



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure
APPLICATION FOR RENEWAL REGISTRATION TO PRACTICE AS A
CERTIFIED NURSE ASSISTANT**

Renewal Fee: **CNA \$75.00**
Additional Lapsed Fee: **\$200.00**

Physical Address: 5051 Kongens Gade Suite 1, St Thomas, USVI 00802 / Mailing: PO Box 304247, St. Thomas, USVI 00803 / Tel# (340) 776-7397 Fax (340) 777-4003

NAME: _____ MAILING ADDRESS _____
 CERTIFICATE NO. _____ TEL#/s _____ (H) _____ (W) YEAR OF LAST RENEWAL _____
 SOCIAL SECURITY NUMBER _____ EMPLOYMENT STATUS (CIRCLE ONE) _____ EMPLOYMENT AS A CERTIFIED NURSE ASSISTANT (CIRCLE ONE)

1. FULL-TIME 2. PART-TIME (LESS THAN 40HRS A WEEK) 3. UNEMPLOYED (YES /NO) IF UNEMPLOYED, ARE YOU ACTIVELY SEEKING EMPLOYMENT AS A CERTIFIED NURSING ASSISTANT? Y/N 4. PLACE OF EMPLOYMENT OTHER THAN NURSING _____ FULL-TIME _____ PART-TIME _____	1. ACUTE CARE 2. LONG TERM CARE 3. HOME HEALTH AIDE WHERE: 1. HOSPITAL (ST. THOMAS, ST. JOHN, ST. CROIX) 2. NURSING HOME (ST. THOMAS/ST. CROIX) 3. HOSPICE FACILITY (ST. THOMAS/ST. CROIX) 4. COMMUNITY HEALTH (ST. THOMAS, ST. JOHN, ST. CROIX) 5. OTHER (EXPLAIN) _____
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Signature of Employer: _____ Period of Employment: _____

Has there been any complaints or disciplinary action taken or pending against your professional nursing or occupational license, registration, or certification? Yes () No ()
 If Yes, Where _____ License/Certificate# _____ (Please attach explanation and supporting document/s)
 You must disclose 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 on a separate piece of paper.
FAILURE TO DISCLOSE INFORMATION WILL RESULT IN LICENSE NOT BEING RENEWED.

(OVER)

Were you Licensed/Certified in the territory of the US Virgin Islands by Exam or Endorsement? _____
 Original State, Date of Licensure/Certification, License/Certificate Number: _____

Did you change your name or address in the last (2) years? Yes () No () Please provide proof of name change.

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: _____

NAME OF NURSING PROGRAM COMPLETED _____ DATE ENTERED _____ GRADUATED _____
 CURRENT CPR CERTIFICATE EXPIRATION DATE _____

*PLEASE COMPLETE ALL OF THE INFORMATION ON BOTH SIDES OF THIS CARD.
 FEES ARE PAYABLE TO THE VIRGIN ISLANDS BOARD OF NURSE LICENSURE BY CERTIFIED BANK CHECK OR MONEY ORDER ONLY.
 ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. COMPLETED RENEWAL APPLICATIONS AND /OR PAYMENT RECEIVED OR POSTMARKED AFTER DECEMBER 31st OF THE RENEWAL YEAR WILL BE CONSIDERED LAPSED AND APPLICANTS WILL INCUR A PENALTY FEE OF \$200.00.*

 SIGNATURE DATE

OFFICE USE: PAID FEE _____ RENEW REGISTRATION _____ DO NOT RENEW _____ REVIEWED BY _____ DATE _____	COMMENTS: _____ _____ _____ _____ _____
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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)776-7397/Fax: (340)777-4003

July 2016

Dear Certified Nurse Assistant:

This correspondence serves to remind you that your Certified Nursing Assistant (CNA) certificate expires on December 31, 2016.

It is a violation of the VI Code 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.

CNA renewal applications will be mailed from July 2016 through September 2016. They are also available on our website at www.thevibnl.org or for pick up from the office of the Virgin Islands Board of Nurse Licensure (VIBNL). Completed renewal packets may be returned to the VIBNL for processing as soon as applicants have fulfilled all requirements for renewal as stipulated. Although current biennium Registration Certificates do not expire until December 31st 2016, to ensure receipt of your 2017-2018 Registration Certificate, renewal applications should be complete and received by the VIBNL, no later than October 31, 2016. This change is an effort to avoid the mailing delays that occur annually during the holidays. ***Sign the back of your Certification ID card*** once received.

In order to renew your CNA certificate, you must hold a current Healthcare Provider Cardiopulmonary Resuscitation (CPR) certificate that does not expire within the period of 2016 through 2018. Please contact CPR instructors in time, in order to receive current CPR training and certification. ***CPR must be obtained from a Board-approved provider.*** In addition, written evidence must be provided of having worked as a Certified Nursing Assistant in 2015 and 2016.

FEES: The CNA certificate renewal processing fee is ***\$75.00***, payable by certified check or money order only. If renewal documents are not received by the VIBNL by December 31st 2016, there is an additional lapsed registration fee of \$200.00 effective January 1st 2017. ***Make certified checks and money orders payable to: Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, V.I. 00803***

Note: You may use the following address when forwarding overnight parcels to the VIBNL.

1. FEDEX/UPS parcels = #3 Kongens Gade, Old Justice Complex, St Thomas, USVI 00802.
2. US Postal Service = 5051 Kongens Gade Suite 1, St Thomas, USVI 00802-6487.

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 *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. Changes may be faxed to the VIBNL at 340-777-4003.

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 2016 through December 31st 2016, and will reopen on January 3rd 2017.

Sincerely,
Virgin Islands Board of Nurse Licensure