

# Dialysis Technician Certification Application

WEST VIRGINIA BOARD OF EXAMINERS FOR  
REGISTERED PROFESSIONAL NURSES  
90 MACCORKLE AVENUE SW, SUITE 203, SOUTH CHARLESTON, WV 25303  
Phone: (304) 744-0900 Fax: (304) 744-0600  
e-mail: [rnboard@wv.gov](mailto:rnboard@wv.gov) web address: [wvrbnboard.wv.gov](http://wvrbnboard.wv.gov)

COMPLETE THE ENTIRE APPLICATION AND SEND WITH THE FEE OF \$200.00 IN THE FORM OF A MONEY ORDER OR CASHIERS CHECK TO THE RN BOARD OFFICE

Check One:  New Graduate

Endorsement\* - Completed a program outside of West Virginia and have been Certified in another state or hold national certification

Employed as a DT prior to July 1, 2005

**\*Endorsement Applicants must provide a certified copy of their certification or credential from another state by contacting the state of origin and having it sent directly to the WV-RN Board office; provide a state and federal criminal background check completed no longer than 6 months before submitting an application for endorsement; and, provide a certified copy of the document showing completion of the education program.**

1. NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

2. MAIDEN NAME: \_\_\_\_\_ 3. SOCIAL SECURITY NUMBER: \_\_\_\_\_

4. OTHER NAMES: \_\_\_\_\_  
LIST ANY OTHER LEGAL NAMES YOU HAVE HAD

5. ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX NUMBER  
\_\_\_\_\_  
CITY STATE ZIP

6. DATE OF BIRTH: \_\_\_\_\_ 7. PLACE OF BIRTH: \_\_\_\_\_  
MM/DD/YYYY CITY STATE

8. U.S. CITIZEN (circle one) YES NO 9. GENDER (circle one) MALE FEMALE

10. MARITAL STATUS: (Circle One) a. Single  
b. Married  
c. Divorced  
d. Widow  
e. Other (list) \_\_\_\_\_  
11. RACE/ETHNIC ORIGIN (Circle One)  
a. Caucasian (white)  
b. African American (black)  
c. American Indian or Alaskan Native  
d. Asian or Pacific Islander  
e. Hispanic  
f. Other (list) \_\_\_\_\_

12. PHONE NUMBERS: \_\_\_\_\_  
Provide numbers where you may be reached during the day.  
Email Address: \_\_\_\_\_

13. HIGH SCHOOL: \_\_\_\_\_  
Name of High School City State

14. DATE OF GRADUATION: \_\_\_\_\_  
MM/DD/YYYY

If you did not graduate from high school, provide General Education Development (G.E.D.) Info.

15. DATE OF G.E.D. \_\_\_\_\_  
MM/DD/YYYY

16. SCORE: \_\_\_\_\_

**16. DIALYSIS EDUCATION PROGRAM INFORMATION**

A. Have you completed an Education Program for Dialysis Technicians? YES NO  
If yes, DATE OF GRADUATION: \_\_\_\_\_ and, provide the name below

B. Are you currently enrolled in an Education Program for Dialysis Technicians? YES NO  
If yes, ANTICIPATED DATE OF GRADUATION: \_\_\_\_\_ and, provide the name below

C. NAME OF PROGRAM: \_\_\_\_\_

NAME

ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP

COUNTY

D. Provide a certified copy of the certificate of completion of the Dialysis Technician Education Program

**17. OTHER LICENSE OR CERTIFICATION**

Do you hold or have held ANY OTHER professional or occupational licensure or certification?

(Circle One) YES NO If yes please provide the following information

TYPE OF LICENSE OR CERTIFICATION \_\_\_\_\_

STATE: \_\_\_\_\_ LICENSE/CERTIFICATION NUMBER \_\_\_\_\_

EXPIRE DATE \_\_\_\_\_ PHONE NUMBER FOR VERIFICATION ( ) \_\_\_\_\_

18. Have you been placed on the nurse aide abuse registry in any state or have you committed abuse to a patient or been found guilty of abuse in any state? (Circle One) YES NO

19. Do you have a child support obligation? (Circle One) YES NO

20. Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months? (Circle One) YES NO

21. Are you the subject of a child support subpoena or warrant? (Circle One) YES NO

22. Do you own all or part of a business that operates within West Virginia? (Circle One) YES NO If YES, list the FEIN# \_\_\_\_\_.

WV Code §21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment compensation laws or the worker's compensation laws, or under both laws of this State.

23. Have you ever or are you currently serving in a branch of the military? (Circle One) YES NO  
If so which branch \_\_\_\_\_.

Have you ever been discharged from a branch of the military with anything other than an honorable discharge? YES NO  
If yes send explanation and DD214.

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If answering **YES** to **ANY** of the questions below attach an explanation and certified copies of court related documents and certified copies of the State Board action if applicable. If you have questions, please contact the Board office at (304) 744-0900 to speak with someone in the Discipline Department.

24. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?  
(Circle One) YES NO
25. Have you **EVER** been convicted of a felony or a misdemeanor or pled nolo contendere to any crime?  
(Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported)  
(Circle One) YES NO
26. Have you ever or are you currently abusing prescription or over-the-counter medication?  
(Circle One) YES NO
27. Have you ever or are you currently using illegal drugs?  
(Circle One) YES NO
28. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice as a Dialysis Technician?  
(Circle One) YES NO
29. If you hold a professional or occupational license or certificate of any kind, has your privilege to practice ever been monitored for any reason through disciplinary action or otherwise, by any facility, board or group?  
(Circle One) YES NO

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30. Affix IDENTIFICATION PHOTO in the space provided for the photo. This is a standard US passport-style photo - must be a color, fade-proof photo 2x2 inches, sized such that the head is between 1 inch and 1 3/8 inch from the bottom of the chin to the top of the head. Photo must be taken within the last six months to reflect your current appearance, in full-face view directly facing the camera, with neutral facial expression and both eyes open. Head and neck only are required, with no part of the head or hair cut off by the edge of the photo.

Signatures are required on the front of the photograph and are not to be across the face. Place your signature at the bottom of the photo. The Director of your program will sign the top of your photo.

ATTACH FADE-PROOF  
COLOR PASSPORT  
PHOTO

**HEAD AND NECK ONLY**

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No nursing caps or hats  
in the picture. No  
"Glamour Shots"

**SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY:  
AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is ground for denial of certification or disciplinary action against the license. **FURTHER:** I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

**Applicant Signature:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_

Notary Signature

Notary Public in and for: County: \_\_\_\_\_ State: \_\_\_\_\_

**MONEY NOT REFUNDABLE . APPLICATION AND FEE GOOD FOR ONE APPLICATION OR SIX (6)MONTHS**

**33. CERTIFICATION I: Refer to West Virginia Code Chapter 30, Article 7C, Section 3.**

This is to certify that \_\_\_\_\_

(FULL NAME OF DIALYSIS TECHNICIAN APPLICANT)

is personally known to me, and that he/she is of **good moral character**; I have known him/her for \_\_\_\_\_ years (Length of time must be at least five (5) years). I hereby recommend him/her to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**34. CERTIFICATION II:**

TO BE COMPLETED BY THE RN SUPERVISOR AT YOUR PLACE OF EMPLOYMENT, **OR** IF JUST COMPLETING A DIALYSIS TRAINING PROGRAM, THE REGISTERED NURSE ADMINISTRATOR OF THE PROGRAM WHO IS FAMILIAR WITH YOUR COMPETENCIES TO PERFORM AS A DIALYSIS TECHNICIAN

I hereby certify that \_\_\_\_\_ is/will be (circle one) employed at \_\_\_\_\_ and is competent to perform as a dialysis technician located in the city of \_\_\_\_\_, state of \_\_\_\_\_.  
(Name of facility and phone number of facility)

Date of Employment: \_\_\_\_\_ If enrolled in the facility program, the expected date of graduation \_\_\_\_\_

**WV Code 30-7C-10. Denial, revocation or suspension of license; grounds for discipline.**

The Board shall have the power to deny, revoke or suspend any certification to practice as a Dialysis Technician issued or applied for in accordance with the provisions of this article, or to otherwise discipline upon proof that a dialysis technician or applicant:

- (a) Is or was guilty of fraud or deceit in procuring or attempting to procure a certification to practice as a dialysis technician; or
- (b) Has been convicted of a felony; or
- (c) Is unfit or incompetent by reason of negligence, habits or other causes; or
- (d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or
- (e) Is mentally incompetent; or
- (f) Is guilty of conduct derogatory to the morals or standing of the practice; or
- (g) Is practicing or attempting to practice as a dialysis technician without Board approval; or
- (h) Has wilfully or repeatedly violated any of the provisions of this article.

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- A. Are you aware of any conduct which would violate §30-7C-10 relative to this applicant?  
(Circle One) YES NO If yes, please attach documents related to the event(s)
- B. If the applicant is currently enrolled in a education training program for dialysis technicians, are you aware of any discipline for academic dishonesty relative to this applicant?  
(Circle One) YES NO If yes, please attach documents related to the event(s)
- C. Do you have reason to believe this applicant violated provisions of WV CSR 19-13-16 as proposed (Misconduct)? (Circle One) YES NO If yes, attach explanation
- D. I hereby verify that this applicant's competencies are consistent with those provided in the WV Code and rules related to dialysis technicians and recommend them to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

I was \_\_\_\_ was not \_\_\_\_ Director when applicant was a student.

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

(Facility Seal)