



GOVERNMENT OF THE UNITED STATES VIRGIN ISLAND

BOARD OF NURSE LICENSURE

P.O. Box 304247

St. Thomas, Virgin Islands 00803

9150 Estate Thomas, Suite 206, St. Thomas, VI 00802

(340) 249-0684 or (340) 690-9326

Dear Certified Nurse Assistant:

This correspondence serves to remind you that your Certified Nursing Assistant (CNA) certificate expires on December 31, 2022.

It is a violation of the Virgin Islands Nurse Practice Act 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.

Renewal applications for the Registration Certificates for the 2022-2024 biennium will be available to download from the VIBNL website at www.vibnl.vi.gov or for pick up from the office of the Virgin Islands Board of Nurse Licensure (VIBNL) located in the VI Medical Foundation on the second floor, Suite 206. Completed renewal packets may be mailed or submitted directly to the VIBNL office upon completion of stipulated requirements for renewal.

Note: Please ensure that all renewal requirements have been met to prevent a delay in processing.

Although current biennium Registration Certificates do not expire until December 31st, 2022, to ensure receipt of your 2022-2024 Registration Certificate, renewal applications should be complete and received by the VIBNL, no later than December 1st, 2022.

Note: Signature and date must be included on all renewal forms of the application will be considered incomplete and will not be processed.

To renew your CNA certificate, you must hold a current Healthcare Provider Cardiopulmonary Resuscitation (CPR) certificate that does not expire within the period of 2022 through 2024. Please contact CPR instructors in time, to receive current CPR training and certification. CPR must be obtained from a Board-approved provider. In addition, written evidence of having worked as a Certified Nursing Assistant in 2020 and 2022.

FEES: The CNA certificate renewal fee is \$75.00, payable by certified check or money order only. Make certified checks and money orders payable to:

Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, V.I. 00803

If renewal documents are not received by the VIBNL by December 31st, 2022, applicants will be required to pay a lapsed registration fee of \$200.00 in addition to the \$75.00 renewal fee.

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 against a professional of 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 that includes both theory and clinical hours 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 of any change in address and/or telephone number. Please forward notification of change to: Virgin Islands Board License (VIBNL), P.O. Box 304247, St. Thomas, V.I. 00803.

OFFICE HOURS: Business office hours of the VIBNL are Monday-Friday, 8:30 am - 4:00 pm. Please notify the VIBNL in writing if you intend to pick up your Licensure Registration card. Picture identification will be required to pick up license.

Sincerely,

Virgin Islands Board of Nurse Licensure



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Renewal Fees: \$75.00
 Additional Lapsed Fee: \$200.00
 (Submitted after December 31 of the renewal year.)

APPLICATION FOR RENEWAL CERTIFICATION TO PRACTICE AS A CERTIFIED NURSING ASSISTANT

VI License Certificate # _____ Please check this box if your information has changed since your last renewal.

Social Security# _____ Name _____
 Last Name First Name Middle Initial Maiden Name

Date of Birth _____ Mailing Address _____
 Street or PO Box City

Gender _____ State _____ ZIP or Postal code _____

Marital Status: _____ US Citizen: _____
 S M D W YES / NO

Tel # () _____ () _____ () _____
 Cell Home Work

E-Mail _____

Employment Status	Employment — Principal Field	Employment - Location
(Please Circle One)	(Please Circle One)	
1. Full Time	1. Hospital	1. In Territory _____
2. Part Time	2. Long Term Care	2. Out of Territory _____
3. Unemployed	3. Private Duty/Home Health	(State)
	4. Hospice Care	
	5. Community Health	
	6. Other _____	

Have there been any complaints or disciplinary actions taken or pending against your professional nursing or occupational license, registration, or certification? Yes () No ()

If Yes, Where _____ License # (Please attach explanation and supporting documents.)

Disclosure is required by submission of a separate document, of ALL misdemeanors, felonies, plea agreement (even if adjudication was withheld), and any actions taken or initiated against a professional or occupational license, registration, or certification and/or any substance use disorder within the last five (5) years.

FAILURE TO DISCLOSE INFORMATION WILL RESULT IN DENIAL OF CERTIFICATION RENEWAL

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: _____

My signature on this application certifies to the best of my knowledge and belief that all the information I have provided on this form and in any accompanying document(s) is true, accurate and complete.

SIGNATURE _____ DATE _____

