



APPLICATION FOR
**WYOMING NURSING ASSISTANT
 CERTIFICATION (CNA)**

All licenses expire December 31 of every EVEN year

This is a **Legal Document**. By completing and signing this, you certify under penalty of perjury and subject to the provisions of Wyoming Statute § 6-5-303, and its penalties, you have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing (WSBN) on any application for licensure/certification or temporary permit.

WSBN no longer issues paper copies of licenses, certificates, or temporary permits. Verifications are available on-line at "License Verification" (<https://nursing-online.state.wy.us/Verifications.aspx>).

INSTRUCTIONS AND GENERAL INFORMATION: (Keep a copy for your records)

Thank you for applying to WSBN. The following instructions are guidelines for completing the application. Contact the board office with any questions. We will be happy to assist you!

CERTIFICATION IS REQUIRED FOR ANY CERTIFIED NURSING ASSISTANT (CNA) POSITION, INCLUDING HOME HEALTH, PUBLIC HEALTH, OR COMMUNITY HEALTH.

Applicant must:

- Complete the application. Type your information into the fillable PDF document and print the application; or print the application and complete neatly in **INK**. **DO NOT LEAVE ANY BLANKS**, if a section is not applicable **add N/A** to that line. An application with blank lines will be considered incomplete.
- Provide a copy of your social security card **AND** another form of lawful presence (driver's license, birth certificate, passport, or other items listed in application.) **If a driver's license is used as proof of lawful presence, the license must have the same name as your social security card. The name on your application MUST also match the name on your social security card.**
- Provide all required information. Incomplete applications will not be processed. These applications will be:
 - held for **one (1) year** from the date received; and
 - destroyed after **one (1) year**.
- Provide a current e-mail address to ensure prompt notification.
- Advise WSBN of any changes in your address, telephone or email information. Issuance of your license may be delayed without current contact information.
- Provide the following forms of payment: money order, cashier's check, **VISA, MasterCard, or Discover**. There are no refunds for incomplete or withdrawn applications. **WSBN does not accept cash or personal check.**

CRIMINAL BACKGROUND CHECK by Division of Criminal Investigation (DCI)

In accordance with Wyoming Statute §§ 33-21-122(c)(xxiv) and 7-19-201, you are required to complete a Criminal Background Check (CBC) before a license or certificate can be issued.

- Upon receipt of your completed application and fees, fingerprint cards will be mailed to the address provided on the application. Return the completed fingerprint cards to WSBN; or
- Obtain fingerprint cards on your own. Fingerprints must be on two (2) "blue" FBI cards. You can return these with your completed application and fees;
- Issuance of your permanent license/certificate is dependent upon receipt of CBC results from DCI, which may take 35-55 days. **PLAN ACCORDINGLY!**

TEMPORARY PERMITS

- Temporary Permits are **time limited** and **non-renewable**;
- Graduate Temporary Permits are not automatically issued upon completion of CNA training. Applicants must check the appropriate box under "Temporary Permit" on page 4 of this application. Temporary Permits may be issued within twenty-four (24) hours of receipt of a complete application, depending on history;
- If you have a **"yes" answer to a discipline history** question on page 7 of this application, your application may be referred to the Application Review Committee and a Temporary Permit may not be issued;
- If you have been issued a Temporary Permit and it is later discovered you **failed to disclose** your discipline history, your Temporary Permit will expire immediately upon WSBN's receipt of notice of this information (i.e., criminal background check reveals arrests/convictions not previously disclosed);
- Graduate Temporary Permits shall EXPIRE immediately upon WSBN's receipt of notice that you failed the written and/or skills portion of your CNA Examination;
- A complete application is required BEFORE a Temporary Permit can be issued. An application is considered "complete," upon receipt of all of the following: Application with no blank lines; proof of lawful presence; payment of appropriate fee; documentation for any "yes" answers to discipline history questions; and verification of certification from state of original certification.

APPLICATIONS

- **Certification by EXAMINATION:**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards and fees;
- Be listed on the “Participant List” from an instructor upon completion of the CNA course;
- **Apply to take the CNA Examination.** The testing application is available on the Wyoming State Board of Nursing website (<https://nursing-online.state.wy.us>) under the “Apply” tab. Select the “Certified Nursing Assistants” link. Once on the Certified Nursing Assistants page, select the “*American Red Cross National Nurse Aide Assessment Program Application*” link. Questions about the examination should be directed to the American Red Cross: 1-866-257-5238.

Applicant must:

- ✓ Complete and submit the “*Application for Nurse Assistant Examination Registration*” with the designated fee and required documentation to the American Red Cross;
 - If you have special testing accommodation needs, contact the American Red Cross: 1-866-257-5238.

- **Certification by ENDORSEMENT.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards and fees;
- Meet one (1) of the required continued competencies;
- Submit evidence of a current Certificate, in good standing, from another state or U.S. territory.

- **Certification by DEEMING.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fingerprint cards and fees;
- Submit an official transcript confirming completion of the 1st Semester of a Board-approved RN or LPN nursing program within two (2) years prior to application.

- **Certification by RECERTIFICATION.**

IN ADDITION TO SUBMITTING A COMPLETE APPLICATION, an Applicant must:

- Submit fees;
- Meet one (1) of the required continued competencies;
- IF you have a “yes” answer to a discipline history question #9, which has not been previously disclosed, you must submit fingerprint cards and fees and provide a personal statement, as well as copies of court documents pertaining to the incident(s). IF you have previously disclosed the incident on a prior application, you do not have to resubmit court documents or new fingerprint cards.

[APPLICATION BEGINS ON FOLLOWING PAGE]

Additional Certification Course Completed:

Name of Certification Course: _____

City _____ State: _____ Date Enrolled _____ Date Completed _____
 (month/year) (month/year)

6) CERTIFICATION (Endorsement/Recertification applications only)

List **ALL** states (including Wyoming), beginning with your original state of Certification, in which you are currently or have EVER been certified as a Nursing Assistant. Indicate the Certificate number and the name in which the Certificate was issued. Attach a separate sheet if necessary.

State	Certificate Number	Legal Name in Which Certificate was Issued	Current Status (Active, Inactive, Expired)	Original State of Certification
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes

MEET CONTINUED COMPETENCY REQUIREMENTS BY ONE (1) OF THE FOLLOWING:

- I worked a minimum of sixteen (16) hours as a CNA **AND** completed twenty-four (24) hours of learning activities related to CNA practice, such as in-services or continuing education, within the last two (2) years; or
- I completed a Board-approved Nursing Assistant training and competency evaluation program **AND** passed a national Nursing Assistant certifying examination within the last two (2) years; or
- I have completed the 1st Semester of a Board-approved Nursing education program within the last two (2) years. (Provide official Transcripts)

7) EMPLOYMENT HISTORY (for the past two (2) years)

- Begin WITH CURRENT OR MOST RECENT employment;
- Include dates of unemployment, travel, school, homemaker, etc.;
- Attach a separate sheet if necessary.

1. START DATE _____ END DATE _____ HOURS PER WEEK _____
 (month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

Applicant Name _____

2. START DATE _____ END DATE _____ HOURS PER WEEK _____
(month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



3. START DATE _____ END DATE _____ HOURS PER WEEK _____
(month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____



4. START DATE _____ END DATE _____ HOURS PER WEEK _____
(month /year) (month /year)

EMPLOYER _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

<p>Are you currently employed in nursing:</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Part time</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Retired</p> <p><input type="checkbox"/> Volunteer</p>	<p>If you are currently employed in nursing check all that apply:</p> <p><input type="checkbox"/> Acute Care (Hospital)</p> <p><input type="checkbox"/> Assisted Living</p> <p><input type="checkbox"/> Case/Disease Management</p> <p><input type="checkbox"/> Doctor's Office</p> <p><input type="checkbox"/> Home Health</p> <p><input type="checkbox"/> Long Term Care (Nursing Home)</p>	<p><input type="checkbox"/> Nursing Education</p> <p><input type="checkbox"/> Private Clinic</p> <p><input type="checkbox"/> Public Clinic</p> <p><input type="checkbox"/> Public Health</p> <p><input type="checkbox"/> School Nurse</p> <p><input type="checkbox"/> State Facility</p> <p><input type="checkbox"/> Student</p>	<p><input type="checkbox"/> Telephonic</p> <p><input type="checkbox"/> Traveling Agency</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Utilization Review</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>
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[APPLICATION CONTINUED ON FOLLOWING PAGE]

8) **HISTORY INFORMATION**

Applicant must:

- Answer every question with absolute and complete truthfulness. If you are in doubt about whether or not to report, you should report it;
- Submit the required documentation for any “yes” answer;
- The Application is INCOMPLETE until all required documentation is received.

- Has any DISCIPLINARY ACTION been taken or is pending (i.e. open investigation) against your professional license, certificate, or permit from a licensing authority?
a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
- Have you ever been DENIED a professional license, certification, or permit?
a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
- Have you ever had a professional license, certification, or permit REVOKED or SUSPENDED?
a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
- Have you ever VOLUNTARILY SURRENDERED or RELINQUISHED any professional license, certification, or permit during or following an investigation?
a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
- Have YOU EVER BEEN INVESTIGATED or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY by the Department of Family Services (DFS) OR Law Enforcement?
a. No Yes If “YES,” provide: Personal Statement Documentation of disciplinary action
- In the last five (5) years, have you been diagnosed with or treated for any physical or mental condition that significantly disrupts your motor function, cognition or behavior, and may impair your ability to perform nursing services or duties competently?
a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
- In the last five (5) years, have you abused, excessively used, received any treatment for the use of: prescription medication, alcohol, or any other controlled or illicit substance having similar effects or have you tested positive for a controlled substance for which you did not have a valid prescription?
a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
- Have you been terminated or permitted to resign in lieu of termination from a nursing or other health care position because of your use of alcohol or use of any controlled substance, habit-forming drug, prescription medication, or drugs having similar effects?
a. No Yes If “YES,” provide: Personal Statement Progress report from counselor OR provider, including a Discharge Summary or Aftercare Plan.
- Have you **ever** been arrested, convicted, pled guilty to, pled nolo contendere to (no contest), received a deferment, had a record expunged, or have charges pending against you for any crime including felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance? Do not include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.
a. No Yes If “YES,” provide a Personal Statement and Court Documents including:
• Information Sheet or Ticket • Judgment and Sentencing • Court Order • Proof the case is closed • Proof of compliance (i.e., Probation Complete / Expunged documents / Classes Attended/Fines Paid/Evaluation Completed)

SIGNATURE REQUIRED: I certify under penalty of perjury and subject to the provisions of Wyo. Stat. Ann. § 6-5-303 and its penalties, I have not knowingly submitted false or misleading information to WSBN on any application for licensure or temporary permit. I understand WSBN reserves the right to verify any information in this application.

Applicant’s Signature: _____ Date: _____

Printed Name of Parent/Legal Guardian (if Applicant under age 18): _____

Parent/Legal Guardian Signature: _____

You may use this form to record your 24 hours of learning activities related to CNA practice, (such as in-services or continuing education hours); or provide a print out from your current/previous employer. The print out must provide the same information as requested below.

MUST READ AND SIGN ON FOLLOWING PAGE

	Date	Name of In-service	Number of Hours	Name and Address and Phone Number of In-service Provider	Authorized Signature of Provider
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**Wyoming State Board of Nursing
130 Hobbs Ave, Suite B, Cheyenne, Wyoming 82002
VERIFICATION OF CERTIFICATION**

If you are endorsing from another state: Complete the top of this page and forward it to the state in which you were originally certified. There may be fees associated with the verification required on this form. Contact your state of original certification for fee information before forwarding this form to them for completion.

Last Name: _____ First Name: _____ Middle Initial: _____ Maiden Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Certification Course/Program: _____ Social Security Number: _____

Name: _____ Original License Number: _____ Date Issued _____

I hereby authorize the _____ to furnish to the Wyoming State Board of Nursing the information below. (Name of State Board of Nursing to which form is being sent)

Date: _____ Signature: _____

CERTIFYING AGENCY:		
This is to certify the above-named individual was issued Certificate number: _____		
Date of Issuance: _____	Date Certificate Expires: _____	
Certified by:		
<input type="checkbox"/> Examination	<input type="checkbox"/> Endorsement	<input type="checkbox"/> Waiver <input type="checkbox"/> Deeming <input type="checkbox"/> Other (Specify) _____
Current Certification Status: <input type="checkbox"/> Active <input type="checkbox"/> Lapsed		
IF YES TO ANY OF THESE QUESTIONS, PLEASE ATTACH EXPLANATION:		
Has this Certificate ever been encumbered in any way (revoked, suspended, restricted, limited, placed on probation)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Under current investigation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Action Pending?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Nursing Assistant Education Program :	Date Completed:	Met OBRA Guidelines:
		APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
Location (City and State):		
SEAL	Signature: _____	
	Title: _____	
	State: _____	
	Date: _____	
TO THE BOARD: Please return this form directly to the Wyoming State Board of Nursing for individual requesting licensure in Wyoming		

FEEES

(All fees are non-refundable and subject to change)

You must include payment (Cashier's Check, Money Order, VISA, MasterCard or Discover) with your application.

WSBN CANNOT ACCEPT PERSONAL CHECKS OR CASH.

Name of Applicant (PLEASE PRINT):

If checked, enter cost in "Amount" Column	Cost	Amount
<input type="checkbox"/> Criminal Background Check/Fingerprint Cards (mandatory)	\$ 60.00	\$ 60.00
<input type="checkbox"/> CNA Examination Fee	\$ 60.00	\$
<input type="checkbox"/> CNA Endorsement Fee	\$ 60.00	\$
<input type="checkbox"/> CNA Recertification Fee	\$ 60.00	\$
<input type="checkbox"/> Processing fee if paying by VISA, MasterCard or Discover (automatically assessed)	\$ 5.00	\$
TOTAL amount due:		

Name, Address, and Phone Number of Individual Paying (PLEASE PRINT):

Certificate Holder Paying Third Party Paying

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Card Number and Three Digit Security Code (on back of card): [][][][] - [][][][] - [][][][][] - [][][][][] Security Code: [][][]	Expiration Date:
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NOTE: Depending on office volume, requests could take up to 14 business days to process, providing application/request is COMPLETE.

By signing below, I authorize the Board of Nursing to debit my credit card for the total amount indicated above.

Signature: _____ Date: _____

Please help us to provide you with speedy customer service; review your application one more time to make sure you have submitted all the required documents and correct payment amount.

Thank you for applying with the Wyoming State Board of Nursing! We look forward to having you join us in fulfilling our mission: To serve and safeguard the people of Wyoming through the regulation of nursing education and practice.