



APPLICATION FOR
**WYOMING NURSING ASSISTANT CERTIFICATION
BY RECERTIFICATION**

All certificates 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 Wyo. Stat. § 6-5-303, and its penalties, that you have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing on any application for recertification.

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

Thank you for applying to the Wyoming State Board of Nursing (WSBN) for recertification. In order to process your application quickly, please follow these instructions. Contact our office with any questions. We will be happy to assist you!

- Complete Application. If you choose not to type in the document, please print neatly in INK.
- You must provide all required information or your application will be considered incomplete. WSBN will hold incomplete applications for one year from the date received.
- For faster notification of your application status, provide an accurate e-mail address.
- There are no refunds for incomplete or withdrawn applications.
- **WSBN is paperless. All licenses, certificates & temporary permits will be available for verification on-line at <http://nursing.state.wy.us/>.**

Requirements:

- Submit evidence of continued competency to return to practice (Administrative Rules and Regulations of the State Board of Nursing, Chapter 2, Section 18); and
- Have committed no acts which are grounds for disciplinary action (Wyo. Stat. § 33-21-146), or if you have committed such acts, provide adequate documentation for the WSBN to review your case; and
- Provide payment of appropriate fees (by money order, cashier's check, VISA, MasterCard or Discover).

Please Remember: WSBN's primary purpose in consideration of any application is that you are adequately qualified to practice as a nursing assistant and that there are no circumstances that suggest that there is a risk to the public health, safety and welfare. Such circumstances will affect how soon an investigation may be completed. Your cooperation is greatly appreciated!

Certified Nursing Assistants Four Month Rule:

All Nursing Assistants (NAs) seeking certification or Certified Nursing Assistants (CNAs) seeking recertification in Wyoming are entitled to four months (120 days) to become certified.

Before Beginning Employment in Wyoming:

- CNAs seeking employment in a Home Health/Public Health Agency or in the community **MUST BE CERTIFIED** in the State of Wyoming.

Immediately upon employment:

- **Begin a training program:** CNAs who completed NATCEP in the past, whether in-state or out-of-state, and have allowed their certification to lapse (and do not meet continued competency requirements) will be given four months (120 days) to complete the training program and become re-certified.
- **Apply for certification by endorsement:** If you are from another state and hold a current certificate from that state, you have four months (120 days) to obtain Wyoming Certification. If you are from another state and have allowed certification to lapse, but meet continued competency requirements, you have four months (120 days) to obtain Wyoming Certification.

NOTE: A CNA who has not completed a NATCEP/NNAAP program or has not become certified within the four month period may not:

- a) Go from one facility to another for the sole purpose of repeating the four-months training and certification period; or**
- b) Be discharged and rehired by a facility for the sole purpose of repeating the four months training and certification period.**
- c) Nursing assistants, regardless of title or setting, who work for a staffing agency shall be required to be certified prior to beginning work. (Chapter 7, Section 3 (ii))**

CNA HIRED BY THE FAMILY

Advisory Opinion Number: 08-187

The Wyoming Nurse Practice Act [W.S. 33-21-120(a) (xii)] and the Administrative Rules and Regulations [Chapter 7, Section 7(a)] require that a Certified Nursing Assistant (CNA) work under the supervision or direction of a licensed nurse. The CNA is required to work with a licensed nurse to develop a plan of care for private patient visits/care. If the licensed nurse is readily available by telecommunication [Chapter 9, Section 6(a) (iii)], the CNA may work using the title of CNA and the hours employed by the private party will count for continued competency. If the CNA does not work with a licensed nurse, the CNA may no longer use the title or initial of CNA and the hours employed by the private person will not count toward continued competency for renewal. Regardless of whether the CNA works under the supervision of a licensed nurse or not, the CNA will be held responsible and accountable to the standards of a certified nursing assistant.

What you need to get started: (Check off items as you complete them)

_____ A form of payment WSBN accepts (money order, cashier's check, VISA, MasterCard or Discover, page 5).

_____ A copy of evidence of lawful presence (e.g., your social security card AND driver's license, or birth certificate, passport, or other item listed in application page 6). **If you use your driver's license as proof of lawful presence, it must have the same name as your social security card.**

_____ A copy of documentation that you meet at least one (1) of the required continued competencies options (page 7).

Additional submissions (if requested)

_____ **Fingerprint cards.** If as required by this application you have disclosed a pending criminal matter or that a criminal conviction since your license lapsed or expired, or became inactive, the WSBN may request that you submit to a criminal background check before we can issue a license. If you are requested to submit to a criminal background check, fingerprint cards will be sent to you upon receipt of the application **and** appropriate fees, including cost for the criminal background check indicated in the application. To avoid delays in the issuing of your license, you should include payment for the criminal background check along with payment of other fees at the time of application. This will expedite the process. **Fingerprint cards will be sent to you once your application and fees are received.** Once you receive the fingerprint cards, provide completed fingerprint cards, following instructions for chain of custody and return to WSBN. **You must return the completed fingerprint cards and WSBN must receive the background check report from the Division of Criminal Investigation before your license will be issued.**

If you would like your fingerprint cards mailed to a different address than what is listed on your application, please provide a self-addressed envelope (8"X 11").

_____ **Mental/Physical Examination.** If as required by this application you have disclosed a mental or physical disability, or existence of addiction (including treatment) since your license lapsed or expired, or became inactive, the WSBN may request that you submit to a biophysical, psychological, psychiatric, substance abuse evaluations, anger management, competency evaluation, to confirm your ability to provide safe practice to the public before we can issue a license. You will be responsible for the costs of such evaluations.

Changes in contact information

Please advise us of any changes in the address, telephone or email information you submit with your application. If you do not do so, it may delay the issuance of your license.

WHAT YOU NEED TO KNOW FOR THE FUTURE:

Nursing Assistant Renewal:

CNA Certificates are renewable every evenly numbered year (i.e. a certificate issued in 2011 will need to be renewed in 2012 and then again in 2014). You will need to have 16 hours of employment as a CNA and 24 hours of in-service education hours to renew. Please read Chapter 2 of the Rules and Regulations for more information about this requirement. The Rules and Regulations are located on our website at <http://nursing.state.wy.us>

CNAs must maintain current certification in order to be employed. Wyoming is a mandatory licensure state. All licenses and certificates expire December 31 of EVEN years (2010, 2012, etc.). You must recertify in order to continue to work as a CNA. If you continue to work past your expiration date without renewing your certificate, you are engaged in unlicensed practice and in violation of the Nurse Practice Act.

FEES

(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):

	Cost	Amount
CNA Recertification Application Fee	\$ 60.00	\$
Criminal Background Check/Fingerprint Cards (if requested)	\$ 60.00	
<input type="checkbox"/> Processing fee if paying by VISA, MasterCard or Discover (automatically assessed)	\$ 5.00	\$ 5.00
TOTAL amount due:		

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

Licensee 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):	Expiration Date:
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 15px; height: 15px;"></div> </div>	
	Security Code: <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	

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 charge 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 for a Certified Nursing Assistant certificate 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.

RETURN YOUR COMPLETE APPLICATION AND PAYMENT TO:

Wyoming State Board of Nursing
130 Hobbs Avenue – Suite B
Cheyenne, WY 82002

Complete this application ONLY if you are a nursing assistant seeking certification by **RECERTIFICATION** in **WYOMING**

1) PERSONAL INFORMATION:

Social Security Number _____ Date of Birth _____ Male/Female _____

Last Name _____ First Name _____ Middle Name _____ Maiden Name _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Work Phone _____ E-mail Address _____

2) LAWFUL PRESENCE: (Described in instructions, page 1)

You must provide evidence of your lawful presence in the U.S. to be granted professional licensure. **Please provide a copy of your Social Security Card and one of the following:**

- | | |
|--|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> INS Form I-551 (commonly known as a “green card/visa”) Exp. Date: _____ |
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> Driver’s License |
| <input type="checkbox"/> Certificate of Naturalization | <input type="checkbox"/> Other documentation that shows lawful admittance into the United States |
| <input type="checkbox"/> Certificate of Citizenship | |

3) Check your highest NON-NURSING education

High School Diploma Associate Degree Baccalaureate Degree Master’s Degree Doctorate Degree

4) NAME AND LOCATION OF MOST RECENT CERTIFICATION COURSE YOU COMPLETED:

Name of nursing assistant program: _____ City and State: _____

Date Enrolled _____ Date Completed _____
(month and year) (month and year)

Name and location of any additional nursing education: _____

City _____ State: _____ Date Enrolled _____ Date Completed _____

Degree Earned: _____

Did you receive funding for your nursing assistant training and competency evaluation program from Wyoming by Workforce Services, a healthcare facility, federal grant or similar funding program? Yes No

5) I MEET CONTINUED COMPETENCY REQUIREMENTS BY ONE of the following:

I have worked a minimum of 16 hours as a **CNA and** have completed twenty-four (24) hours of learning activities related to CNA practice, (such as in-services or continuing education hours) in the last two (2) years.

I have completed a WSBN-approved nursing assistant training and competency evaluation program AND passed a national nursing assistant certifying examination within the last two (2) years.

I have completed the first semester of a Wyoming nursing education program or comparable out-of-state nursing education program within the last two (2) years.

6) CERTIFICATION:

List ALL states, beginning with your original state of certification (including Wyoming if applicable) in which you are currently or EVER have been certified as a nursing assistant. Provide the certificate number for each entry. Provide your name as it appears on any certificate issued. Attach a separate sheet if necessary.

State	Certificate Number	Legal Name in Which Certificate was Issued	Current Status (Active, Expired)	Original State of Certification?
				Yes
				Yes
				Yes

7) EMPLOYMENT:

TWO YEAR EMPLOYMENT HISTORY, STARTING WITH CURRENT OR MOST RECENT

- **Employment information must be complete.** Attach a separate sheet if necessary.
- Include dates of unemployment, travel, school, homemaker, etc. **Do not leave any period of time unaccounted for or the application will be returned to you for completion.**
- If employed as a traveling nursing assistant, indicate the individual agency from which you have or are accepting assignments/employment.

1. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

2. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

3. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

Name: _____

4. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

5. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

6. BEGINNING DATE _____ END DATE _____ HOURS PER WEEK _____
(Month and Year) (Month and Year)

EMPLOYER NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION _____ SUPERVISOR _____

IF YOU NEED MORE ROOM TO COMPLETE YOUR TWO YEAR EMPLOYMENT HISTORY, PLEASE ATTACH A SEPARATE SHEET

<p>Are you currently employed in nursing:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Volunteer</p>	<p>If you are currently employed in nursing check all that apply:</p> <table border="0"><tr><td><input type="checkbox"/> Acute Care (Hospital)</td><td><input type="checkbox"/> Nursing Education</td><td><input type="checkbox"/> Telephonic</td></tr><tr><td><input type="checkbox"/> Assisted Living</td><td><input type="checkbox"/> Private Clinic</td><td><input type="checkbox"/> Traveling Agency</td></tr><tr><td><input type="checkbox"/> Case/Disease Management</td><td><input type="checkbox"/> Public Clinic</td><td><input type="checkbox"/> Unemployed</td></tr><tr><td><input type="checkbox"/> Doctor's Office</td><td><input type="checkbox"/> Public Health</td><td><input type="checkbox"/> Utilization Review</td></tr><tr><td><input type="checkbox"/> Home Health</td><td><input type="checkbox"/> School Nurse</td><td><input type="checkbox"/> Other: _____</td></tr><tr><td><input type="checkbox"/> Long Term Care (Nursing Home)</td><td><input type="checkbox"/> State Facility</td><td>_____</td></tr><tr><td></td><td><input type="checkbox"/> Student</td><td></td></tr></table>	<input type="checkbox"/> Acute Care (Hospital)	<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Telephonic	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Private Clinic	<input type="checkbox"/> Traveling Agency	<input type="checkbox"/> Case/Disease Management	<input type="checkbox"/> Public Clinic	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Doctor's Office	<input type="checkbox"/> Public Health	<input type="checkbox"/> Utilization Review	<input type="checkbox"/> Home Health	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Long Term Care (Nursing Home)	<input type="checkbox"/> State Facility	_____		<input type="checkbox"/> Student	
<input type="checkbox"/> Acute Care (Hospital)	<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Telephonic																				
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<input type="checkbox"/> Home Health	<input type="checkbox"/> School Nurse	<input type="checkbox"/> Other: _____																				
<input type="checkbox"/> Long Term Care (Nursing Home)	<input type="checkbox"/> State Facility	_____																				
	<input type="checkbox"/> Student																					

8) HISTORY INFORMATION:

General Information:

- Every application is reviewed on an individual basis.
- The Licensing Department performs the investigation & assembles materials/information to send to Application Review Committee (ARC). Members of the ARC review all materials, ask for more information if needed and make the decision.
- Fingerprints / Background Check (if requested) reveal:
 - All charges in all states regardless of your age at time of offense
 - Any charges (even charges you were told were dismissed or expunged)
- Wyoming Law does not have a time limit on disclosures of past convictions, although the focus will be on those convictions that have occurred since your license lapsed or expired, or became inactive.
- The ARC also considers the following:
 - Passage of time – how recent the crime(s) took place;
 - Repeated, habitual crimes;
 - Felony versus misdemeanor (although the nature of the crime is a primary consideration);
 - Compliance with the court orders (probation, payment of fines, attendance at anger management or driving classes, evaluations, etc.);
 - Results/recommendations of existing or requested evaluations (e.g., psychological, psychiatric, substance abuse evaluations, anger management, competency evaluations, etc.); and
 - How the crime relates to nursing practice and public safety (for example, a history of domestic violence may be considered a risk for harming a vulnerable patient).
- All requirements imposed from discipline from other State Boards of Nursing against your license/certification must be completed before applying to WSBN.

It takes a significantly longer period of time to process your application if you have disclosed a discipline/compliance issue. It takes even longer if you have failed to disclose and the issue is revealed through your criminal background check.

Court Documents:

- The ARC requires all court documents from the beginning of the arrest to the final disposition of your case, even if the charge(s) was pled down to a lesser charge, deferred, dismissed, etc. Failing to provide complete documentation only delays the process.
- The ARC requires the following court documents:
 - Charging document; sometimes called the information sheet;
 - Judgment and Sentencing;
 - Proof and compliance with the court orders:
 1. Court fines were paid;
 2. Probation completed without problems; **if you are currently on probation, e-mail wsbn-info-licensing@wyo.gov and provide your contact information and we will contact you to discuss your individual situation;**
 3. Classes attended; and
 4. Evaluations completed and subsequent action on that evaluation.

Personal Statement (a SIGNED statement in your own words):

- A good personal statement describes:
 - The month and year of the incident
 - Legal or court action taken against you
 - What you have learned
 - How you will assure the ARC that this type of behavior will not happen again
 - Full description of the incident
 - Treatment and outcome of treatment if applicable (i.e. mental health, substance abuse, etc.)
 - How you have changed, specifically, what changes have you made in your behavior and decision-making as a result of your criminal past
 - Signature and Date
- Do not simply list out the charges; this will be rejected by the ARC and cause delays and may result in the ARC not granting a license.
- Please visit the discipline tab on our website at: <http://nursing.state.wy.us> for an example of a personal statement that meets the elements required by the ARC.

All questions must be answered by the applicant. If you fail to answer each and every question and provide necessary documentation for any “Yes” answer, the processing of your application will be delayed. Your application is considered INCOMPLETE until all required documentation is received.

1. Has any disciplinary action been taken or is pending (i.e. open investigation) against you from a LICENSING AUTHORITY?

No Yes If “YES”, provide: • Personal Statement • Documentation of disciplinary action

2. Have you ever been investigated or charged with ABUSE, NEGLECT OR MISAPPROPRIATION OF PROPERTY?

No Yes If “YES”, provide: • Personal Statement • Documentation of disciplinary action

3. Has your application for examination or licensure ever been DENIED BY A LICENSING AUTHORITY?

No Yes If “YES”, provide: • Personal Statement • Documentation of the denial action

4. Do you have a physical or mental disability which renders you unable to perform nursing services or duties with reasonable skill and safety and which may endanger the health and safety of persons under your care?

No Yes If “YES”, provide: • Personal Statement • Progress report from counselor/physician
• Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

5. Are you now or have you in the past five (5) years been addicted to any controlled substance, a regular user of any controlled substance with or without a prescription, or habitually intemperate in the use of intoxicating liquor?

No Yes If “YES”, provide: • Personal Statement • Progress report from counselor/physician
• Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

6. 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?

No Yes If “YES”, provide: • Personal Statement • Progress report from counselor/physician
• Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

7. Have you ever been arrested, convicted, pled guilty to, pled nolo contendere to, received a deferment, 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.

No Yes If “YES”, provide a Personal Statement and court documents including:
• Information Sheet or Ticket
• Judgment and Sentencing
• Proof of compliance with the following (if applicable):

- Court Order
- Probation Completion
- Evaluation Completed and Subsequent Action related to Evaluation
- Fines Paid
- Classes Attended
- Proof that the case is closed

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

Applicant’s Signature: _____ **Date:** _____

You may use this form to provide your 24 hours 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 PAGE 2

	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.					

**WYOMING STATE BOARD OF NURSING
CERTIFIED NURSING ASSISTANT
CONTINUING EDUCATION LOG**

	Date	Name of In-service	Number of Hours	Name and Address and Phone Number of In-Service Provider	Authorized Signature of Provider
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					

I certify under penalty of perjury and subject to the provisions of W.S. §6-5-303 and its penalties, that I have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing on this in service log. **The Board reserves the right to audit the information provided above.**

Applicant's signature: _____ **Date:** _____