



APPLICATION FOR
WYOMING NURSING ASSISTANT CERTIFICATION
BY ENDORSEMENT, DEEMING, or 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 W.S. 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 licensure or temporary permit.

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

Thank you for applying to the Wyoming State Board of Nursing (WSBN). We look forward to welcoming you to your new profession! 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 is 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- There are no refunds for incomplete or withdrawn applications.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:

If you are applying for a nursing assistant certificate by endorsement from another state or recertification you must:

- Submit evidence of meeting the requirements for continued competency (page 5); and
- Have committed no acts which are grounds for disciplinary action (W.S. 33-21-146), or if you have committed acts, provide adequate documentation for the board to review your case;

Criminal Background Check:

In accordance with Wyoming Statutes, WSBN requires to criminal background checks before we can issue a license or certificate, even if you had a background check in the past.

Fingerprint cards will be sent to you once the application and fees are received at WSBN. You must return the completed fingerprint cards and WSBN must receive the background check report from the Division of Criminal Investigation before your certificate will be issued.

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.
- CNAs who did not complete the Nurse Aide Training and Competency Evaluation Program (NATCEP) due to personal reasons (pregnancy, spouse transferred, health, etc.) will be allowed to re-enter the program and will be given four months (120 days) to complete the entire program and become certified.

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 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.

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

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

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

_____ Submit verification from your original state of certification confirming completion of a state board-approved nursing assistant training and competency evaluation program

_____ **Provide a self-inquiry report from Healthcare Integrity and Protection Data Bank (HIPDB)**

1. Initiate the report online at: <http://www.npdb-hipdb.hrsa.gov/welcomesq.html>.
2. Print off the completed form, have it notarized and **mail it to HIPDB, the address is on top of the form.**
3. Once the notarized form is mailed to HIPDB; within three business days you should receive a notice via e-mail that the report is complete and available for viewing. Follow the instructions to view the report.
4. Then print the e-mailed report and send to WSBN with application and fees.
5. HIPDB customer service #1-800-767-6732.

If you are applying for a nursing assistant certificate by **deeming** you must:

_____ Complete all steps required for certification by Endorsement or Recertification; and

_____ Provide an official transcript confirming completion of the first semester of a board-approved nursing program in the last two years;

_____ **Fingerprint cards will be sent to you once your application and fees are received;** once you receive them provide fingerprints, following instructions for chain of custody and return to WSBN.

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):

	Cost	Amount
Criminal Background Check/Fingerprint Cards (mandatory)	\$ 60.00	\$ 60.00
CNA Application Fee	\$ 60.00	\$ 60.00
Sub-Total	\$ 120.00	\$ 120.00
<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):

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): <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> Security Code: <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date:
---	--	------------------

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
1810 Pioneer Avenue
Cheyenne, WY 82002

Name: _____ Social Security Number: _____

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?
				<input type="checkbox"/> Yes
				<input type="checkbox"/> 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: _____ Social Security Number: _____

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 _____

7. 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</p> <p><input type="checkbox"/> Full time</p> <p><input type="checkbox"/> Part 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> <table><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																				
<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																					

8) HISTORY INFORMATION:

General Information:

- Wyoming Law does not have a time limit on disclosures of past convictions.
- Every application is reviewed on an individual basis.
- Fingerprints / Background Check 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)
- 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.
- The ARC 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 the primary consideration);
 - Compliance with the court orders (probation, payment of fines, attendance at anger management or driving classes, evaluations, etc.);
 - Results of evaluations (substance abuse evaluations, anger evaluations, etc.)
 - 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); and
- 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, 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 significant delays and may result in the ARC not granting a certificate /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.

Name: _____ Social Security Number: _____

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 significantly delayed. Your application is INCOMPLETE until all required documentation is received.

1. Has any disciplinary action been taken or is pending 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

If you answer "YES" to questions **4, 5, 6 or 7**, you **MUST** provide all three of the following:

- Personal Statement
 - Progress report from counselor/physician
 - Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)
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
 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
 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
 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 ○ Fines Paid
 - Probation Completion ○ Classes Attended
 - Evaluation Completed and Subsequent Action on that Evaluation ○ Proof that the case is closed

SIGNATURE REQUIRED: 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 any application for licensure or temporary permit. I understand the WSNB reserves the right to verify any information in this application.

Applicant's Signature: _____ **Date:** _____

Printed Name of Parent or Legal Guardian (if applicant under 18): _____

Parent or Legal Guardian Signature: _____

Wyoming State Board of Nursing
1810 Pioneer Avenue, Cheyenne, WY 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: _____

Basic Nursing Assistant Certification Course or Nursing Education Program: _____ Social Security Number: _____

Name: _____ Certificate Number: _____ Date Issued _____

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

Date: _____ Signature: _____

CERTIFYING AGENCY:

This is to certify that the above-named individual was issued certificate number: _____

Date of Issuance: _____ Date Certificate Expires: _____

Certified by:

- Examination Other (specify) _____
 Endorsement
 Waiver
 Deeming

Current Certification Status: Active
 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)?

Yes No

Under current investigation?

Yes No

Action Pending?

Yes No

Name of Nursing Assistant Education Program completed:

Met OBRA Guidelines

APPROVED: Yes No

Location (City and State):

Date Completed:

Number of times examination written:

Signature: _____

Title: _____

State: _____

Date: _____

SEAL

TO THE BOARD: Please return this form directly to the Wyoming State Board of Nursing for individual requesting licensure in Wyoming

WYOMING STATE BOARD OF NURSING
 CERTIFIED NURSING ASSISTANT
 CONTINUING EDUCATION LOG

According to the Administrative Rules and Regulations, “No certification shall be renewed unless the nursing assistant/nurse aide has been employed as a nursing assistant/nurse aide for sixteen (16) hours within the past two years and has completed twenty-four (24) hours (12 hours each year) of appropriate in-service education in the past two (2) years” [Chapter 2, Section 11 (c)]. This Continuing Education Log must be completed in preparation for renewal.

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.					

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 printed name: _____ **Social Security Number:** _____

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