

## DUPLICATE CERTIFICATE APPLICATION

This application can be mailed to: **Utah Nursing Assistant Registry**  
**450 Simmons Way #700**  
**Kaysville, UT 84037**

Or emailed to: **office@utahcnaregistry.com**

Please check appropriate box: I am requesting a mailed Certificate w/wallet card (\$15) -or -  
I am requesting a digital & mailed Certificate w/wallet card (\$25)

Name (as appears on your CNA Certificate) \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Utah CNA Certificate # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Cash, personal checks, money orders or cashier's checks are not accepted and will be returned to you preventing your application from being processed.**  
**For credit card payments, complete all information below including an authorized signature.**

Fees		
Duplicate CNA Certificate w/wallet card <i>(mailed version only)</i>	\$15.00	\$
Duplicate CNA Certificate w/wallet Card <i>(digital &amp; mailed version)</i>	\$25.00	\$
UNAR Lapel Pin <i>(\$3.00 pin + \$0.22 tax + \$3.50 shipping)</i>	\$ 6.72	\$
	TOTAL TO BE CHARGED	\$

Credit Card # \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Credit Card **Billing** Zip Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_