

# Nevada State Board of NURSING

## Instructions for Application for Certified Nursing Assistant

### Certification by Endorsement

*You must submit items 1-7:*

1. A completed and signed application, including the \$50 application fee and applicable fingerprinting fee (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™, or American Express™ debit or credit card) made payable to Nevada State Board of Nursing or **NSBN**. *Fees are not refundable.*
2. Copy of your active certificate/license in another state; it must show an expiration date. If your active certificate does not show an expiration date, the Board will obtain this information from your endorsement form.
3. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of "nursing fundamentals."
4. Proof of eight hours of employment as a CNA in a licensed medical facility within the past two years. Acceptable proof includes:
  - Paycheck stub (must include company name);
  - *or* W-2 form;
  - *or* letter from employer on company letterhead, with signature/title of person writing for employer.
5. Endorsement form(s) from the first state you were licensed/certified as a CNA.
6. You must read and understand the following (all are available for viewing and download from the Board's website) **PRIOR** to submitting your application:
  - CNA Skills Guidelines
  - CNA Hours of Employment for Renewal Advisory Opinion

Submission of fingerprints (see separate Instructions for Submission of Fingerprint Card form). *Note: a permanent CNA certificate will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety and the Federal Bureau of Investigation, and any issues have been resolved. Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI.*

### Certification by Examination

*To make you eligible to take the examination(s) and to grant you permanent certification, the Board requires:*

1. A completed and signed application form, including a fee of \$50 (money order, cashier's or personal check, or MasterCard™, Visa™, Discover™, or American Express™ debit or credit card) made payable to NSBN. *Fees are not refundable.*

2. A copy of your certificate of successful completion of a state-approved training program that meets current OBRA requirements, or a transcript showing the completion of “nursing fundamentals.” You must submit an application to Board for certification within one year from the date of completing an approved training program or you will be required to retrain.
3. You must successfully pass the *Clinical* and *Knowledge* examinations.
4. You must read and understand the following (all are available for viewing and download from the Board’s website) **PRIOR** to submitting your application:
  - CNA Skills Guidelines
  - CNA Hours of Employment for Renewal Advisory Opinion
5. Submission of fingerprints (see separate Instructions for Submission of Fingerprint Card form). *Note: a permanent CNA certificate will not be issued until the Board receives fingerprint reports from the Nevada Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI), and any issues have been resolved. Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI.*

## General Information

- Follow all instructions. All questions in all sections must be answered completely and the answers legibly written. *Incomplete applications will be not be processed.*
- After reviewing your application, the Nevada State Board of Nursing (the Board) may notify you that you need to complete additional training or exam(s).
- Your application for certification is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your application.
- You must notify the Board, in writing, within 30 days of any change in your address of record.
- After all documents are submitted, reviewed, and evaluated, if you are eligible for a temporary certificate, one will be issued. A temporary certificate is valid for six months only and cannot be renewed. If you obtain a temporary certificate, but do not complete the certification process, you will not be eligible for another temporary certificate. In order to determine if you are eligible for a temporary certificate you must submit at minimum, the application and proof that you have practiced 8 hours as a CNA within the previous 2 years and an active CNA certificate.
- Nevada does not mail certification cards. You must check to see if your certificate has been issued and note its expiration date by visiting the license/certificate verification section of our website [www.nevadanursingboard.org](http://www.nevadanursingboard.org).
- You must submit an application to Board for certification within one year from the date of completing an approved training program or you will be required to retrain.
- Time frame: As processing of your application is dependent on receiving documents from outside sources, we are unable to provide specific time frames for processing. However, if your application is complete and meets the criteria for issuance of a certificate, we can generally issue your (temporary or permanent) certificate within one week of receipt of your application and applicable documents.

### **IMPORTANT!!!**

**Please do not send any documents before you submit your application.**

# Nevada State Board of NURSING

## Instructions for Completion and Submission of Fingerprint Card

If you download an application from the Board's website, a fingerprint card will be mailed to you upon receipt of your application in the Board office. You are strongly encouraged to complete your fingerprints immediately and submit the completed form on the reverse side with the Civil Applicant Waiver OR the fingerprint card along with the Civil Applicant Waiver at the same time as your application.

1. If you fingerprint in Nevada, you are strongly encouraged to have your fingerprints submitted via electronic transmission (livescan) instead of submitting a fingerprint card. *Electronic transmission is only available if you have your fingerprints captured in Nevada.*

**OR**

2. You must submit a completed fingerprint card (Form FD-258).
  - a. Complete the information block on the card, and make sure it is legible: **last, first, and middle names; signature; residence** (complete address); **citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair;** and **Social Security number** (if you have one). You will also need to make sure that the **Signature of Official taking prints** block is signed by the appropriate individual. Cards without these information blocks completed are considered "incomplete" and will be returned to the applicant. Illegible cards cannot be processed.
  - b. Fingerprinting may be done by a law enforcement agency in any state or by a private fingerprinting service. (The Board's website [www.nevadanursingboard.org](http://www.nevadanursingboard.org) has a list of Nevada fingerprinting locations that offer electronic submission (livescan) as well as fingerprinting on cards.) The Board provides fingerprint capture **by appointment** in its offices.
3. Complete and detach the form on the reverse side, and send the fee and completed fingerprint card to the address below. If you have your fingerprints submitted by electronic submission, you will make payment to the agency that captures your fingerprints, but you must send a copy of your receipt to the Board.
4. All applicants must complete the attached Civil Applicant Waiver and submit it with the form on the reverse side of these instructions.
5. **Be sure:**
  - You have your fingerprints captured at an in-state (NV) livescan location (recommended); **OR**
  - A fingerprint card is completed and the card is not folded, torn or damaged in any way.
  - The Information block is complete and legible
  - The card is signed by the appropriate persons (applicant and official)
  - The coded card (Form FD-258) is used exclusively
  - You have completed and submitted the Civil Applicant Waiver

**Please note: If you have previously been fingerprinted for your place of employment or another board of nursing, we are unable to use those results. Federal law prohibits the sharing of fingerprint information. You will need to be fingerprinted specifically for the Nevada State Board of Nursing.**

**WARNING:** Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. A permanent license/certificate will not be issued prior to receipt of both fingerprint reports. A temporary license cannot be extended beyond the 6-month expiration date. You are urged to fingerprint early in the application process.

---

## Fingerprint Submission Form

**Mail to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way #300, Reno, NV 89502-6547 (888-590-6726)

**If you completed a fingerprint card:** Complete and attach this form and a payment of \$40.00 to your completed fingerprint card (Form FD-258). You may pay by credit or debit card (MasterCard, Visa, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN), U.S. Funds only.

**If you submitted fingerprints via electronic transmission:** Complete this form and attach a copy of your receipt showing payment for transmission.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Application Type:**  RN  LPN  CNA  MA-C **Licensed by:**  Endorsement  Exam  Renewal

APRN  CRNA  EMS/RN

**If paying by credit or debit card, please complete:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_ Card number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Amount \$40.00 Signature \_\_\_\_\_



## CIVIL APPLICANT WAIVER

### NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of submitting agency) Nevada State Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 – Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of the requesting agency) Nevada State Board of Nursing, to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: Nevada State Board of Nursing

Address: 5011 Meadowood Mall Way #300, Reno, Nevada, 89502

Agency representative: Dinauer, Cathy  
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: *Cathy Dinauer, MSN RN*

Date: \_\_\_\_\_

# Nevada State Board of NURSING

## Application for Initial CNA Certificate Return to:

Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547

Fax: (775) 687-7707 or (702) 486-4803, Email: [nursingboard@nsbn.state.nv.us](mailto:nursingboard@nsbn.state.nv.us)

[www.nevadanursingboard.org](http://www.nevadanursingboard.org), Toll free (888) 590-6726

To practice as a nursing assistant in Nevada, you must hold an active Nevada CNA certificate.

Exam

Endorsement

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Address (This address will become your permanent address of record)

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Male

\_\_\_\_\_  
Female

\_\_\_\_\_  
Email

### List all Previous Names Used (attach an additional page if necessary)

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Section 1. Nursing Training Summary

School:	
Location:	
Dates attended:	
Have you previously tested in Nevada?    Yes <input type="radio"/> No <input type="radio"/>	
Location	Date

### Section 2. License/Certificate Summary (List all nursing or nursing assistant licenses, registrations or certifications issued by any state that you now hold, have **ever** held, or have **ever** applied for. Use additional sheet if necessary)

RN/LPN/CNA	State	License/Certificate #	Received by Exam or Endorsement	Date(s) received	Expiration date(s)

### Section 3. Application Screening Questions

(If you answer "Yes" to any of Questions 1 through 6 below, you **MUST** submit the required documents to avoid delays in processing your application.)

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. 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"><li>Ever 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?</li><li>Ever been subject to a non-disciplinary probation or monitoring program? AND/OR</li><li>Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction?</li></ol> <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"><li><i>A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</i></li><li><i>Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</i></li></ol>
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Have you ever 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"><li><i>A detailed letter of explanation including the events leading to your conviction; and</i></li><li><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.) or a letter/form from the court indicating no records are available.</i></li></ol>
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"><li><i>A letter of explanation that addresses the impairment or limitations of practice; and</i></li><li><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></li></ol>
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"><li><i>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</i></li><li><i>Documentation from knowledgeable individual(s) documenting your length of sobriety; and</i></li><li><i>Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</i></li></ol>
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"><li><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></li><li><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></li></ol>
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever 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"><li><i>A detailed letter of explanation regarding the events leading to the suit; and</i></li><li><i>A copy of the complaint and current status of the case.</i></li></ol>



## Section 4. Child Support Information

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.)

## Section 5. Attestations (The following documents are available at [www.nevadanursingboard.org](http://www.nevadanursingboard.org))

Yes <input type="radio"/>	No <input type="radio"/>	I have read and understand the Nevada CNA Skills Guidelines.
Yes <input type="radio"/>	No <input type="radio"/>	I have read and understand the Nevada CNA Hours of Employment for Renewal Advisory Opinion.

## Section 6. Military Status (You must submit a copy of your/your spouse's military issued DD214 or identification card in order to qualify for the reduced application fee. All applicants must answer the questions below; the reduced application fee applies to endorsement applications only)

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. All Applicants Must Complete

<p><b>I affirm (swear) that I have read this application and the statements made are true and correct.</b> <i>If I have indicated a credit card number below, I authorize that the application fee be charged to that credit card.</i></p> <p>Signature _____ Date _____</p>
--

## Before submitting this application ensure that you have:

1. Completely filled out the application, signed the application and included the application fee;
2. Submitted or will submit a copy of your certificate of completion from a training program;
3. Submitted or will submit proof that you have practiced at least 8 hours as a CNA within the previous 2 years and have an active CNA certificate, **if endorsing**;
4. Mailed or will mail the CNA Endorsement form to your original state of certification, **if endorsing**;
5. Completed or will complete the fingerprinting process.

## Fee Schedule

CNA by endorsement	\$50
CNA by examination	\$50
CNA by endorsement including military discount	\$25

(Military discount applies to endorsement applications only and proper documentation must be included with the application)

You may pay by credit card, personal or cashier's check or money order, payable to the Nevada State Board of Nursing (**NSBN**). US Funds only. **Please note:** If you do not submit the required fees, your application will not be processed. All fees are non-refundable.

<b>If paying by credit card, please complete</b>	
Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/>	
Card number _____	Expiration date _____
Name on card _____	Amount \$ _____

## Additional Information Regarding Eligibility Screening Question #2

### **Important**

- Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, etc., it may still show up on your fingerprint report. **In such situations where you were NOT convicted, you may answer no to the question, and include a letter of explanation and court document indicating the outcome of the case with your application. This will prevent staff from asking about it upon receipt of your fingerprint results.**
- A Criminal Conviction is defined as being found guilty of a criminal offense in a court of law.
- You could have been convicted even if you didn't spend any time in jail.
- Criminal convictions include misdemeanors and felonies.
- If you answered "NO" to Question #2 and the Board finds you have a conviction, your application will be denied as a fraudulent application.
- If you answered "YES" to Question #2 and do not attach the required documents, your application will not be considered by the Board until you provide the documents.

The Nevada State Board of Nursing requires all applicants for nursing licenses and nursing assistant certificates to answer six screening questions. These questions address discipline in another state, criminal convictions, chemical dependency, medical and mental health conditions, and malpractice cases. In addition, all applicants must submit their fingerprints for an FBI and State of Nevada criminal background check.

Question #2 reads: **Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is YES, you must attach to this application the following:**

- a. A letter of explanation including the circumstances leading to the conviction, date of offense, actual conviction (i.e. DUI, theft, etc.), sentencing requirements, and current status of sentence;*
- b. Copies of court documents identifying actual conviction and sentence and current status of sentence (i.e. all fines paid in full, etc). If no documents are available, a letter from the court stating such;*

**If you answered "YES" to Question #2 and attach the required documents, the Board may accept or deny your application.** The Board considers each application individually, using the guidelines below.

Board staff will evaluate each applicant for licensure/certification on the basis of evidence of rehabilitation and the potential/actual risk to the public. Board staff has the discretion to clear the following when all legal requirements have been met:

1. A singular felony conviction occurring more than ten (10) years ago;
2. The conviction(s) do not involve an offense involving moral turpitude, or related to the qualifications, functions or duties of a licensee or holder of a certificate.

All applications will be presented to the Board for acceptance, denial, or other action upon determining that the applicant is guilty of a felony within the previous ten years, or any offense involving moral turpitude or related to the qualifications, functions or duties of a licensee or holder of a certificate.

If your application is presented to the Board for consideration, you will receive written notice regarding the date, time and location of the Board meeting. You may appear before the Board to present information on your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a license or certificate, possibly with restrictions.

**If you have one of the criminal convictions listed below (1-15) and the Nevada State Board of Nursing grants you a license or certificate, the Nevada State Health Division will *not* allow you to work in any capacity in a facility for intermediate care, facility for skilled nursing, home health care, or a residential facility for groups.**

1. Murder, voluntary manslaughter or mayhem;
2. Assault with intent to kill or to commit sexual assault or mayhem;
3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;
5. A crime involving domestic violence that is punished as a felony;
6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;
7. Abuse or neglect of a child or contributory delinquency;
8. A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;
9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
11. A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;
12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

For questions on the Nevada State Board of Nursing's laws, regulations and policies regarding applicants with criminal convictions, please call toll free 1-888-590-6726.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of Health, Bureau of Health Care Quality and Compliance, in Carson City at 775-687-4475 and in Las Vegas at 702-486-6515.

# Nevada State Board of **NURSING**

## Endorsement Form for Certified Nursing Assistant

This form **must only be completed by the state** where you obtained your first certification.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Apt# City/State/Zip

Certification #: \_\_\_\_\_ Issue Date of Certification: \_\_\_\_\_

Last day employed as a CNA: \_\_\_\_\_

Last Employer Name & Address: \_\_\_\_\_

\_\_\_\_\_  
City/State/Zip

I hereby authorize the State of \_\_\_\_\_ to furnish the information requested to the NV State Board of Nursing.

\_\_\_\_\_  
Applicant's Signature Date

### Do Not Write Below – For Completion By State Nurse Aide Registry Only

#### TRAINING INFORMATION

Name of Nurse Aide Training Program \_\_\_\_\_

Completion date of Training Program \_\_\_\_\_ Program meets OBRA 1987 requirements:  Yes  No

\_\_\_\_\_ Date initially placed on registry: \_\_\_\_\_ Certificate Expiration Date: \_\_\_\_\_  
Certification #

#### METHOD OF CERTIFICATION

Please check one of the following:

Not Certified  Deemed onto Registry  Endorsed from \_\_\_\_\_

Written Exam Only \_\_\_\_\_  Manual Exam Only \_\_\_\_\_  
Exam Date Exam Date

Completed manual skills and written exam but did not take a training program – Date of test(s): \_\_\_\_\_

Completed a state-approved training program, passed manual skills and written exam – Date of test(s): \_\_\_\_\_

#### DISCIPLINE INFORMATION

Are there any registry findings for abuse, neglect, and/or misappropriation?  No  Yes

Has this certificate ever been revoked, suspended, placed on probation, or surrendered?  No  Yes

Has this applicant incurred any disciplinary action in your state?  No  Yes

Is any disciplinary action pending?  No  Yes

If "yes" to any of the discipline questions, please submit certified copies.

\_\_\_\_\_  
Signature / Title State: \_\_\_\_\_ Date: \_\_\_\_\_

(SEAL)

rev. 11/21/13

## State Nurse Aide Registry Telephone Directory

You must have the *Endorsement Form for Certified Nursing Assistant* completed by the state you obtained your first CNA certificate. Individual State Nurse Aide Registries may charge you a fee to complete the form.

- Call the state in which you were certified and ask about their specific requirements before you send the form.
- Complete the top half of the *Endorsement Form for Certified Nursing Assistant*, include a fee if required, and send a separate form to the state.
- The states will mail the completed forms directly to the Board.

If you need more forms, you may download them from the Board's website at [www.nevadanursingboard.org](http://www.nevadanursingboard.org) (click on *Certification Information*). You may also call the Board at 1-888-590-6726.

**The NSBN will not act as your agent. This is your responsibility.**

Alabama	334-206-5169	Louisiana	255-295-8575	Oregon	971-673-0658
Alaska	907-269-8169	Maine	207-624-7300	Pennsylvania	800-852-0518
Arizona	602-771-7800	Maryland	410-585-1994	Rhode Island	401-222-5888
Arkansas	501-682-1807	Massachusetts	617-753-8143	S. Carolina	800-475-8290
<b>California</b>	<b>** see below</b>	Michigan	800-752-4724	S. Dakota	605-362-2769
<b>Colorado</b>	<b>** see below</b>	Minnesota	651-215-8705	Tennessee	615-532-7841
Connecticut	866-499-7485	Mississippi	888-204-6213	Texas	800-452-3934
Delaware	302-577-6666	<b>Missouri</b>	<b>**see below</b>	Utah	801-547-9947
Dist of Col	888-274-6060	Montana	406-444-4980	Vermont	802-828-2819
Florida	850-245-4125	Nebraska	402-471-0537	Virginia	804-367-4614
Georgia	800-414-4358	New Hampshire	603-271-2323	Virgin Islands	340-776-7397
Hawaii	808-734-2101	New Jersey	866-561-5914	Washington	360-725-2597
Idaho	800-748-2480	New Mexico	505-476-9040	W. Virginia	304-558-0050
<b>Illinois</b>	<b>** see below</b>	New York	800-805-9128	Wisconsin	608-243-2019
Indiana	317-233-7351	<b>N. Carolina</b>	<b>** see below</b>	Wyoming	307-777-7601
Iowa	515-281-4077	N. Dakota	701-328-2853		
Kansas	785-296-6877	Ohio	614-752-9500		
Kentucky	888-530-1919	Oklahoma	800-695-2157	Nevada	888-590-6726

This directory was developed as a courtesy for your use; the information listed may have changed since the last printing.

**\*\*These states will not complete the *Endorsement Form for Certified Nursing Assistant*. Therefore, you will not need to submit forms for California, Colorado, Georgia, Illinois, Missouri, or North Carolina; however, you must complete all of the other requirements listed in the application.**