STATE OF DELAWARE • DHSS • DIVISION OF HEALTH CARE QUALITY OFFICE OF LONG TERM CARE RESIDENTS PROTECTION

CNA RECERTIFICATION FORM

Full Name:	Please Print Legibly	Mailing Addr	ess:	Phone #:	
Date of Birth:	Cert #:	E-mail Address:			
Employment Informat	ion: To be completed by Aut	thorized Personnel			
Employer:	Addr	Address:		Phone:	
City:	State:	Zip:	Date of Hire:		
hours within the last cerphysician for one of the Check Employer Type	 tts: The State of Delaware requirification period performing n following licensed facilities: Assisted Living Facility Health Care Agency (with a new text) 	ursing-related servic LTC Facility	es under the supervision of Hospital	a licensed nurse or	
regulations for renewal. (CEUs) must be comple online transcript can be					

*EMPLOYERS: Please check the CNA registry @ www.prometric.com/nurseaide/DE for current certification dates, to ensure this CNA is in good standing. Any CNA with substantiated complaints of resident abuse, neglect or misappropriation of resident property in their registry records are not eligible for renewal. For specific information regarding such negative findings please contact the Division of Health Care Quality Office of Long Term Care Residents Protection at (302) 421-7403, or check on the Prometric website noted above.

CNAs who have completed the required education/training (CEUs) through Elsevier but have failed to submit their renewal form and fee *BEFORE* their expiration date, can still renew *up to 30-days* past their expiration date by submitting their renewal form and payment along with a \$25 late fee. However, if CEUs are not completed before the expiration date, the CNAs Certification will lapse, and he/she will be required to re-take and pass the state competency examination (written/oral, and skills) in order to have their certification re-instated. Testing is scheduled through Prometric by calling 866-664-9504. Please direct questions and/or concerns to The Division of Healthcare Quality, Office of Long Term Care Residents Protection at 302-421-7400.

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*EMPLOYER ATTESTATION STATEMENT: By signing below I certify that the above named applicant is/was employed with our organization and that he/she performed at least 64-hours of nursing-related services under the supervision of a licensed nurse or physician during the certification period.

Authorized Personnel Signature:	Date:				
Authorized Personnel Name/Title: _					
	PLEASE PRINT LEGIBLY - INCLUDE JOB TITLE W/THIS EMPLOYER				
MAIL OR HAND DELIVER COMPLETED FORM ALONG WITH PAYMENT TO: THE DIVISION OF HEALTH CARE QUALITY, OFFICE OF LONG TERM CARE RESIDENTS PROTECTION					

24 NW FRONT STREET, SUITE 100 MILFORD, DE 19963

ATTN: CNA REGISTRY

OR

3 MILL ROAD, SUITE 308 WILMINGTON, DE 19806

PAYMENT MUST ACCOMPANY FORM
FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT PAYMENT WILL NOT BE ACCEPTED WITHOUT FORM.

*Please note: certification cards are no longer being issued. cna may call our office or visit the registry website to confirm that their renewal has been processed.