



APPLICANT MUST COMPLETE THIS SECTION

The NHCWA can grant certification through reciprocity candidates who hold a valid certification issued by another Organization.

In order to receive certification through reciprocity you must submit the following items.

- The reciprocity application completely filled out and signed.
- The application fee payable to NHCWA, (fee is listed on the application)
- A copy of the current certification from another Organization
- To receive your new certification, you must email a clear copy of a valid non-expired state issued photo Id to nhcwacertificationinfo@gmail.com.

The board shall grant a certification without examination to an applicant if the applicant submits all of the following to the board:

- (a) A completed application form and all fees required by the board.
- (b) Proof of a current certification issued by another board that meets all of the following requirements:
 - (1) It is not revoked, suspended, or otherwise restricted.
 - (2) It is in good standing.

It has been active for two of the last five years, during which time the applicant has not been subject to disciplinary action.

The Department will compare your education and experience to that required for certification by NHCWA. If your education and experience is equitable to the NHCWA requirements you will receive certification. Be sure to fill out the application completely.

*****Please Read This Section**

SECTION A: GENERAL APPLICATION INFORMATION

Steps in Processing your Reciprocity Application.

1. Your Application is cashiered.
2. The application is evaluated to determine if you meet the reciprocity requirements
3. The Board will look for your Certification. If the Board did not receive the certification, we will send you a deficiency notice.
4. Once the board approves your application, your file is sent to our exam department. To receive your new certification, you must email a clear copy of a valid non-expired state issued photo Id.
5. Your certification will be issued immediately from the NHCWA site you have selected.
6. Your certification will be good for two (2) years from the date it is issued. It will be renewable every two years thereafter. The renewal fee is \$100.00.
7. As a recipient of a NHCWA Certification, you will be required to abide by the NHCWA Board Rules and Regulations. The NHCWA rules can be viewed on our website located at www.nhcwa.com
8. Please allow up to 3 weeks for processing applications by mail or fax your reciprocity application and pay online through the register page. Please allow up to 2 weeks for processing for faxed applications.
9. Please email the board at nhcwacertificationinfo@gmail.com to check the status, if you do not hear from us within 2 weeks.

APPLICATION FOR RECIPROCITY

Certification Number:		Comments:	Date received
App. OK	Qualified for		
Experience	Education		

PLEASE DO NOT WRITE ABOVE THIS LINE

1. PERSONAL INFORMATION

Name (last, first, middle initial)			Date of birth	Last 2 digits SS # num
Address		Street	Work telephone number ()	
City	State	Zip code	Home telephone number ()	
Have you ever been certified by NHCWA? <input type="checkbox"/> Yes <input type="checkbox"/> No			Certification No.	Issue date

2. CURRENT CERTIFICATION

In what State are you currently certified?: _____

Certificate number: _____ Expiration Date: _____

Were you required to pass a written exam in order to be certified? [] Yes [] No

Did you receive certification through reciprocity for this certificate? [] Yes [] No

In order to verify your current certification status we must contact the certification organization.
Please provide contact information.

Organization Name: _____ Phone: _____ Address: _____

3. NHCWA CERTIFICATION REQUEST

What certification are you applying for in NHCWA? Certification Name: _____

The certification unit will compare your education and experience to the minimum qualifications required by NHCWA to determine if you qualify for that level. Review the minimum qualifications before submitting this application.

RECIPROCITY CERTIFICATION FEES

		\$250.00		
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Please pay on-line through the register page

Please attach the fee in the form of Certified Bank Check, or money order made out to the NHCWA along with a photocopy of your current certification and mail it to:

NHCWA
P.O. Box 5034
Milford, CT 06460

If you have any questions please call (202) 800-0227 or Visit Our website is <http://www.nhcwa.com>

4. EDUCATION

High school graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	College or vocational graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of graduation
Date of graduation:	Major/Degree/ or trade	
Name and location of high school	Name and location of school or college	

5. SIGNATURE OF APPLICANT:

_____ I certify I have held an ACTIVE _____ certification with _____ certification board in the least 2 years.

_____ I certify my certification is in good standing with the certification board identified above.

_____ I certify my certification is not revoked, suspended, or otherwise restricted and I have not been subject to disciplinary action.

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; I understand that any misrepresentation may result in ineligibility for the certification applied for or revocation of any certificate granted, pursuant to the Health and Safety Code.

Original signature

Date

PRIVACY ACT DISCLOSURE

This information is required by the NHCWA the applicant must provide the requested information. Maintaining the information is the NHCWA Code of Regulations, All information requested on the application form. Failure to complete any portion of this form may result in delay or denial of eligibility for certification. The information provided is used to evaluate the applicant's s eligibility for certification No transfers of this information are anticipated.

National Healthcare Workers Association
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