To: Nurse Aide Reinstatement Applicant
From: Cheryl Garland / CNA Registry

Your nurse aide certificate has been expired for more than 90 days. In order to reinstate, you must complete the enclosed reinstatement application and return it along with the required $30 fee (check or money order made payable to the “Treasurer of Virginia”). Please note this fee is NONREFUNDABLE. In order to be eligible for reinstatement without AISO being required to retake the nurse aide competency test (skills and written) as specified by Board of Nursing Regulation 18 VAC 90-25-80.B, you must have performed nursing-related duties for pay during the two years preceding the expiration date of your Virginia certificate to practice as a certified nurse aide AND within two years of our receiving your application. If you are unable to meet the specified work requirements and must retest in order to verify your continued competency for reinstatement as specified in federal and state law and regulations after the Board receives and considers your application for reinstatement and fee, information would be sent to you in order to do so. Currently, the cost of that test is $94. If you retake the nurse aide competency test BEFORE you apply for reinstatement with this Board, you will be required to submit this form and fee before your certificate will be reinstated. Please note that applications and fees are retained for one year only; if all requirements are not met for reinstatement within a year of the Board receiving the enclosed application and fee, another application and fee will be required.

***Persons who have previously had a finding of neglect, abuse, or misappropriation of patient property placed against their certificate by the Board are ineligible for reinstatement pursuant to Regulation 18 VAC 90-25-80.B.2. However, persons with a finding of neglect based upon a single occurrence can apply ONCE ONLY for reinstatement with a petition for removal of that finding pursuant to Regulation 18 VAC 90-25-80.B.2.C. An informal fact-finding conference would be scheduled wherein the burden of proof rests upon the nurse aide to provide sufficient evidence demonstrating that personal and employment histories do not reflect a pattern of abusive behavior or neglect.***

DO NOT SEND THIS FORM IF YOU HAVE NEVER BEEN CERTIFIED IN VIRGINIA; SUBMIT AN APPLICATION FOR NURSE AIDE CERTIFICATION BY ENDORSEMENT.

Please follow the instructions below while completing the reinstatement application:

- Complete the front page IN FULL. Do not leave any section blank.
- Mark a response to each of the three screening questions at the top of the second page (questions 1-3). If you answer "Yes" to any of these questions, see below for the additional information needed per your response to the appropriate question.

If you mark an affirmative answer to any of the screening questions, please submit the below-outlined information in support of your application.

**Screening Question 1.** (1) A certified copy of each conviction order from the courthouse showing the date and nature of the offense, the disposition of your case, and sentence agreement. If your conviction record has been destroyed by the court, you can obtain a criminal background report from the State Police Department and send that to us. (A background report indicating a conviction date within the time frame of the court maintaining a record of that conviction will not be acceptable.) **Please note:** Felony convictions are held much longer than misdemeanors; a criminal background report will not be accepted in lieu of the court record if you have a felony conviction. If your felony conviction makes mention of a pre-sentencing probationary report, please make sure that report is included with your sentencing order. (2) Evidence you have satisfied all court requirements, including payment of fines, court costs, and restitution; a probationer officer’s report, if on supervised probation, outlining the terms of probation and your satisfactory completion of those terms, including completion of community service hours, substance abuse treatment program completion, ASAP, or any other terms; a letter of prognoses from any substance abuse or other counselors and/or discharge summaries from treatment of other programs, even if court-ordered; (3) A letter from you describing in detail the facts and circumstances leading to your conviction(s) and the steps you have taken to ensure it does not happen again (generally answering the questions “who, what, when, where, why and how it occurred” in your letter will provide the information we need without our having to write back for a more complete explanation); and (4) Letters from employers (nursing-related if possible; your clinical supervisor if you just completed a program and have yet to find employment) concerning your work performance and reliability.

**Screening Question 2.** (1) A factual explanation of the events resulting in the action that was taken; and (2) A copy of the order/action from that state.

If you are submitting this application because your certificate has been MANDATORILY SUSPENDED by the Department of Health Professions, please be advised that, as part of your reinstatement request, the Board will consider at a Formal Hearing the facts underlying your conviction. The burden of proof is on you to demonstrate that you are safe and competent to resume practice as a C.N.A. at that hearing. This may include submission of documentary evidence or providing witnesses to testify on your behalf addressing your work performance history while employed as a nurse aide. It would also be helpful for the Board to receive evidence regarding completion of your court-ordered sentencing requirements for the conviction, including payment of fines/restitution/court costs, and a letter from your probation officer regarding satisfactorily completion of the terms of probation (such as substance abuse evaluations or treatment, urine drug screening results, etc.), if they were required. If the Board concludes that abuse, neglect, or misappropriation of patient property was involved in your conviction or during your practice, they will be unable to reinstate you based on federal and state regulations.

Rev.06/27/2018
APPLICATION FOR REINSTATEMENT OF NURSE AIDE CERTIFICATION
INCLUDE A $30 CHECK OR MONEY ORDER MADE PAYABLE TO “TREASURER OF VIRGINIA”
THIS APPLICATION FEE IS NONREFUNDABLE
PLEASE MAIL; A FAXED APPLICATION CANNOT BE ACCEPTED

PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND ON THE BACK OF THIS PAGE. PRINT OR TYPE. MAKE SURE YOU SIGN IT IN FRONT OF A NOTARY PUBLIC.

*Disclosure of Address: Some licensees have expressed concern that their residence address is accessible. Consistent with Virginia law and the mission of the Department of Health Professions, addresses of licensees are made available to the public. This has been the policy and practice of the Commonwealth for many years. However, the application of new technology makes such information more accessible. In most cases, it is permissible for an individual to provide an address of record other than a residence, such as a post office box or a practice location. Changes of address may be made at the time of renewal or at any time through written notification to the appropriate health regulatory board. Please be advised that all notices from the board, which include renewal notices, licenses, and other legal documents, will be mailed to the address provided.

**Disclosure of Social Security/Virginia DMV Number: When completing the application, you are required to submit your social security or a control number issued by the Virginia Department of Motor Vehicles (in accordance with Section 54.1-116 of the Code of Virginia). If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

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* Current MAILING Address

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<th>City</th>
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<th>Telephone Number</th>
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**Social Security or DMV Number

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<th>Virginia Certificate Number</th>
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<th>Date of Birth</th>
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<th>Virginia Certificate Number</th>
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<th>E-mail address:</th>
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<tr>
<th>School Name of Nurse Aide Education Program</th>
<th>Location (City/State)</th>
<th>Date of Graduation (At least year graduated)</th>
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Name on registry if does not match name provided above:

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If name has changed since receiving your MOST CURRENT certificate to practice as a certified nurse aide or advance practice certificate, submit a copy of the marriage certificate or court order authorizing the change of name (i.e., divorce decree, immigration papers, etc.) with this application. YOUR NAME CANNOT BE CHANGED WITHOUT THIS DOCUMENTATION.

Reinstatement Request is due to: _______ Lapse of certificate _______ Revocation/Suspension of certificate

FOR OFFICE USE ONLY
Approved: ___________________
Reinstated: ___________________
MARK THE APPROPRIATE RESPONSE TO THE FOLLOWING QUESTIONS, PROVIDING DOCUMENTATION REQUESTED ON BACK OF FORM IF GIVING AN AFFIRMATIVE ANSWER.

___ YES ___ NO 1. Have you ever been convicted, pled guilty to, or pled no contest to the violation of any federal, state, or other law constituting a felony or misdemeanor, including convictions for driving under the influence (DUI) but excluding traffic violations? ___

___ YES ___ NO 2. Have you ever had action taken against or been denied a license or certificate in a health-related field? If "yes," explain in detail on back of this page.

Respond in full to the following questions. You may provide an explanation in “comments/explanation” section.

1. Within the past five (5) years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? YES □ NO □

A. If YES, detail under Explanation section.

B. Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES □ NO □

2. Within the past five (5) years, have you been disciplined by any entity? YES □ NO □

A. If YES, detail under Explanation section and provide any associated orders or letter from entity.

B. Within the past five (5) years, have you sought or been directed to seek treatment for your conduct or behavior? YES □ NO □

3. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a nurse aide. YES □ NO □

A. If YES, detail under Explanation section. (Note: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board).

4. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a nurse aide. YES □ NO □

A. If YES, detail under Explanation section. (Note: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board).

5. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? “Currently” means recently enough so that the condition could reasonably have an impact on your ability to function as a nurse aide? YES □ NO □

A. If YES, detail under Explanation section. (Note: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application or have the program send this documentation directly to the Board).

6. Within the past five (5) years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? YES □ NO □

A. If YES, detail under Explanation section. (Note: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application or have the program send this documentation directly to the Board).
COMMENTS-Explanation of any question answered “Yes”. Please indicate question number in your response.


Please list all the places where you have performed nursing-related duties for pay, including private-duty, beginning with your most recent employer and ending with the one you had two years prior to the expiration date of your certification. Include the name of the employer/company, city/state the company or private-duty employment was in, month and year you began each job, the month and year you ended each job, and the reason for leaving.

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<tr>
<th>Employer Name (Current/Most Recent Employer First)</th>
<th>City and State of Employer</th>
<th>Beginning Employment Date</th>
<th>Ending Employment Date</th>
<th>Reason for Leaving</th>
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CERTIFICATION

I CERTIFY BY ENTERING MY SIGNATURE BELOW: I AM THE PERSON APPLYING FOR CERTIFICATION AND MEET THE QUALIFICATIONS REQUIRED BY THE VIRGINIA BOARD OF NURSING

Further, I certify the information provided in this application has been personally provided and reviewed by me, and that the statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process are considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

Application Date: ______________________________________________________

Signature (Full Legal Name): _____________________________________________

☐ I AGREE TO THE ABOVE CERTIFICATION.