



UTAH DEPARTMENT OF COMMERCE

Division of Professional Licensing

Verification of Active Practice as a Certified Nurse Aide

Applicants for the Medication Aide Certification must demonstrate 2,000 hours of experience as a CNA. Each employer must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: First Middle Last

Address: City: State: Zip:

CNA Registration Number:

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER.)

Name of Health Care Facility:

Address: City: State: Zip:

Phone: ( ) - Email:

Dates of Employment: to

How many hours did the applicant work per week?

Total number of hours practiced as a Certified Nurse Aide:

Describe the applicant's duties: (attach additional form if needed)

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If not re-hirable, please explain:

ATTESTATION:

I do hereby certify that the applicant for licensure as a Medication Aide Certified was actively engaged in the lawful practice at the above-named establishment for the number of hours listed. I declare under criminal penalty under the law of Utah that this application is true and correct.

Authorized Signature: Date:

Relationship to Applicant: