



**Employer #2:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Duties:  Feeding  Vital Signs  ADL's  Bed making  Catheter care  
 Activities  Height/Weight  Laundry  Transfer/lifting  Transporting

DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

**Employer #3:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Duties:  Feeding  Vital Signs  ADL's  Bed making  Catheter care  
 Activities  Height/Weight  Laundry  Transfer/lifting  Transporting

DATE HIRED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

If additional space is needed, please submit on a separate sheet of paper.

**Questions:**

- 1) Have you ever been fired from a job due to an allegation of abuse, neglect, or misappropriation of resident's property?  
If yes, give details on a separate piece of paper and attach to this form. Yes \_\_\_\_ No \_\_\_\_
- 2) Have you ever been convicted, pled guilty to or pled no contest to a crime involving a child or incapacitated adult?  
If yes, you must attach legal documentation pertaining to this crime. Yes \_\_\_\_ No \_\_\_\_
- 3) Have you ever been convicted, pled guilty to or pled no contest to a misdemeanor or felony punishable to one year or more?  
If yes, you must attach legal documentation pertaining to this crime. Yes \_\_\_\_ No \_\_\_\_

I hereby give my permission the State(s) listed below to release information to the State of West Virginia for the purpose of certification verification. (List below all states Nurse Aide Registries that your name has appeared on.)

\_\_\_\_\_

**FAILURE TO COMPLETE THIS APPLICATION APPROPRIATELY WILL RESULT IN DELAY AND/OR POSSIBLE DENIAL OF YOUR REQUEST FOR RECIPROCITY. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU FOR COMPLETION AND ACCURACY.**

**By signing this application, I verify that I have submitted true and accurate information. I also understand that if I have submitted any false information on this application, Reciprocity will be DENIED and my name will not be added to the West Virginia Long-Term Care Nurse Aide Registry.**

\_\_\_\_\_  
Signature of Nurse Aide

\_\_\_\_\_  
Date