

STATE OF DELAWARE • DHSS • DIVISION OF HEALTH CARE QUALITY
OFFICE OF LONG TERM CARE RESIDENTS PROTECTION

CNA RECERTIFICATION FORM

Full Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
Please Print Legibly

Date of Birth: \_\_\_\_\_ Cert #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employment Information: To be completed by Authorized Personnel

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Eligibility Requirements: The State of Delaware requires CNAs to have been in a paid position working for a minimum of 64-hours within the last certification period performing nursing-related services under the supervision of a licensed nurse or physician for one of the following licensed facilities:

- Check Employer Type: [ ] Assisted Living Facility [ ] LTC Facility [ ] Hospital
[ ] Licensed Home Health Care Agency (with a nurse) [ ] Hospice [ ] Other \_\_\_\_\_

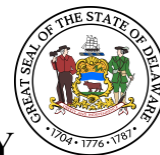
\*Private duty and other health care settings without a supervising licensed nurse or physician do not qualify under state regulations for renewal. In addition to the employment requirement, 24-hours of Division-approved continuing education (CEUs) must be completed. CEUs are offered online to all registered CNAs and will ONLY be accepted through Elsevier. Your online transcript can be accessed by clicking on the following link:

http://login.elsevierperformancemanager.com/systemlogin.aspx?virtualname=DDHSS.

A \$25 fee is required to process the renewal and should be submitted in the form of a check or money order made payable to: STATE OF DELAWARE \*WE DO NOT ACCEPT CASH\* \*All fees are non-refundable\*

\*EMPLOYERS: Please check the CNA registry @ www.prometric.com/nurseaide/DE for current certification dates, to ensure this CNA is in good standing. Any CNA with substantiated complaints of resident abuse, neglect or misappropriation of resident property in their registry records are not eligible for renewal. For specific information regarding such negative findings please contact the Division of Health Care Quality Office of Long Term Care Residents Protection at (302) 421-7403, or check on the Prometric website noted above.

CNAs who have completed the required education/training (CEUs) through Elsevier but have failed to submit their renewal form and fee BEFORE their expiration date, can still renew up to 30-days past their expiration date by submitting their renewal form and payment along with a \$25 late fee. However, if CEUs are not completed before the expiration date, the CNAs Certification will lapse, and he/she will be required to re-take and pass the state competency examination (written/oral, and skills) in order to have their certification re-instated. Testing is scheduled through Prometric by calling 866-664-9504. Please direct questions and/or concerns to The Division of Healthcare Quality, Office of Long Term Care Residents Protection at 302-421-7400.



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**\*EMPLOYER ATTESTATION STATEMENT:** By signing below I certify that the above named applicant is/was employed with our organization and that he/she performed at least 64-hours of nursing-related services under the supervision of a licensed nurse or physician during the certification period.

Authorized Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Personnel Name/Title: \_\_\_\_\_

PLEASE PRINT LEGIBLY – INCLUDE JOB TITLE W/THIS EMPLOYER

**MAIL OR HAND DELIVER COMPLETED FORM ALONG WITH PAYMENT TO:  
THE DIVISION OF HEALTH CARE QUALITY, OFFICE OF LONG TERM CARE RESIDENTS PROTECTION  
ATTN: CNA REGISTRY**

**24 NW FRONT STREET, SUITE 100  
MILFORD, DE 19963**

**OR**

**3 MILL ROAD, SUITE 308  
WILMINGTON, DE 19806**

**\*\*PAYMENT MUST ACCOMPANY FORM\*\***

**FORMS WILL NOT BE ACCEPTED WITHOUT PAYMENT PAYMENT WILL NOT BE ACCEPTED WITHOUT FORM.**

**\*PLEASE NOTE: CERTIFICATION CARDS ARE NO LONGER BEING ISSUED. CNA MAY CALL OUR OFFICE OR VISIT THE REGISTRY WEBSITE TO CONFIRM THAT THEIR RENEWAL HAS BEEN PROCESSED.**