

DIALYSIS TECHNICIAN CERTIFICATION REINSTATEMENT

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

- 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

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 3 business days. Do not practice without a current active certification.

Certification Number: _____

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. **DIALYSIS EDUCATION PROGRAM INFORMATION** (Complete this question even if you were employed before July 1, 2005)

A. Have you completed an Education Program for Dialysis Technicians? YES NO
(Circle One) If yes, DATE OF GRADUATION: _____

8. Do you have a court ordered child support obligation? (Circle One) YES NO

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

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

11. 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.
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If answering **YES** to **ANY** of the questions below attach an explanation and certified copies of related court documents if applicable. Traffic violations resulting in convictions must be reported. If you have questions, please contact the Board office at (304) 558 - 3596 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.**

12. Have you been placed on the nurse aide abuse registry in any state? (Circle One) YES NO
13. Have you **EVER** been convicted of a felony or a misdemeanor or pled nolo contendere to any crime, had records expunged or been pardoned? (List speeding tickets **only** if you have received three (3) speeding tickets in the last two (2) years)
(Circle One) YES NO
14. Have you **ever** or are you currently abusing prescription or over-the-counter medication?
(Circle One) YES NO
15. Have you **ever** or are you currently using illegal drugs?
(Circle One) YES NO
16. 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
17. 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
18. If you hold a professional or occupational license or certificate of any kind, has a complaint ever been filed against this privilege?
(Circle One) YES NO
19. Have you been practicing as a dialysis technician in West Virginia since your certificate lapsed?
(Circle One) YES NO

20. **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 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:** _____

PHONE NUMBER: _____ Provide a number where you may be reached during the day.