

**Vermont Board of Nursing
Application for Nursing Assistant Licensure by Endorsement**

2x2 Recent Photo- Paste Here Passport sized photo of head and shoulders taken within the last 6 months other than your driver's license or passport.	Application Fee: \$20.00 Office Use Only
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Directions:

Enclose a check or money order in the amount indicated, payable to "Office of the Secretary of State". **This application fee is non-refundable.**

Please note that if you do *not* meet the work history requirement *and* have completed your LNA program within the last two (2) years you will need to submit the LNA application by Exam. You will not be issued a license until you pass both the written and clinical portions of the Vermont LNA exam.

You must complete each section of this form. Please print clearly.

Section A:

Name: _____			
(Last)	(First)	(Middle)	(Former/Maiden)
Mailing address: _____			
(Street or P.O. Box)			

(City)	(State)	(Zip Code)	

Note: It is unprofessional conduct for a licensee to fail to notify the Secretary of State's Office of a change of name or address within thirty (30) days (3 V.S.A. § 129a(a)(14).	
If your 911 address is different from your mailing address, please indicate the 911 address here: _____ _____ _____	
Gender: ___ Male ___ Female	Date of Birth (mm/dd/yyyy): _____
Social Security # _____ - _____ - _____	Place of Birth (city, state): _____
*** Providing your social security number (SSN) is mandatory, and requested under the authority granted by 42 U.S.C. §405(c)(2)(C). It will be used by the Departments of Taxes, Child Support, Labor and the Judiciary in the administration of Vermont law, to identify individuals affected by such laws. Your SSN is not disclosed as part of a public records request.	
Home Telephone: _(_____)_____	Cell Phone: _(_____)_____
Work Phone: _(_____)_____	E-Mail Address: _____

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Section B:

Please answer yes or no to each of these questions. If the answer is yes please follow the provided instructions.

Have you ever committed acts of abuse, neglect, or misappropriation of patient property? <i>If “Yes”, provide a detailed written explanation and attach all related documents.</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever denied your application for a license, certificate, or registration in any profession or occupation? <i>If “Yes”, attach an official copy of the order or official notification of the action.</i>	Yes	No
Has Vermont or any other state, federal authority, or other jurisdiction (US or elsewhere) ever restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If “Yes”, provide an official copy of the order or official notification of the action.</i>	Yes	No
Have you ever surrendered a license, certificate, or registration to a licensing authority? <i>If “Yes”, provide a detailed written explanation.</i>	Yes	No
Are you currently under investigation by another licensing authority? <i>If “Yes”, provide a detailed written explanation and a copy of any available information from the licensing authority.</i>	Yes	No
Have you ever been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are <u>not</u> minor) <i>If “Yes”, provide a detailed written explanation and attach the official certified court documents.</i>	Yes	No
Do you have any criminal charges pending against you in any jurisdiction (US or elsewhere)? <i>If “Yes”, provide a detailed written explanation and attach a copy of the charges.</i>	Yes	No
Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice this profession with reasonable skill and safety? <i>If “Yes”, please have your provider submit a detailed statement explaining how you are able to practice safely.</i>	Yes	No
Does your use of alcohol, drugs, or medications in any way impair or limit your ability to practice this profession with reasonable skill and safety? <i>If “Yes”, provide a detailed written explanation.</i>	Yes	No
Are you currently addicted to or in any way dependent on, the use of alcohol or habit forming drugs? <i>If “Yes”, provide a detailed written explanation.</i>	Yes	No
Are you currently participating in a supervised program or professional assistance program which monitors you in order to assure that you are not engaging in the use of alcohol or controlled substances? <i>If “Yes”, please provide the contract/stipulation under which you are practicing.</i>	Yes	No

Note: It is unprofessional conduct for a licensee to fail to report to the Office of Professional Regulation a conviction of any felony or any offense related to the practice of the profession in a Vermont district court, a Vermont superior court, a federal court, or a court outside Vermont within 30 days (3 V.S.A. § 129a(a)(11)).

Section C:**CHILD SUPPORT:**

Child Support Orders (15 V.S.A. § 795)

As of the date of this application: (you must check one)

I am not subject to a child support order; OR

I am subject to a child support order and am in good standing* or in full compliance with a plan to pay

I am not in good standing or in full compliance with a plan to pay.**

Section C Continued:**TAXES:**

Tax Compliance (32 V.S.A. § 3113(b)):

As of the date of this application: (you must check one)

- I have never lived or worked in Vermont and do not owe Vermont taxes; OR
- No taxes are due and payable and all required returns have been filed; OR
- The liability for any taxes due and payable is on appeal; OR
- I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
- I am not in good standing* or in full compliance with a plan to pay.**

UNEMPLOYMENT COMPENSATION:

Unemployment Compensation (21 V.S.A. §1378(b)):

As of the date of this application: (you must check one)

- This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR
- No contributions or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR
- I am not in good standing* or in full compliance with a plan to pay.**

DISTRICT COURT FINES / JUDICIAL BUREAU:

Unpaid Judgments (4 V.S.A. § 1110(c))

As of the date of this application: (you must check one)

- I do not have any unpaid judgments.
- I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.
- I am not in good standing.*

* "Good standing" is defined by various laws cited above. For more information, refer to the statute or consult the "information for applicants" on the OPR web page (www.vtprofessionals.org).

** You may request that the licensing authority find that requiring immediate payment of child support due and payable would impose an unreasonable hardship. This form is available on the OPR web page.

Section D: EDUCATION

Name of Nursing Assistant Education Program: _____

Street or P.O. Box: _____

City, State & Zip Code: _____ Telephone Number: (____) _____

Name of Program Administrator/Primary Instructor _____

As of the date of this application, the highest level of education I have completed is:

 High School Diploma GED Associate Degree Baccalaureate (4 yrs. of college) Graduate Degree (Masters/Doctorate) Did Not Complete High School Currently Enrolled in High School***Please note this information is for Office use only and does not contribute to licensing decisions.**

Section F Continued:

Position # 2 (additional work history)

Name of Employer: _____ Telephone Number (____) _____			
Employers Mailing Address: _____ (Street/PO Box)			
_____ (City)	_____ (State)	_____ (Country)	_____ (Zip/Postal Code)
Supervisors Name _____		Title: _____	
Supervisors Telephone Number (____) _____		Email address: _____	
Job Title: _____		Paid or Volunteer _____	
Full Time or Part Time: _____			
Dates of Employment: From _____		To _____	
(MM/DD/YYYY)		(MM/DD/YYYY)	

4. If you practiced as a Nursing Assistant in a private duty capacity, attach:
- a. A statement listing the number of days and hours and the type of care provided.
 - b. A letter from the RN or LPN who provided supervision.

Section G: Temporary License

I am requesting a temporary license to practice as a LNA ____ Yes ____ No

THE 90 DAY TEMPORARY LICENSE CAN NOT BE EXTENDED.

Section H: Required Enclosures – the following must be submitted for licensure:

- Include a photocopy of your current out-of-state nursing assistant license/registration/certification (showing expiration date)
- Include a photocopy of your current driver's license, government issued ID or passport

Section I: Verification of Licensure

Have your licensing authority fill out the attached form and include it (in a sealed envelope) with this application. The form needs to be filled out by your initial licensing state and the state of your most recent employment.

All required documents for this application must be received by this office within 6 months of receipt. If application remains incomplete after 6 months it will be destroyed. If you are interested in reapplying, a new application and fee must be submitted.

Statement of Applicant

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification/registration. (The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. 13 VSA §2901)	
Signature of Applicant	Date:

Mail to: Vermont Board of Nursing
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

**VERMONT BOARD OF NURSING
VERIFICATION FORM
STATE OF INITIAL NURSING ASSISTANT EDUCATION, EXAMINATION AND REGISTRATION/CERTIFICATION**

APPLICANT: Complete the applicant section of this form and forward it to the state where you were initially licensed/registered/certified as a Nursing Assistant. Please print. **MOST STATES CHARGE A FEE TO COMPLETE THIS APPLICATION.**

Name _____
(Last) (First) (Middle) (Maiden)

Address _____
(Street address/P.O. Box)

City) _____ (State) _____ (Zip Code) _____

Date of Birth: _____ State of Initial Licensure/Registration/Certification _____

License/Registration/Certification# _____ Date Issued _____ Expiration Date _____

I hereby authorize the Licensing/Registration/Certification Authority in the State of _____ to furnish to the Vermont Board of Nursing the information requested below.

Applicant Signature _____ Date _____

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STATE LICENSING/REGISTRATION/CERTIFICATION AUTHORITY: Please complete the bottom of this form and return to the address listed below.

Name of Nursing Assistant Education Program Completed _____

Location of Program: _____
(Street) (City) (State) (Zip Code)

_____/_____/_____
(Phone #) (Date Program Began) (Date Program Completed)

Number of hours of classroom instruction: _____ Number of hours of clinical instruction: _____

Name of Nursing Assistant examination taken: _____

State of Initial License/Registration/Certification _____ License/Registration/Certification # _____

Date Issued _____ Expiration Date _____

Issued by: () Examination () Deeming/Grandfathering () Other

Status: () Active () Inactive () Lapsed () Other

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation, etc.)? () Yes () No If yes, attach a copy of the decision.

Name of Registration/Certification Agency

(OFFICIAL SEAL)

Signature of Person Completing Form

Title Date

Please return completed Verification to: Vermont Board of Nursing
Office of Professional Regulation
National Life Building, North, Floor 2
Montpelier, VT 05620-3402

