests from formerly certified individuals wishing to reinstate their certification without repeating a training program or state certification testing. If you are less than 12 months expired and have met the 200-hour minimum work requirement, this Variance Application is not for you. You must go through the normal process for renewal. The normal process is to complete a renewal form which is available in your TMU portal. If you have not met the minimum 200-hour renewal requirement, you may submit a Variance Application for consideration.

What does this mean? This means if UNAR can verify that you were CNA in the State of Utah in the past, and in good standing when you expired, you may be granted certification without needing to take another training program or the state certification exam.

If your name has changed since you were certified, fill out UNAR's **Name Change Application** before submitting your **Licensing Variance Application**. Our **Name Change Application** can be found by following this [link](#).

How do you request to have your certification reinstated? You must complete a **Licensing Variance Application** (see page 3) and submit it to UNAR, seeking approval. A reinstatement processing fee must also be included with your submission.

REINSTATEMENT FEE PAYMENT

Fees			
Reinstatement Fee	(Required)	\$50.00	\$ 50.00
Priority Processing Fee	(Optional)	\$25.00	\$
Utah CNA Certificate (<i>digital version</i>)	(Optional)	\$10.00	\$
UNAR Lapel Pin (\$3.00 + \$0.21 tax + \$3.50 shipping)	(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.
 For credit card payments, complete all information above **including an authorized signature.**

Licensing Variance Application Instructions

The **Licensing Variance Application** is not an ideal document for our purposes, but we will make the best use of it we can. Follow these instructions for filling out and submitting the **Licensing Variance Application**.

Directions for filling out the Variance Application

Leave all boxes that are not specifically mentioned below blank.

1. Identifying Information:

- Use your name where it asks for the name of the facility.
- Use your address and best contact phone number instead of the facility information.

2. Variance Information:

- The state rule is R432.45-7.
- Start of Variance request should be the date you are filling out the form.
- Enter your name as the individual for whom the variance is requested.
- Leave other boxes blank.

3. Facts Forming Basis for Variance:

In the first box, answer the following, numbering each answer to correspond with its question:

1. That you were formerly a CNA and that you want to reinstate your certification; include the approximate date range you were certified as a nursing assistant in the State of Utah and why your certificate expired.
2. What your current job title is and your employer.
3. If unemployed, is your unemployment due to Covid? What was your most recent job title and employer?
4. What you plan to do with your certification if your Variance Request is accepted.
5. Your email address, date of birth, and previous certification number - if known.

4. Submitting Your Completed Packet:

- This is a fillable form. Once you type in the information, you will need to save the document as a PDF file.
- You will then send an email to unar@davistech.edu with the subject line of **Expired CNA Variance Request**. Attach your completed Payment Fee and Variance Application as a PDF attachment to your email.

*Please allow 5-7 business days for Application processing.
You will be notified via email once your Application has been approved.*



**UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING AND CERTIFICATION**

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(801) 273-2994
(800) 662-4157 toll free
(801) 274-0658 Fax

**UTAH DEPARTMENT OF
HEALTH**

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LICENSING VARIANCE APPLICATION

IDENTIFYING INFORMATION

Name of Facility		Telephone Number	
Address	City	State	Zip Code

VARIANCE INFORMATION

To discontinue a previously approved variance check the box below, list the previous variance number, effective date and sign the certification of request.

Discontinue a Previously Approved Variance <input type="checkbox"/>	Previous Variance Number		Effective Date	
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State Rule (include title and section)	Start Date of Variance Request	End Date of Variance Request
R432.45-7		

Individual for Whom the Variance is Requested

FACTS FORMING BASIS FOR VARIANCE

The specific reason for the request including why compliance with the rule cannot be accomplished. (Use additional sheets if necessary)

Explain how the health, safety, and welfare of all patients or residents will be maintained if the variance request is granted. (Attach additional sheets if necessary)