**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS**

**DEPARTMENT OF HEALTH**

***Virgin Islands Board of Nurse Licensure***

P.O. Box 304247, St. Thomas, US Virgin Islands 00803

5051 Kongens Gade Ste.1, St Thomas, USVI 00802-6487

Tel: (340)774-7477 ext. 5697

October 2020

Dear Certified Nurse Assistant:

This correspondence serves to remind you that your Certified Nursing Assistant (CNA) certificate expires on December 31, 2020.

**It is a violation of the Virgin Islands Nurse Practice Act to work with a lapsed registration certificate. It is your responsibility to renew your Certified Nursing Assistant certificate even if you do not receive a renewal application from this Board.**

Renewal applications for the Registration Certificates for the 2021-2022 biennium will be mailed from October through November 2020. They are also available to download from the VIBNL website [www.thevibnl.org](http://www.thevibnl.org/)  or for pick up from the office of the Virgin Islands Board of Nurse Licensure (VIBNL) temporarily located on the 5th floor of Roy L Schneider Medical Center. Completed renewal packets may be mailed or submitted directly to the VIBNL office upon completion of stipulated requirements for renewal.

Note: Please ensure that all renewal requirements have been met to prevent a delay in processing. Although current biennium Registration Certificates do not expire until December 31st, 2020, to ensure receipt of your 2021-2022 Registration Certificate, renewal applications should be complete and received by the VIBNL, no later than **October 31, 2020.** Registration Certificates for the 2020-2021 biennium may not be able to be processed by January 1st, 2020 if renewal applications are received by the VIBNL after October 31, 2020.

Note: Signature and date must be included on all renewal forms or the application will be considered incomplete and will not be processed.

To renew your CNA certificate, you must hold a current Healthcare Provider Cardiopulmonary Resuscitation (CPR) certificate that does not expire within the period of 2020 through 2022. Please contact CPR instructors in time, to receive current CPR training and certification. **CPR must be obtained from a Board-approved provider.** In addition, written evidence of having worked as a Certified Nursing Assistant in 2019 and 2020.

**FEES:** The CNA certificate renewal fee is **$75.00**, **payable by certified check or money order only**. *Make certified checks and money orders payable to:*

**Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, V.I. 00803**

**If renewal documents are not received by the VIBNL by December 31st, 2020, applicants will be required to pay a lapsed registration fee of $200.00 in addition to the $75.00 renewal fee.**

**Note:** You may use the following address when forwarding overnight parcels to the VIBNL: **9048 Sugar Estate 2nd Floor Room 2134 St. Thomas, VI 00802**

**PLEASE NOTE***:* Self-disclosure of all misdemeanors, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last five (5) years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required. Failure to do so may result in a disciplinary action by the VIBNL.

**REFRESHER COURSES:** Nursing assistants who have not practiced during the last five (5) years must complete a refresher course that includes both theory and clinical hours **pre-approved** by the VIBNL. Nursing assistants, who have not practiced in ten (10) years, are required to complete the initial certification registration process. Please contact the VIBNL for details.

**NAME/ADDRESS CHANGE:** The VIBNL must be notified immediately **in writing** of any change in name and must include official supporting documentation (e.g. marriage license, divorce decree, etc.). The VIBNL must be notified immediately **in writing** of any change in address and/or telephone number. Please forward notification of change to: **Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, V.I. 00803**.

**OFFICE HOURS:**  Business office hours of the VIBNL are Monday-Friday, 8:30 am - 4:00 pm. The Board’s office will be closed to the public for end-of-year reconciliation from December 19th, 2020 through December 31st, 2020 and will reopen on January 4th, 2021.

**Communication:** Should you have questions, need clarification, or directions to the office of the VIBNL, please do not hesitate to contact the Board staff. We are committed to keeping you informed about the renewal of your registration.

**Our temporary phone number is**: (340) 774-7477 Ext. 5697 or 5677 OR 5673 or Cell Phone (340) 690-9326

**Our email is:** [m.tijah.jackson@doh.vi.gov](mailto:m.tijah.jackson@doh.vi.gov) or [aisle.hughes@doh.vi.gov](mailto:aisle.hughes@doh.vi.gov)

**\*\*\*DUE TO THE COVID PANDEMIC WE HAVE LIMITED OFFICE HOURS. PLEASE CONTACT US FOR AT THE ABOVE TELEPHONE NUMBERS.**

Sincerely,

Virgin Islands Board of Nurse Licensure

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS**

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**DEPARTMENT OF HEALTH**

**Virgin Islands Board of Nurse Licensure**

P.O. Box 304247 St. Thomas, Virgin Islands 00803 **Temporary Tel:** (340) 774-7477 ext. 5697 / 5681

# APPLICATION FOR RENEWAL CERTIFICATION TO PRACTICE AS A CERTIFIED NURSING ASSISTANT

**VI License Certificate # \_\_\_\_\_\_\_ □ Please check this box if your information has changed since your last renewal.**

**Social Security # \_\_\_-\_\_\_-\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_**

Last Name First Name Middle Initial Maiden Name

**Date of Birth \_\_\_/\_\_\_/\_\_\_**

# Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender\_\_\_\_\_\_\_\_\_\_\_\_**  Street or PO Box City

**\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_**

State ZIP or Postal Code

**Martial Status: US Citizen:**

**Tel # (\_\_\_) \_\_\_-\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_\_ (\_\_\_) \_\_\_-\_\_\_\_**

S M D WYES / NO

**Cell Home Work**

**E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employment Status Employment – Principal Field**

**Employment - Location**

**(Please Circle One) (Please Circle One)**

1. Full Time 1. Hospital 4. Hospice Care 1. In Territory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Island)

1. Part Time 2. Long Term Care 5. Community Health

2. Out of Territory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Unemployed 3. Private Duty/Home Health 6. Other\_\_\_\_\_\_\_\_\_\_\_\_

(State)

|  |
| --- |
| **Renewal Fee: $75.00**    **Additional Lapsed Fee: $200.00 *(Submitted after December 31st of the renewal year.)*** |

Have there been any complaints or disciplinary actions taken or pending against your professional nursing or occupational license, registration, or certification? Yes ( ) No ( )

If Yes, Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please attach explanation and supporting documents.)

***Disclosure is required by submission of a separate document, of ALL misdemeanors, felonies, plea agreements (even if adjudication was withheld), and any actions taken or initiated against a professional or occupational license, registration, or certification and/or any substance use disorder within the last five (5) years.***

**FAILURE TO DISCLOSE INFORMATION WILL RESULT IN DENIAL OF CERTIFICATION RENEWAL**

**Have you worked as a CNA without supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN)? YES / NO (Circle one) If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***My signature on this application certifies to the best of my knowledge and belief that all the information I have provided on this form and in any accompanying document(s) is true, accurate and complete.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_/ \_\_\_/ \_\_\_

**SIGNATURE DATE**

**Employers, please complete the following:**

**My signature confirms that the above worked within the last biennium as Certified Nurse Assistant.**

|  |
| --- |
| **OFFICE USE**  **Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Renew**  **Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do Not Renew \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Board Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Name of Facility/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the position require the employee to hold a current certification? \_\_\_Yes \_\_\_No**

**Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor/Clinical Care Coordinator, Human Resources Manager, Nurse Recruiter**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**(PRINT NAME)**

***Rev.10.2018***