DIALYSIS TECHNICIAN CERTIFICATION REINSTATEMENT

WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
90 MACCORKLE AVENUE, SW, SUITE 203, SOUTH CHARLESTON, WV 25303
Phone: (304) 744-0900 Fax: (304) 744-0600
e-mail: rnboard@wv.gov

Directions:
* Complete the entire application and send it in along with the required fee.
* Incomplete applications will be returned and not processed.
* Mail the application to the Board office along with the fee of **$200.00** in the form of a check or money order. **The fee is non-refundable**.
* **Name change and reinstatement Fee is $205.00** and requires a certified copy of the court document showing the name change, or a signed affidavit which is located on the Board's web site at www.wvrnboard.wv.gov

Reinstatement Applications will be processed only after all information is received by the Board. Once all information is in the office the processing time is approximately 7 business days.
Do not practice without a current active certification.

WV CERTIFICATION NUMBER _____ NATIONAL CERTIFICATION EXPIRATION DATE _____

1. NAME:_____
FIRST MIDDLE LAST

2. MAIDEN NAME: _____ 3. SOCIAL SECURITY NUMBER: _____

4. OTHER NAMES: _____
LIST ANY OTHER LEGAL NAMES YOU HAVE HAD

5. ADDRESS: _____
STREET OR P.O. BOX NUMBER

_____
CITY STATE ZIP

6. MARITAL STATUS: a. Single b. Married c. Divorced d. Widow e. Other (list) _____

7. PHONE NUMBER: _____ Provide a daytime phone number.

8. Email address:_____

9. Do you have a court ordered child support obligation? YES NO

A. Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months? YES NO

B. Are you the subject of a child support subpoena or warrant? YES NO

10. Do you own all or part of a business that operates within West Virginia?
YES NO If YES, list the FEIN# _____.

WV Code §21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment
compensation laws or the worker's compensation laws, or under both laws of this State.

If answering **YES** to **ANY** of the questions below attach an explanation and certified copies of related court documents and certified copies of the State Board action if applicable. If you have any questions, please contact the Board office at (304) 744-0900 to speak with someone in the Discipline Department. **If the information is already on file in the Board office, indicate this on the application and do not send duplicate information.**

11. Have you ever been placed on the nurse aide abuse registry in any state or have you committed abuse to a patient or been found guilty of abuse in any state? YES NO

12. Have you **EVER** been convicted of a felony or a misdemeanor or pled nolo contendere to any crime? Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported. YES NO

13. Do you have any criminal charges currently pending in any state, territory or country? YES NO

14. Have you ever or are you currently serving in a branch of the military? YES NO
If so which branch _____.
A. Have you ever been discharged from a branch of the military with anything other than an honorable discharge? YES NO
YES If yes send explanation and DD214

15. Have you ever or are you currently using illegal drugs? YES NO

16. Do you currently posses any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of a Dialysis Technician? If yes attach a letter of explanation. Additional information may be needed if necessary. YES NO

17. Has a complaint ever been filed against ANY professional or occupational license/certification in this state, or any other state territory or country? YES NO

18. **Certification Statement:** By signing this application, I hereby certify that the information provided on this application is complete and true. I understand that supplying false information is a violation of WV Code §30-7C-1 et seq. and subjects me to the full range of discipline described therein. If I fail to renew my certification, my certification will lapse and I may not work or represent myself as a Dialysis Technician (DT) until I have met the reinstatement requirements. If I do work or represent myself as a DT while my certification is lapsed, I am subject to fines, administrative costs and disciplinary action, as defined in WV Code §30-7C-1 et seq. and related laws and rules.

Applicant Signature: _____ **Date:** _____