

Dialysis Technician Certification Application

WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE, SUITE 102, CHARLESTON, WV 25311-1620
Phone: (304) 558-3596 Fax: (304) 558-3666
e-mail: rnboard@state.wv.us web address: www.wvrnboard.com

COMPLETE THE ENTIRE APPLICATION AND SEND WITH THE FEE OF \$200.00 IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK TO THE RN BOARD OFFICE

Check One: New Graduate

Endorsement* - Completed a program outside of West Virginia and have been Certified in another state or hold national certification

Employed as a DT prior to July 1, 2005

***Endorsement Applicants must provide a certified copy of their certification or credential from another state by contacting the state of origin and having it sent directly to the WV-RN Board office; provide a state and federal criminal background check completed no longer than 6 months before submitting an application for endorsement; and, provide a certified copy of the document showing completion of the education program.**

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. DATE OF BIRTH: _____ MM/DD/YYYY
7. PLACE OF BIRTH: _____ CITY STATE

8. U.S. CITIZEN (circle one) YES NO
9. GENDER (circle one) MALE FEMALE

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

11. RACE/ETHNIC ORIGIN (Circle One)
a. Caucasian (white)
b. African American (black)
c. American Indian or Alaskan Native
d. Asian or Pacific Islander
e. Hispanic
f. Other (list) _____

12. PHONE NUMBERS: _____
Provide numbers where you may be reached during the day.
Email Address: _____

13. HIGH SCHOOL: _____
Name of High School City State

14. DATE OF GRADUATION: _____
MM/DD/YYYY

If you did not graduate from high school, provide General Education Development (G.E.D.) Info.

15. DATE OF G.E.D. _____ 16. SCORE: _____
MM/DD/YYYY

16. DIALYSIS EDUCATION PROGRAM INFORMATION

A. Have you completed an Education Program for Dialysis Technicians? YES NO
If yes, DATE OF GRADUATION: _____ and, provide the name below

B. Are you currently enrolled in an Education Program for Dialysis Technicians? YES NO
If yes, ANTICIPATED DATE OF GRADUATION: _____ and, provide the name below

C. NAME OF PROGRAM: _____
ADDRESS: _____
NAME

D. Provide a certified copy of the certificate of completion of the Dialysis Technician Education Program
CITY STATE ZIP COUNTY

17. OTHER LICENSE OR CERTIFICATION

Do you hold or have held ANY OTHER professional or occupational licensure or certification?
(Circle One) YES NO If yes please provide the following information
TYPE OF LICENSE OR CERTIFICATION _____

STATE: _____ LICENSE/CERTIFICATION NUMBER _____

EXPIRE DATE _____ PHONE NUMBER FOR VERIFICATION () _____

18. Have you 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? (Circle One) YES NO

19. Do you have a child support obligation? (Circle One) YES NO

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

21. Are you the subject of a child support subpoena or warrant? (Circle One) YES NO

22. Do you own all or part of a business that operates within West Virginia? (Circle One) 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.

23. Have you ever or are you currently serving in a branch of the military? (Circle One) YES NO
If so which branch _____.

Have you ever been discharged from a branch of the military with anything other than an honorable discharge? YES NO
If yes send explanation and DD214.

If answering **YES** to **ANY** of the questions below attach an explanation and certified copies of court related documents and certified copies of the State Board action if applicable. If you have questions, please contact the Board office at (304) 558 - 3596 to speak with someone in the Discipline Department.

- 24. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?
(Circle One) YES NO

 - 25. 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)
(Circle One) YES NO

 - 26. Have you ever or are you currently abusing prescription or over-the-counter medication?
(Circle One) YES NO

 - 27. Have you ever or are you currently using illegal drugs?
(Circle One) YES NO

 - 28. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice as a Dialysis Technician?
(Circle One) YES NO

 - 29. If you hold a professional or occupational license or certificate of any kind, has your privilege to practice ever been monitored for any reason through disciplinary action or otherwise, by any facility, board or group?
(Circle One) YES NO
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30. Attach a 2 inch X 2 inch IDENTIFICATION PHOTO in the space provided. This photo is for identification purposes and should look as much as possible like you usually look. Place your signature on the front bottom of the picture. **Signature of Director also on the picture.**
DO NOT mark across the face.

FADE PROOF
COLOR
PASSPORT
PHOTO
**HEAD AND
NECK ONLY**

**SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY:
AFFIDAVIT**

STATE OF _____ COUNTY OF _____

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is ground for denial of certification or disciplinary action against the license. **FURTHER:** I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

(SEAL) _____
Notary Signature

Notary Public in and for: County: _____ State: _____

MONEY NOT REFUNDABLE . APPLICATION AND FEE GOOD FOR ONE APPLICATION OR SIX (6)MONTHS

33. CERTIFICATION I: Refer to West Virginia Code Chapter 30, Article 7C, Section 3.

This is to certify that _____
(FULL NAME OF DIALYSIS TECHNICIAN APPLICANT)

is personally known to me, and that he/she is of **good moral character**; I have known him/her for _____ years (Length of time must be at least five (5) years). I hereby recommend him/her to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

Signature: _____ Position: _____ Date: _____

34. CERTIFICATION II:

TO BE COMPLETED BY THE RN SUPERVISOR AT YOUR PLACE OF EMPLOYMENT, **OR** IF JUST COMPLETING A DIALYSIS TRAINING PROGRAM, THE REGISTERED NURSE ADMINISTRATOR OF THE PROGRAM WHO IS FAMILIAR WITH YOUR COMPETENCIES TO PERFORM AS A DIALYSIS TECHNICIAN

I hereby certify that _____ is/will be (circle one) employed at _____ and is competent to perform as a dialysis technician located in the city of _____, state of _____.
(Name of facility and phone number of facility)

Date of Employment: _____ If enrolled in the facility program, the expected date of graduation _____

WV Code 30-7C-10. Denial, revocation or suspension of license; grounds for discipline.

The Board shall have the power to deny, revoke or suspend any certification to practice as a Dialysis Technician issued or applied for in accordance with the provisions of this article, or to otherwise discipline upon proof that a dialysis technician or applicant:

- (a) Is or was guilty of fraud or deceit in procuring or attempting to procure a certification to practice as a dialysis technician; or
- (b) Has been convicted of a felony; or
- (c) Is unfit or incompetent by reason of negligence, habits or other causes; or
- (d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or
- (e) Is mentally incompetent; or
- (f) Is guilty of conduct derogatory to the morals or standing of the practice; or
- (g) Is practicing or attempting to practice as a dialysis technician without Board approval; or
- (h) Has wilfully or repeatedly violated any of the provisions of this article.

- A. Are you aware of any conduct which would violate §30-7C-10 relative to this applicant?
(Circle One) YES NO If yes, please attach documents related to the event(s)
- B. If the applicant is currently enrolled in a education training program for dialysis technicians, are you aware of any discipline for academic dishonesty relative to this applicant?
(Circle One) YES NO If yes, please attach documents related to the event(s)
- C. Do you have reason to believe this applicant violated provisions of WV CSR 19-13-16 as proposed (Misconduct)? (Circle One) YES NO If yes, attach explanation
- D. I hereby verify that this applicant's competencies are consistent with those provided in the WV Code and rules related to dialysis technicians and recommend them to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

I was _____ was not _____ Director when applicant was a student.

Signature _____ Date _____

(Facility Seal)