



FLORIDA BOARD OF NURSING

<http://www.doh.state.fl.us/mqa/>

RECIPROCITY APPLICATION & INSTRUCTIONS For Certified Nursing Assistant

August 2009





Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Dear Applicant for Certified Nursing Assistant in Florida

Thank you for applying for certification as a nursing assistant in Florida. The information in this packet has been designed to provide the essential information required to process your application in a timely manner. Your assistance in providing all information required will enable the board staff to process your application as soon as possible. You are encouraged to apply as early as possible, especially at peak times.

Florida statutes require a completed application and fee before your application can be reviewed. You should use the checklist to ensure that all sections of the application are complete and that the required form is submitted. Please read these instructions carefully and fully before sending in the application. You should keep a copy of the completed application and all other materials sent to the board office for your records. When you mail the completed application and fee, use the address noted in the instructions and on the application form.

When your application arrives, your fee for the required background screening will be deposited and verified before the staff review can begin. The staff will notify you within 30 days if any materials are incomplete. Usually, verifications of certification from other states may take some time. Background screening is completed on all applicants; the national background screening process can take several weeks or longer to complete.

If you need to communicate with the board staff, you are encouraged to email the board staff at MQA_CNA@doh.state.fl.us or you may call at 850-245-4125. Phone calls are returned within 24 hours and emails responded to within 24 hours. Our staff is committed to providing prompt and reliable information to our customers. Many procedures have been streamlined to expedite the processing of applications; we certainly welcome your comments on how our services may be improved.

Sincerely,

Joe Baker, Jr.
Executive Director
Florida Board of Nursing

Florida Board of Nursing
Reciprocity Application for Certified Nursing Assistant

SECTION I
Instructions

Eligibility for Reciprocity

- You may transfer your CNA certificate from another state to Florida if the certificate is still active and has not expired or lapsed. You are not required to take the state exam.
- Your certificate must be in good standing with the other state and you will be required to have a Level II background check. A level II background check is performed by submitting a fingerprint card to the FDLE and FBI.
- The FBI background check will take 2 weeks until results are received in the board office and reviewed but delays are not uncommon. You are encouraged to apply early.
- You will receive a Florida CNA certificate after your out of state certificate has been verified and in good standing and your Level II background as been cleared.

- Please read all application instructions as well as the Florida laws and rules governing the Florida certified nursing assistant; you may obtain a copy of the laws and rules through the board web site or by calling 850-488-0595. Within 30 days of the receipt of your application and fees, the board office will notify you of the receipt of your application, any required documents, and your status.

- No application is complete until all required documentation and fees are received. 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.

- 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. There is no refund as the only fee is for the Level II background check.

- Make cashier's check or money order payable to DOH Florida Board of Nursing. Sending the payment to an address other than the P.O. Box listed below may delay your application.

- Mail complete applications with fees and all required documents together to this address:

Department of Health
Post Office Box 6330
Tallahassee, FL 32314

- Mail name change documentation, address changes, arrest or conviction documentation not included with application, and all other correspondence without fees to this address:

Department of Health
Florida Board of Nursing/Certified Nursing Assistant Registry
4052 Bald Cypress Way
Bin # C13
Tallahassee, FL 32399-3252

Reciprocity Application Checklist

Keep a copy of your completed application for your records.

It is recommended that you use the following checklist to help ensure your application is complete. Failure to attach any required document, or to have required documentation sent to the Board, will result in an incomplete application. **Final approval can not be granted until the application is complete.** Faxed applications will not be accepted.

(Section 1)

_____ **PERSONAL INFORMATION:** Refer to important note above section 1 on the application. Applications will be processed in the complete name provided in this section. Be sure to use the same name and address on all documentation. Exam candidates must enter your name exactly as it appears on your picture identification that will be presented at the test center.

Physical Location: Florida Sunshine Law requires that all licensees have a Physical Address/Practice Location on file with the Florida licensure Board. You may list your Physical location in this section or the address where you intend to work. **If your mailing address is a P.O. Box you must provide another address. This address is required by law to be listed on the Department of Health website. We are unable to issue a license without this address.**

Name Change Documentation: To request a name change, you must submit proper documentation. Acceptable forms of proper documentation are a copy of a marriage license; divorce decree that indicates the restoration of your maiden name; or a court order. We are unable to accept a driver's license or social security card as proof of a name change.

E-Mail Notification: If you want to be notified of the status of your application by e-mail please check the yes box and write your e-mail address on the line provided. If you chose this form of notification you will receive information regarding your application file through e-mail only. You will be responsible for checking your e-mail and updating your e-mail address with the CNA registry at: mqa_cna@doh.state.fl.us

_____ **EQUAL OPPORTUNITY DATA:** Please complete the equal opportunity data.

(Section 2)

_____ **CRIMINAL HISTORY: (See Section II: Question & Answers Regarding Prior Criminal History & Disciplinary Actions)**

Failure to disclose criminal history may result in denial of your application. 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 and submit the following information:

_____ **Final Dispositions/Arrest Records**

The applicant must obtain and submit arrest and final disposition records for all offenses listed from 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-Report**

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.

(Section 3)

_____ **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.

(Section 4)

_____ **APPLICANT SIGNATURE**: The application must be signed by the applicant before submission. Failure to do so will result in a delay in processing of your application. Be sure the same name used on your application is on each document.

_____ **Social Security Page**: All applicants are required to complete this page. The information you provide us on this page is confidential. If you do not have a United States Social Security Number you are required to obtain one prior to the issuance of a permanent license.

_____ **Copy of Social Security Card**: You must include a copy of your Social Security Card. Please do not send your original card. The copy of the card does not replace the requirement for the Social Security Page in the application.

_____ **Fingerprint Card** : All applicants must complete two (2) fingerprint cards, per Florida Statutes 464.009(3). Failure to submit fingerprint cards will delay your application.

To request a fingerprint card please visit <http://www.fldoh.sofn.net/>

This website is designed to allow Florida Department of Health-MQA Candidates a means to register their demographic information and the option to purchase FD258 fingerprint cards to process their fingerprint-based criminal history background screening checks in accordance with the Florida law.

To Register:

1. ENTER personal demographic data required to submit fingerprints.
2. OPTION to purchase FD 258 fingerprint cards. If you chose not to purchase a fingerprint card you must make sure the police department or agency you choose to roll your fingerprints uses an FD 258. If the FD 258 is not used the fingerprints will not be accepted, you will be required to have another set rolled and your application will be delayed.
3. PAY: If fingerprint cards are purchased.
 1. \$4.00 for regular USPS mail
 2. \$10 for priority mail
4. OBTAIN RECEIPT generated online. Print the Bar Code Receipt and mail it to the address listed on the receipt with the completed fingerprint cards.

If you do not have access to the internet at home or work, you can use a computer at your local public library.

Handle your fingerprint card with care and mail it to our address in a flat envelope. Smudged, folded, or bent cards may result in rejected results making resubmission necessary.

General CNA Registry Information

Florida CNA Eligibility Requirements

The Florida Certified Nursing Assistant is governed by Part II, Chapter 464, Florida Statutes (F.S.), and Rules 64B9-15, Florida Administrative Code (F.A.C.) and is regulated through the Board of Nursing. A Certified Nursing Assistant with a current, valid certificate from another state may work in long-term care in Florida for a period up to 120 days (per Chapter 400.211 F.S.) while seeking Florida certification. Be sure to apply early so that your employment is not interrupted if delays occur in processing your application.

Certification Methods

The Florida Certified Nursing Assistant may become certified by 4 different methods:

- Attend and successfully complete a state approved training program and pass the state exam, or
- Challenge and pass the state exam (must be 18 or have a high school diploma or equivalent), or
- Complete a nursing home preparation program and pass state exam, or
- Reciprocity--Transfer from another state with an active certificate in good standing and approved by Board of Nursing for certification

Responsibilities

- The CNA is responsible to report changes of address to the CNA Registry.
- To keep a certificate from lapsing the CNA must perform some nursing related services (employment) for monetary compensation every 24 months.
- The CNA is responsible to obtain and keep documentation of 12 hours of in-services per calendar year. These in-services are outlined in the Rules 64B9-15.011.

Discipline actions

The Florida Board of Nursing is authorized by law to protect the public from certified nursing assistants who do not meet minimum requirements for safe practice or who pose a danger to the public. A wide range of discipline actions from suspension, probation, revocation, fines ordered treatment programs, and additional in-service education may be imposed by the Board. Further information about discipline rules may be found in Rules 64B9-15.009, Florida Administrative Code (F.A.C.).

CNA State Exam

If your current certificate is expired, you will need to take the Florida Certified Nursing Assistant state exam provided by the Experior Testing at 1-888-277-3500 or go to their website at www.experioronline.com. You may obtain the Bulletin and application from the website.

CNA Registry Contact Information:

You may visit the CNA website at www.doh.state.fl.us/mqa to obtain laws and rules as well as verify your name as being on the Florida Certified Nursing Assistant Registry.

Telephone Number: 850-245-4567

Fax Number: 850-488-4281

Section II

IMPORTANT NOTICE: Effective July 1, 2009,

Please review the questions regarding criminal history carefully. If you are unable to determine how to answer the questions you may request the court documents from the clerk of the court in the county the offense occurred.

Section 456.0635 Medicaid fraud; disqualification for license, certificate, or registration.—

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue or renew a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant, has been:

(a) Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;

(b) Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

(c) Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program or the federal Medicare program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination occurred at least 20 years prior to the date of the application.

Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Nursing receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: What crimes or license discipline must be reported on the application?

Answer: All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence "(DUI)." Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: Can a person obtain a license as a nurse if they have a misdemeanor or felony crime on their record?

Answer: Each application is evaluated on a case-by-case basis. The Board of Nursing considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?

Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Question: What types of documentation do I need to submit in support of my application if I have a prior criminal record or license discipline?

Answer:

- Official court document(s) regarding each of your criminal offenses, showing the date(s) and circumstance(s) surrounding your arrest(s), sections of the law violated, and disposition of

the case. This includes the complaint or indictment, the judgment, order of probation, docket sheet or other documents showing the disposition of your case(s). You may obtain these documents at the clerk of court where the offense(s) occurred.

- Copies of documents regarding disciplinary action taken against any healthcare license. The documents must come from the agency that took the disciplinary action.
- A detailed description in your own words of the circumstances surrounding your criminal record or disciplinary action. Include a description of the changes in your lifestyle since the time of the offense(s) which would enable you to avoid future incidents. List factors in your life, which you feel, may have contributed to your crime or disciplinary action and what you have learned.

Note: The burden of proof lies with the applicant to demonstrate evidence of positive lifestyle changes. Examples include, but are not limited to:

- Documented evidence of professional treatment and counseling you have completed. Provide a discharge summary, if available.
- Letters of professional recommendation on official letterhead from employers, nursing program administrators, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority.
- Proof of community service, education and self-improvement.
- Court-issued certificate(s) of expungement, proof of compliance with criminal probation or parole.

Question: How will the applicant know if he is not clear to be certified?

Answer: Depending on the results of his background report, he will receive a notification from the Board office requesting additional information, or that the Board will hear his case, or that he has been denied certification.

If denied, he will have right of appeal.

Question: If the Board denies the applicant for certification, will he receive any refund of fees?

Answer: No, there are no refunds.

Question: What is an exemption?

Answer: An exemption is a process under Chapter 435, Florida Statutes, which allows certain employers to employ those healthcare practitioners, who may have certain disqualifying offenses, if the Board grants the exemption. These offenses, as specified in Chapter 435, are identified by the employer when he runs a background check for employment purposes.

Question: What is the difference between a background check used for employment screening and a background check used for licensing /certification purposes?

Answer: The difference is that all criminal offenses are reviewed prior to licensure or certification, not just a specified disqualifying list. In addition, Chapter 435 does not allow an exemption to be granted prior to certification.

Reciprocity Application for Certified Nursing Assistant

APPLICATIONS ARE PROCESSED IN TIME ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

FOR REVENUE RECEIPTING ONLY
(Profession Code 4401)

DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE FLORIDA BOARD OF NURSING

Department of Health
Post Office Box 6330
Tallahassee, FL 32314
850-245-4125
www.doh.state.fl.us/mqa/cna

FAILURE TO SUBMIT FEE OF \$48.00, TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL IT IS COMPLETE.

1. PERSONAL INFORMATION

NAME: Last/Surname _____ First _____ Middle _____

DATE OF BIRTH (MM/DD/YYYY) ____/____/____

MAILING ADDRESS: _____ Apt. No. _____
(Give address where certificate is to be mailed)

City _____ State _____ Zip _____ Country _____

PHYSICAL LOCATION: _____ Apt. No. _____
(Required if mailing address is a P.O. Box-See Checklist)

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

PLACE OF BIRTH: _____ MOTHER'S MAIDEN NAME: _____

Current CNA CERTIFICATE #: _____ ISSUE DATE _____ EXPIRATION DATE _____

STATE WHERE CURRENTLY CERTIFIED: _____

E-Mail Notification: If you want to be notified of the status of your application by e-mail please check the yes box and write your e-mail address on the line provided below. If you chose this form of notification you will receive information regarding your application file through e-mail only. You will be responsible for checking your e-mail regularly and updating your e-mail address with the CNA registry at: mqa_cna@doh.state.fl.us I will be notified by E-Mail only Yes No

E-Mail Address: _____

EQUAL OPPORTUNITY DATA

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.

SEX: Male Female RACE: White Black Asian/Pacific Islander Hispanic Other _____

2. CRIMINAL HISTORY (Review Questions & Answers section in instructions.)

A. 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.

If you answered **YES**, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results. You must submit documentation for the county Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

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.

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

1. Yes No

a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)

Yes No

b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each such conviction?

2. Yes No

a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)

Yes No

b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

3. Yes No

a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the Federal Medicare program? (If "No", do not answer 3b and 3c.)

Yes No

b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?

Yes No

c. Did the termination occur at least 20 years prior to the date of this application?

3. DISCIPLINARY HISTORY

Attach additional sheets, if necessary

- A. Yes No 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?
- B. Yes No 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?
- C. Yes No 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?
- D. Yes No 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.

4. 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** _____

IMPORTANT**

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 or by calling 1-800-772-1213.

PLEASE COMPLETE THE ATTACHED PAGE



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS
DISCLOSURE*

Florida Department of Health
Board of Nursing

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.

Mission Statement: To protect and promote the health of all persons in Florida by diligently regulating health care practitioners and facilities.

4052 Bald Cypress Way, Bin # C02
Tallahassee, Florida 32399-3252
Phone: (850) 245-4125 Fax: (850) 245-4172
Website: www.doh.state.fl.us/mqa/cna

Nursing Application Fee Sheet

Name _____

FEEs	Re-Examination
*Criminal Background Check	\$48.00
Total	\$48.00
TOTAL ENCLOSED	\$

Refunds

All fees are nonrefundable 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).

Withdrawal of Applications

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.

Mailing Instructions

Send a cashier's check or money order payable to: DOH Florida Board of Nursing. Sending the fees to an address other than the P.O. Box listed below will delay your application. All applications and correspondence with fees enclosed must be sent to:

Department of Health
Post Office Box 6330
Tallahassee, FL 32314

Telephone Number: 850-245-4125
Fax Number: 850-245-4172
Web Site: www.doh.state.fl.us/mqa/cna