



Licensed Nursing Assistant Renewal Application

Current Expiration 11/30/2010	Renewal Period Covering 12/01/2010 through 11/30/2012	Renewal Application Fee \$30.00 Non-Refundable Processing Fee
You Must Complete The Information Below:		For Office Use Only
License Number: _____		
Name: _____		
Address: _____		
City/State/Zip: _____		
Circle One:	Mr. Mrs. Ms. Dr.	

Directions: To renew you must enclose a check in the amount indicated, payable in US funds from a bank with a United States affiliate to "Office of the Secretary of State." The renewal application fee is non-refundable. If the completed renewal, along with all supporting documentation, is not received by the expiration date you will be required to pay a late renewal penalty. The penalty is \$25.00 for renewals submitted less than 30 days late. Thereafter, the penalty increases by \$5.00 for every additional month or fraction of a month, not to exceed \$100.00.

****Reminder: You may not practice your licensed profession without an Active license.**

Has your name changed since you last renewed, or if this is your first renewal since you were originally licensed?	(Circle One)	
	Yes	No
<i>If "Yes," you must attach a copy of your marriage license, civil union license or section of divorce decree granting you the authority to change your name.</i>		

Section A: Demographic Information

If your mailing address has changed, indicate your new address in the box to the right. 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)).	P.O. Box
	Street/Apt #
	City/State/Zip
	Country

If your 911 address has changed, indicate your new address in the box to the right.	P.O. Box
	Street/Apt #
	City/State/Zip

Phone: () -	Cell Phone: () -
Fax: () -	E-Mail Address:

Date of Birth	Place of Birth (City, State, Country)	Gender (Circle One)	
		Female	Male

Social Security Number: _____ / _____ / _____ ****** (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, and the Department of Labor 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);

OR

Passport Number: _____ ******* (If you do not have a social security number you must provide a passport number as evidence that there is no attempt to procure a license fraudulently (3 V.S.A. §129a)

Section B: Vermont Mandatory “Good Standing” Declarations

CHILD SUPPORT:

Child Support Orders (15 V.S.A. § 795(c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I am not subject to a child support order; OR
<input type="checkbox"/>	I am subject to a child support order and am in good standing* or in full compliance with a plan to pay; OR
<input type="checkbox"/>	I am not in good standing* or in full compliance with a plan to pay.*

TAXES:

Tax Compliance (32 V.S.A. § 3113(b)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I have never lived or worked in Vermont and do not owe Vermont taxes; OR
<input type="checkbox"/>	No taxes are due and payable and all required returns have been filed; OR
<input type="checkbox"/>	The liability for any taxes due and payable is on appeal; OR
<input type="checkbox"/>	I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
<input type="checkbox"/>	I am not in good standing* with the Vermont Department of Taxes 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)	
<input type="checkbox"/>	This does not apply to me because I have never been an employer in Vermont; OR
<input type="checkbox"/>	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
<input type="checkbox"/>	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(b&c)): As of the date of this application: (you must check one)	
<input type="checkbox"/>	I do not have any unpaid judgments
<input type="checkbox"/>	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; OR
<input type="checkbox"/>	I am not in good standing.*

* “Good standing” is defined in the statutes cited above. For more information, refer to the relevant statute specific to the particular question.

Name: _____

License #: _____

Section C: Vermont Mandatory Credential and Fitness Questions

Please circle **Yes** or **No** for each of these questions. If the answer is **Yes** follow the provided instructions.
Since you were originally licensed or since you completed your last renewal application:

Have you 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) denied your application for a license, certificate, or registration in any profession or occupation? <i>If "Yes," attach a 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) 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 a copy of the order or official notification of the action.</i>	Yes	No
--	-----	----

Have you 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 been convicted of a crime other than a minor traffic violation? (Driving While Intoxicated and Driving Under the Influence are not 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 charging documents.</i>	Yes	No
---	-----	----

Note: Vermont law requires that you report to the Office of Professional Regulation, a felony conviction or any conviction of a crime related to the practice of your profession; within 30 days. 3 V.S.A. § 129a(a)(11).

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
--	-----	----

Name: _____ License #: _____

Section D: Program Requirements

<p>Have you completed a Nursing Assistant program within the last two (2) years (12/01/2008 – 11/30/2010)?</p>	<p>Yes</p>	<p>No</p>
<p>If “Yes,” to the question above, provide the date of completion (MM/DD/YYYY).</p>		

If you answered “Yes” in section D (you have completed a nursing assistant program within the last 2 years) – you may skip sections E and F. No further information is required with the exception of your signature and date.

If you answered “No” in section D (you have NOT completed a nursing assistant program within the last 2 years) – you must answer all of Section E. If you practiced in a private duty capacity you must also answer Section F. Then provide your signature and the date.

Section E: Practice & Experience Requirements

<p>Chapter 5. NURSING ASSISTANTS Subchapter 2 LICENSURE AND ENDORSEMENT IV. LICENSE RENEWAL</p> <p>(I) The nursing assistant shall provide evidence of having practiced a minimum of 50 days (400 hours) in the last two years for paid compensation. Eight (8) hours are equivalent to one day of nursing practice.</p>

<p>Have you practiced as a Nursing Assistant for paid compensation for 50 days (400 hours) within the last two (2) years?</p>	<p>Yes</p>	<p>No</p>
<p>Have you practiced as a Nursing Assistant under the supervision of a licensed Nurse as defined in 26 V.S.A. § 1594 for at least 50 days (400 hours) within the last two (2) years?</p>	<p>Yes</p>	<p>No</p>

Name: _____

License #: _____

Provide the following information for all LNA employment within the last two (2) years
(Most recent employment first):

Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip	
Agency/Institution Phone #		
RN/LPN Supervisor's Name		
RN/LPN Supervisor's Contact #		
Job Title		
Full time	Yes	No
Part time	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u>	<u>To (MM/DD/YYYY)</u>

Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip	
Agency/Institution Phone #		
RN/LPN Supervisor's Name		
RN/LPN Supervisor's Contact #		
Job Title		
Full time	Yes	No
Part time	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u>	<u>To (MM/DD/YYYY)</u>

Name: _____

License #: _____

Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip	
Agency/Institution Phone #		
RN/LPN Supervisor's Name		
RN/LPN Supervisor's Contact #		
Job Title		
Full time	Yes	No
Part time	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u>	<u>To (MM/DD/YYYY)</u>

Name of Agency/Institution		
Mailing Address	P.O. Box	
	Street/Apt #	
	City/State/Zip	
Agency/Institution Phone #		
RN/LPN Supervisor's Name		
RN/LPN Supervisor's Contact #		
Job Title		
Full time	Yes	No
Part time	Yes	No
Date of Employment	<u>From (MM/DD/YYYY)</u>	<u>To (MM/DD/YYYY)</u>

Name: _____

License #: _____

Section F: Private Duty

Did you practice as a Nursing Assistant in a private duty capacity?	Yes	No
If “Yes,” to the question above attach the following documentation: 1. A statement from you listing the dates, number of days and hours and the type of care provided. 2. A letter from the Client or Client’s Representative listing the dates, number of days and hours and the type of care provided. 3. A letter from the RN or LPN who provided supervision describing the dates and type of care provided.		

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 renewal or further disciplinary action. The maximum penalty for perjury is fifteen years in prison and/or a \$10,000 fine. (13 V.S.A. §2901)	
Signature of Applicant	Date

Name: _____

License #: _____

Office of Professional Regulation
Vermont Board of Nursing
National Life Building, North, Floor 2
Montpelier, VT 05620-3402
Phone: (802) 828-2396 Fax: (802) 828-2484
<http://vtprofessionals.org/opr1/nurses/>

Office of Professional Regulation Survey (optional)

Would you be willing to serve as an Ad Hoc member of the Board/Commission/Advisory panel for your profession? <i>If you answer "Yes," submit a letter of intent and resume to the Office for consideration.</i>	Yes	No
--	-----	----

Would you be willing to serve as a Board/Advisor member of the Board/Commission/Advisory panel for your profession? <i>If you answer "Yes," submit a letter of intent and resume to the Office for consideration.</i>	Yes	No
--	-----	----

Would you be willing to serve as an Expert Witness for licensing cases associated with your profession?	Yes	No
---	-----	----

If you answered "Yes" to the question above, what is your area of expertise?

Name: _____

License #: _____