



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF HEALTH FACILITY LICENSURE
AND CERTIFICATION

Joe Manchin III
Governor

Patsy A. Hardy, FACHE, MSN, MBA
Cabinet Secretary

Long-Term Care Nursing Assistant Program

Name
Address
City, State, Zip

Expiration Date:

Re: Renewal Application

Our records indicate that it is time for your renewal. For your convenience, you may apply for renewal by choosing one of the following options:

1. Online at www.wvdhhr.org/ohflac, or
2. By completing the hardcopy renewal packet enclosed.

Whether you choose to register on-line, or complete the hardcopy renewal application enclosed, the application must be completed 30 days, prior to the expiration date on the registry.

In order to be eligible for renewal, an individual must have worked as a Nursing Assistant for pay for at least eight (8) consecutive hours, in a two (2) year period, after most recently completing a training program.

If an individual is unemployed or working in a non-nursing related field during this period, completion of a refresher course and State approved exam is required. If a refresher course is unavailable, then the individual must complete a full training and competency evaluation program and take the State approved exam again.
[Reference 42 CFR 483.75(7),483.156(c)(2).]

Effective July 1, 2006, paid work history related to independent (self-employed) private duty employment is no longer reportable. However, in-home care rendered while employed by a Staffing Agency, or any other in-home care service provider is reportable and can be listed on your application.

A **typed** employment letter from the in-home care service provider listed on your application is required and must accompany the completed renewal application. It must be a signed letter on facility letterhead listing specific dates of hire and termination, social security number or eval-code, and job title with a list of specific duties. Note, that all breaks in employment must be listed in this letter as well, such as Workers Compensations, Medical Leave of Absence, etc

All information submitted for review, whether transmitted to us by mail or on-line, will require validation by this office before updating the registry. **Please note that this process may take up to two weeks or longer to complete.**

Thank you for taking the time to complete the renewal application. For additional assistance, please contact the Nursing Assistant Program at 304-588-0050.

COVERLETTER_MEMO-REV 9/2009

CAPITOL AND WASHINGTON STREET
ONE DAVIS SQUARE, SUITE 101
CHARLESTON, WV 25301-1799
TELEPHONE: (304) 558-0050 FAX (304) 558-1442



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SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.
In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

Applicant Information

If you have a name change due to marriage or divorce, attach a photocopy of the legal document, i.e., marriage certificate, divorce decree.

Full Name: _____ Birthdate: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

Phone: (____) ____ - _____
City State ZIP Code

Social Security #: _____ - - - - -
Registration number: _____
Due to re-register: _____

Have you ever been convicted, plead guilty to, or plead no contest to a misdemeanor involving a child or incapacitated adult? YES NO If yes, attach legal documentation.

Have you ever been fired from a job due to an allegation of abuse, neglect, or misappropriation of resident's property? YES NO If yes, attach a brief description:

Have you ever been convicted of a felony, plead guilty to or plead no contest to a felony punishable up to one year or more? YES NO If yes, attach legal documentation.

Have you ever been convicted of a felony, in any state, that has NOT been previously reported to this Nursing Assistant Registry (NAR)? YES NO If yes, attach legal document

Do you have any criminal charges currently pending in any state, which have **NOT** been previously reported to this NAR? YES NO If yes, attach a brief description: (what, when and where)

Are there disciplinary actions pending against you, or your placement on any NAR, in any state, that has **NOT** been reported to this Agency? YES NO If yes, attach a brief description: (what, when and where)

Current Job Experience

Please list where you are **currently** working.

CURRENT Employer: _____ Date Hired: ____ / ____ / ____

Address: _____ Phone: (____) ____ - _____

Responsibilities: Feeding Vital Signs ADL's Bed making Catheter care
 Activities Height/Weight Laundry Transfer/lifting Transporting

