

# FLORIDA BOARD OF NURSING

## Certified Nursing Assistant Reciprocity Application

Certified Nursing Assistant Registry  
PO Box 6330  
Tallahassee, FL 32314  
(850)488-0595

Email: [Mqa\\_cna@doh.state.fl.us](mailto:Mqa_cna@doh.state.fl.us)

Website: [C.N.A. - Registry Overview](#)

June 2012



# Application Checklist

Please use the following checklist to help ensure your application is complete. Faxed applications will not be accepted.

## Completed application, typed and signed

- ❖ An incomplete application will delay final approval of that application. All documents become a permanent part of your file and cannot be returned. Applications are reviewed in date order received. Every question on the application must be answered. Be sure to answer all questions honestly. The Board of Nursing may deny your application if you provide false information on your application.

## Proof of Active Certification

- ❖ Your out-of-state certificate must be Clear/Active and in good standing.

## Fingerprint Card

- ❖ Applicants must complete two (2) fingerprint cards.  
To request a fingerprint card please visit <http://www.fldoh.sofn.net/>

## Completed Confidential and Exempt from Public Records Disclosure Form

## A cashier's check or money order made payable to the Department of Health.

- ❖ The background screening fee of \$43.00 is required
- ❖ All fees are non-refundable as the fee is charged for the background check conducted by the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI).

**APPLICATION AND FEES MUST BE MAILED TO:    ALL ADDITIONAL DOCUMENTS MUST BE MAILED TO:**

Department of Health Certified Nursing Assistant Registry P.O. Box 6330 Tallahassee, FL 32399-6330	Department of Health Certified Nursing Assistant Registry 4052 Bald Cypress Way Bin C13 Tallahassee, FL 32399-3256
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For a list of Frequently Asked Questions, please visit  
[C.N.A. Frequently Asked Questions](#)



# Important Information

## Application Updates

- ❖ The Board office must be notified in writing of anything which changes or affects a response given in your application. Failure to do so could result in the delay of application processing or denial of your application. Examples: change of name, address, telephone number, arrests or convictions, licensure status or disciplinary action in another state, or an incorrect answer to a question.

## Withdrawal of Application

- ❖ If you decide to withdraw your application, you must make the request in writing. The request must be received prior to the Board's granting of licensure. **Do not stop payment on your cashier's check or money order.** This could result in a "bad check charge" being filed against you. Applicants with confirmed arrest or disciplinary histories cannot withdraw without permission of the Board.

## Criminal History

- ❖ Any applicant who has ever been found guilty of, or pled guilty or no contest to/nolo contendere, any charge other than a minor traffic offense must list each offense on the application. Failure to disclose criminal history may result in denial of your application. Each application is reviewed on its own merits. The Board of Nursing has created guidelines for specific offenses to be cleared in the board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Violent crimes and repeat offenders are required to be presented to the Board of Nursing for review.

## Applicants with criminal convictions may be required to submit the following documents to the Board:

- ❖ **Final Dispositions/Arrest Records** – Final disposition records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.
- ❖ **Completion of Probation/Parole** – Probation records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.
- ❖ **Self Explanation** – Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.
- ❖ **Letters of Recommendation** – Applicants who have listed offenses on the application must submit 3-5 professional letters of recommendation from people you have worked for or with.

## Disciplinary History

- ❖ Any applicant who has ever been denied, had disciplinary action, or surrendered a license to practice in any healthcare profession, in any state, jurisdiction, or country must provide a self explanation of all occurrences of denial, disciplinary action or surrendering of a license. The State Board(s) of Nursing involved must also submit copies of the **administrative complaint** and **final order** directly to the Florida Board. Applicants are responsible to ensure that the proper documentation is sent to the Florida Board. Any action taken against your license by a state licensing board must be reported on this application.

## Healthcare Fraud

- ❖ **IMPORTANT NOTICE:** Effective July 1, 2012, applicants for licensure, certification or registration and candidates for examination may be excluded from licensure; certification or registration if their felony conviction outlined in **Question 1a** falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. For more information, please visit our website at [http://www.doh.state.fl.us/mqa/cna/cna\\_statutes.html](http://www.doh.state.fl.us/mqa/cna/cna_statutes.html).





# Certified Nursing Assistant Reciprocity Application

Do Not Write in this Space  
For Revenue Receiving Only  
Profession Code 4401

Certified Nursing Assistant Registry  
PO Box 6330  
Tallahassee, FL 32314  
(850)488-0595  
Mqa\_cna@doh.state.fl.us

Please complete the application in its  
entirety prior to printing

## Section 1: Applicant Information

<b>Name:</b>			<b>Date of Birth:</b>	
Last	First	Middle Initial		
<b>Mailing Address:</b> <i>(Give address where certificate is to be mailed)</i>				
Street	Apt #	City	State	Zip
<b>Physical Location:</b> <i>(Required if mailing address is a P.O. Box-See Checklist)</i>				
Street	Apt #	City	State	Zip
<b>Home Telephone:</b>		<b>Work Telephone:</b>		<b>Email:</b>
<p><b>EQUAL OPPORTUNITY DATA:</b> We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your application for certification.</p>				
<b>SEX:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <b>RACE:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____				

## Section 2: Current Certification Information

<b>State Where Currently Certified:</b>	<b>Certificate #:</b>
<b>Issue Date:</b>	<b>Expiration Date:</b>

### Section 3: Criminal History

Yes  No

Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**

**Failure to notify** the Board office of **any changes** in any responses on your application could result in the delay of application processing, denial of your application or revocation of licensure. **Examples:** change of name, address, telephone number, arrest or convictions, licensure status or disciplinary action in another state or an incorrect answer to a question.

### Section 4: Healthcare Fraud

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure; certification or registration if their felony conviction outlined in **Question 1a** falls into certain timeframes as established in Section 456.0635(2), Florida Statutes

**Yes** **No**

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #2.)
- 1a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?
- 1b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).
- 1c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?
- 1d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?
- 2a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3a.)
- 3a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 4a or 4b.)
- 4a. Have you been in good standing with a state Medicaid program for the most recent five years?
- 4b. Did the termination occur at least 20 years before the date of this application?
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6. If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

## Section 5: Disciplinary History

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>A.</b> Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>B.</b> Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction or country?      |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>C.</b> Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>D.</b> Do you have any disciplinary action pending against your license?  |

If you answered YES to any of the above questions please send a typed or printed description of the discipline. You must contact the Board(s) in the States in which you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Florida Board of Nursing.

## Section 6: Applicant Signature

I, the undersigned, state that I am the person referred to in this application for certification/licensure in the State of Florida.

I recognize that providing false information may result in disciplinary action against my certificate/license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application I hereby agree that such act shall constitute cause for denial, suspension or revocation of my certificate/license to practice as a Certified Nursing Assistant in the State of Florida.

Florida Law requires you to immediately inform the Board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the certificate/license and to supplement the information on this application as needed.

**Applicant Signature**

**Date**

## Social Security Information

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317) Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

# Certified Nursing Assistant Registry

Name:

Last

First

Middle

Social Security Number:

\* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

