



Office of Health Facility Licensure & Certification

NURSE AIDE APPLICATION BY RECIPROCIITY

COMPLETE THIS APPLICATION AND RETURN TO:

Office of Health Facility Licensure & Certification
Attention: Nurse Aide Program
408 Leon Sullivan Way
Charleston, WV 25301-1713
(304) 558-0050

LOG NUMBER _____

DATE _____

OFFICIAL USE ONLY

NOTE: This application can only be accepted if all required fields are completed and additional requested documentation is attached.

APPLICANT INFORMATION

Full Name: _____
Last First Middle Maiden

Date of Birth: _____ **Social Security Number:** _____

Address: _____
Street Address

City State ZIP Code County

Phone: () _____ **Fax:** () _____

E-mail Address: _____

Sex (optional): Male Female **Race (optional):** _____

TRAINING PROGRAM

Program Name: _____

Address: _____
Street

City State ZIP Code

Date of training program completion: _____

CURRENT REGISTRATION

State Currently Registered: _____ **Registration Number:** _____

Date Placed on Registry: _____ **Expiration Date:** _____

List all state nurse aide registries containing your name:

PLEASE CHECK (X) "YES" OR "NO" TO INDICATE YOUR STATUS.	YES	NO	
1. Are you currently on another state's nurse aide registry for abuse, neglect, or misappropriation of resident property?			If yes, attach a copy of the notification of placement.
2. Have you ever been convicted, pled guilty, or pled no contest to a crime involving a child or incapacitated adult?			If yes, attach a copy of the court order to the West Virginia Nurse Aide Program.
3. Have you ever been convicted, pled guilty, or pled no contest to a felony?			If yes, attach a copy of the court order to the West Virginia Nurse Aide Program.

IMMEDIATE PAST EMPLOYMENT

Job Title: _____

Employer: _____

Address: _____

Street Address

Phone: _____

City

()

State

Zip Code

Supervisor: _____

Title: _____

Date Hired: _____

Last Day: _____

Responsibilities: _____

PREVIOUS EMPLOYMENT

Job Title: _____

Employer: _____

Address: _____

Street Address

Phone: _____

City

()

State

Zip Code

Supervisor: _____

Title: _____

Date Hired: _____

Last Day: _____

Responsibilities: _____

DISCLAIMER AND SIGNATURE

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, 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 42 CFR 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 Nurse Aide Registry.

By signing this application, I verify that I have submitted true and accurate information. I also understand that if I have submitted any false information on this application reciprocity will be denied and my name will not be added to the West Virginia Nurse Aide Registry. In addition, I hereby give my permission for the state nurse aide registries listed on this application to release information to the state of West Virginia for the purpose of certification verification.

Signature: _____

Date: _____