

Nevada State Board of NURSING

Application for CNA Renewal

Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547,
Toll Free (888) 590-6726 Fax (775) 687-7707 OR (702) 486-5803

www.nevadanursingboard.org

This renewal application with the \$50 renewal fee must be received on or before the end of the business day on which your current certificate expires. Nevada has no grace period—if your application is received after your certificate expires, your certificate will lapse and you may not practice. Fees are not refundable (NRS 632.345). To practice as a nursing assistant in Nevada, you must hold an active Nevada CNA certificate.

First Name Last Name

Address (this address will become your permanent address of record) Apt. #

City State ZIP Phone number

Certificate # Date of Birth Email address

It is a violation of Nevada law to falsify this application and sanctions may be imposed for fraud or misrepresentation. Incomplete applications will be returned to you for completion and this delay may cause your certificate to lapse.

Section 1. General

Yes <input type="radio"/>	No <input type="radio"/>	I am subject to a court order that requires me to pay for the support of one or more children.
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/> I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)
Yes <input type="radio"/>	No <input type="radio"/>	My name has changed and I have not notified the Nevada State Board of Nursing. Please attach a completed name change form to this application. (Visit Board website or call for form.)

Section 2. Employment and Training

Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I have worked 40 hours as a CNA, within the CNA scope of practice and at the direction of a licensed nurse (RN or LPN) during the past 24 months. Enter the name, state abbreviation and license number of the directing RN or LPN: Full Name <input style="width: 150px;" type="text"/> State <input style="width: 50px;" type="text"/> License # <input style="width: 100px;" type="text"/>
Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) I have 24 hours of in-service training (within the CNA scope of practice) in the previous two years. (You may be selected for audit and must keep your in-service training records for four years.)
I last practiced as a CNA on this date? MM/DD/YY		In what state? (You must indicate a date. Phrases such as TODAY, CURRENTLY, PRESENTLY, STILL PRACTICING, etc. will cause a delay in processing your application.)

(continued)

Section 3. Eligibility Screening Questions

(If you answer "Yes" to any of Questions 1 through 6 below, you must attach a written explanation.)

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. Since your previous Nevada license/certificate was issued, has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ol style="list-style-type: none"> Been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? Been subject to a non-disciplinary probation or monitoring program? AND/OR Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> <i>A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</i> <i>Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</i>
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Since your previous Nevada license/certificate was issued, have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> <i>A detailed letter of explanation including the events leading to your conviction; and</i> <i>Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.).</i>
Yes <input type="radio"/>	No <input type="radio"/>	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <i>A letter of explanation that addresses the impairment or limitations of practice; and</i> <i>If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</i>
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <i>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</i> <i>Documentation from knowledgeable individual(s) documenting your length of sobriety; and</i> <i>Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</i>
Yes <input type="radio"/>	No <input type="radio"/>	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <i>A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</i> <i>Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</i>
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Since your previous Nevada license/certificate was issued have you had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <i>A detailed letter of explanation regarding the events leading to the suit; and</i> <i>A copy of the complaint and current status of the case.</i>

(continued)

Section 4. Military Status

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or a United States military veteran
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse of an active United States military member or surviving spouse of a veteran.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?

Affirmation

I affirm (swear) that I have read this application and the statements made are true and correct.

If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.

Signature _____ Date _____

The renewal fee is \$50. You may pay by credit card (MasterCard, Visa, Discover, American Express), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing (NSBN). Remit U.S. Funds only.

Please note: If you do not submit all required fees, your application will be returned to you, unprocessed.

Before submitting your application please make sure you have answered ALL the questions in the top portion and Sections 1 through 3 and:

- have included the correct fee (\$50)
- have included your current mailing address
- have submitted fingerprints, if required by the Board

Choose one: Visa MasterCard Discover American Express **Amount:** \$50

Card number _____ Exp. Date _____

Name on card _____

Helpful information about renewal requirement

Proof of 24 hours of continuing training or in-service related to Nursing Assistant Skills.

- All continuing training/in-service courses must be within the CNA scope of practice. You may be selected for audit and must keep copies of your in-service training records for four years.

The 24 hours of continuing training/in-service courses and the 40 hours of employment must be within the previous two years.

- For example, if your certificate expires on 9/30/18, you must submit proof of employment and training which took place between 9/30/16 and 9/30/18.

Proof of 40 hours of employment as a CNA under the direction of a licensed nurse.

- Your 40 hours of employment must be as a CNA and in the Board-authorized scope of practice as a CNA. *A Board advisory opinion states that a person who is certified as a nursing assistant in Nevada, is working under a title other than CNA, and is performing duties other than those identified in the CNA model curriculum, is not practicing as a CNA.*
- You must enter the full name, state, and license number of the nurse who is verifying that you worked 40 hours in the scope of a CNA in the previous two years. The Board conducts random audits of these employment verifications.