

DIALYSIS TECHNICIAN CERTIFICATION RENEWAL

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

You may renew online by going to www.wvrnboard.com

- Directions:**
- * Complete the entire application and send it in along with the required fee.
 - * Incomplete renewals will be returned and not processed.
 - * Mail the renewal to the Board office along with the fee of **\$100.00** in the form of a check or money order. **The fee is non-refundable.**
 - * **Name change and renewal Fee is \$105.00** 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.

Renewals must be received in the Board office no later than 4:00 P.M. June 30, 2009.

The certification of an applicant who does not submit the completed renewal before the deadline will be lapsed. **You cannot practice without a current active certification.**

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

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

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

10. 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.

If answering **YES** to **ANY** of the questions below you may not complete an online renewal and must complete a paper renewal and 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.**

11. Have you been placed on the nurse aide abuse registry in any state? (Circle One) YES NO
12. 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
13. Have you **ever** or are you currently abusing prescription or over-the-counter medication?
(Circle One) YES NO
14. Have you **ever** or are you currently using illegal drugs?
(Circle One) YES NO
15. 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
16. 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
17. 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
18. **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 fail to renew my certification, my certification will lapse and I may not work or represent myself as a Dialysis Technician (DT) until I have met the reinstatement requirements. 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.

Email address: _____