



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure**

WWW.THEVIBNL.ORG
P.O. Box 304247, St. Thomas, Virgin Islands 00803
9150 Estate Thomas, USVI 00802
Medical Foundation Building Suite 206
Tel: (340) 249-0684 Cell: (340) 690-9326

Dear Nurse Aide Exam Applicant,

Enclosed please find information about the procedure required to complete the National Nurse Aide Assessment Program (NNAAP) Written Examination and Skills Evaluation for the Certified Nurse Assistant (CNA) Certification. After the exams are administered, Pearson Vue will score both examinations and mail the score reports back to the Virgin Islands Board of Nurse Licensure (VIBNL) to be distributed to the applicants.

***Note:** Your application for the NNAAP Exam and processing fee will remain active for one year from the date of submission. Thereafter you must re-apply to take the exam.*

*Upon passing both the written and manual skills exams, mail a copy of your score reports to the VIBNL along with the Certificate Processing Fee of **\$50.00**.*

Remember to walk with a Picture ID and a watch on the day of the exam.

Please follow the steps below to prepare your packet:

1. Complete, sign, date, and notarize the application.
2. Submit proof of Social Security.
3. A valid government issued identification. (i.e. a valid driver's license or a passport).
4. Legible copy of your High School Diploma or the equivalent thereof.
5. Certificate of Completion of a Nurse Assistant/Aide Program. *Certificate should include a minimum of 75 hours.*
6. Official Transcript of the Nurse Assistant/Aide Program. *The Official Transcript should be forwarded from the Nursing School directly to the VIBNL.*
7. **\$50.00** Application/Examination processing fee, payable by money order or certified bank check.
\$25.00 Repeat Application processing fee per each application.

*Make Certified Checks and Money Orders payable to:
Virgin Islands Board of Nurse License (VIBNL), P.O. Box 304247, St. Thomas, VI 00803*

8. **\$ 45.00 Scoring** processing fee, payable by money order or certified bank check. **\$22.50** Repeat Exam Scoring fee per each exam.

*Make Certified Checks and Money Orders payable to:
Credentia Nurse Aide LLC, Suite 300, 3 Bala Plaza West, Bala CYNWYD, PA
19004*

9. **Documents** - To support any changes in name (i.e. - marriage license, divorce decree with name change) must be included.
10. **Fees** - Payment of fees does not mean you will receive your certificate immediately. Fees are non refundable and not transferable. *Personal Checks are not accepted.*
11. **Dates of the exam** – Exam dates will be scheduled quarterly. Applicants that have submitted a complete application and have been approved to take the exam, will be notified a minimal of two (2) Weeks prior to the exam date.
12. **Name/Address Change** - Notify the Board in writing of any change of name, address, or telephone. Please include official supporting documentation of name change (e.g., marriage license).

Please Note:

Self Disclosure of all misdemeanours, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last 5 years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required.

Certified Nurse Assistants must obtain certification to practice nursing within the territory of the US Virgin Islands before reporting to their employment. Please notify the VIBNL if you intend to pick up your Certification ID Card. Picture Identification will be required to pick up Certification Card, once you have been notified by the board that it is ready for pick up. Office hours are Monday through Friday, from 8:30am to 4:00pm.

Further information may be obtained by calling the V.I. Board of Nurse Licensure Office at (340) 249-0684.

Best wishes and thank you for your interest in nursing in the United States Virgin Islands.

Sincerely,
Virgin Islands Board of Nurse Licensure

Physical Address

9150 Estae Thomas Suite 206
Medical Foundation Building
St. Thomas, USVI 00802-6487



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**DEPARTMENT OF HEALTH
Virgin Islands Board of Nurse Licensure**

P.O. Box 304247

St. Thomas, Virgin Islands 00803

Tel: (340) 249-0684

**APPLICATION FOR THE NATIONAL NURSE AIDE ASSESMENT PROGRAM (NNAAP)
CNA WRITTEN EXAMINATION & SKILLS EVALUATION**

1. Name in full _____
 (Print) Last First Middle Maiden
2. Mailing address _____ Soc. Sec# _____
3. Email address _____
4. Tel.# (Hm) _____ (cell) _____
5. DOB _____ Birthplace _____ Marital Status: S M D W
6. Are you a US citizen? Yes () No () Give visa status _____
7. How would you rate your own general physical and mental health? _____
8. Do you have a disability that should be reported to this Board? _____
9. Were you ever issued a license/certificate to practice nursing within the US Virgin Islands?
 Yes () No ()
 If yes, please provide: VI License/Certification number: _____ Expiration date: _____
10. **EDUCATION:**
 High School _____ Date of Graduation _____
 Nurse Aide Program _____ Date of Graduation _____
 Address of Nurse Aide Program _____
 Length of Nurse Aide Program? _____
 Have you taken the Nurse Aide /Assistant Written & Manual Skills Exams before?
 If yes, please provide the date & state where the exam was taken _____

11. Have there been any complaints or disciplinary action taken or pending against your nurse aide certification? Yes () No () *If yes, please provide the jurisdiction(s), certification (s), date(s) the action was taken, and a description of the action.*

Please Note:

Self-disclosure of all misdemeanours, felonies, plea agreements (even if adjudication was withheld), any substance use disorder in the last five (5) years, and any actions taken or initiated against a professional or occupational license, registration, or certification is required. Failure to do so may result in a disciplinary action by the VIBNL.

My signature on this application constitutes my express authorization for the Government of the US Virgin Islands, Department of Health, Board of Nurse Licensure and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained in the foregoing applications. I understand that this authorization is for the express purpose of determining that I am of good character pursuant to the Nurse Practice Act, codified in Title 27, Chapter 1, Section 91, et seq., of the Virgin Islands Code and Executive Order No. 378-1998. In addition, I understand I will not be able to sit the Exam if my file is incomplete.

___YES ___NO

Notary Public Seal _____

Signature

(Applicant's Signature) Date

Date

Office use only:

Initial

date