

CNA RECERTIFICATION FORM

Name of CNA: _____ Phone: _____ Home address: _____

CNA ID#: _____ Date of Birth: _____ E-mail address: _____

To be completed by Authorized Personnel or Human Resources Technician

Employment Information:

Name of Facility/Employer: _____

City: _____ State: _____ Zip: _____ Phone: _____

Hire Date: _____
 Month Day Year

The State of Delaware requires that an individual perform 64 hours of nursing or nursing-related services under the supervision of a licensed nurse for pay and complete 24 hours of Division-approved continuing education (CE) which are found at: <http://login.elsevierperformancemanager.com/systemlogin.aspx?virtualname=DDHSS>. **Once these requirements are met, a fee of \$25 is required to renew. Checks or money orders are to be made payable to the "State of Delaware" and are non-refundable.**

Please check the certified nurse aide (CNA) registry on the website at www.prometric.com/nurseaide/DE for the current certification period dates and to ensure this CNA is in good standing. CNAs with validated complaints of resident abuse, neglect or misappropriation of resident property in their registry records are not eligible to renew their CNA certifications in the State of Delaware. For specific information regarding such negative findings, please contact the Division of Long Term Care Residents Protection at (302) 421-7403 or check on the website noted above.

****** PRIVATE DUTY AND OTHER HEALTH CARE SETTINGS WITHOUT A SUPERVISING LICENSED NURSE OR PHYSICIAN DO NOT QUALIFY UNDER STATE REGULATIONS FOR RENEWAL ******

Check Employer Type:

- | | |
|---|--|
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Long Term Care Facility | <input type="checkbox"/> Licensed Home Health Care Agency-with a nurse |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Other _____ |

CNAs who have met all requirements but failed to renew their certification before the expiration date, can renew up to 30 days past their certification expiration date by paying a \$25 late fee payable to the *State of Delaware* by check or money order. Otherwise, they must retake and pass the state competency test. CNAs who do not meet all requirements before their certification expiration date, are required to retake and pass the state competency test.

I certify that the above applicant has performed 64 hours of nursing or nursing-related services under the supervision of a licensed nurse or physician for pay. Please note we do not issue certification cards. CNAs may confirm their renewals by calling the number below or checking the registry at the following website: www.prometric.com/nurseaide/DE.

Authorized Personnel's Name/Title: _____ Date: _____
(Please Print)

Authorized Personnel's Signature: _____ Date: _____

COMPLETE & MAIL OR FAX TO:
(FAX OR U.S. MAIL IS ACCEPTED)

THE DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
24 NW FRONT STREET, STE 100
MILFORD, DE 19963
PHONE: 302-424-8600 FAX: 302-424-2939