

INSTRUCTIONS FOR VERIFICATION LETTER

Complete the attached application and email or mail it to our office along with the required documentation and required fee to the Utah Nursing Assistant Registry (UNAR). **Only PDF versions of the application and attachments will be accepted by email. JPEG, TIFF, PNG, HEIC or photos of the application and attachments will not be accepted and will be returned to you for correct submission.**

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

Or emailed to: office@utahcnaregistry.com

Verification Letter Documentation Checklist

I have completed and included the *Application for Verification*.

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

The Verification Letter needs to be addressed and mailed to:

(Please provide complete address)

Name

Business Name

Address

City, State

Zip Code

The Verification Letter needs to be emailed to: _____

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 and all forms of ID must contain an expiration date.*

Cash, personal checks, money orders or cashier's checks are not accepted and will be returned to you preventing your application from being processed.

For credit card payments, complete all information below including an authorized signature.



450 Simmons Way #700 | Kaysville, UT 84037
 office@utahcnaregistry.com | utahcnaregistry.com

APPLICATION FOR VERIFICATION LETTER

First _____ Middle _____ Last _____
 Social Security # _____ - _____ - _____ Phone Number (_____) _____ - _____
 Email Address _____ DOB _____ / _____ / _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Nursing Assistant Number _____ State Utah Expiration Date _____ / _____ / _____

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			
Verification Letter Processing Fee	(Required)	\$50.00	\$ 50.00
Priority Processing Fee	(Optional)	\$25.00	\$
USPO Priority Mailing	(Optional)	\$ 7.35	\$
Utah CNA Certificate (<i>digital version</i>)	(Optional)	\$10.00	\$
UNAR Lapel Pin (\$3.00 + \$0.22 tax + \$3.50 shipping)	(Optional)	\$ 6.72	\$
		Total amount to be charged	\$

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

Credit Card **Billing** Zip Code _____

Authorized Signature _____ Printed Name _____