NURSE ASSISTANT CERTIFICATION EXAM REGISTRATION APPLICATION

Type responses in sections below.
Please do not handwrite information.

Legal Last Name   _____

Legal First Name   _____

Birthdate: _____   Gender: Male ____   Female ____
Note: USE MM/DD/YY FORMAT

Social Security Number or TIN _____

Training Program Code or CDPH Approval/Sponsor Code   _____

Course Completion Date or CDPH Approval Date   _____
Note: USE MM/DD/YY FORMAT

Test Location 1st choice: _____

Test Site Code _____   Requested Test Date   _____
Note: USE MM/DD/YY FORMAT

Test Location 2nd choice: _____

Test Site Code _____   Requested Test Date   _____
Note: USE MM/DD/YY FORMAT

Candidate Mailing Address:

Address   _____Apt #_____

City   _____   State   _____

Zip code   _____   Phone   _____

Email address required _____

Note: You are required to pass both manual skills and written exam for certification

Manual Skills and Written Examination	$120
Manual Skills and Oral Written Examination (Oral Audio-English Only)	$135
Manual Skills Examination	$80
Written Examination	$40
Oral Written Examination (Audio -English Only)	$55

(**Note:** *Rescheduling fees are required for all rescheduled, cancelled or missed exams*)

___Reschedule Manual Skills Examination $25   ___ Reschedule Written Examination $25

Or ___Reschedule Oral Written Examination $25

Please Note:

Registration forms and testing fees must be received in the office at least 20 business days or 28 calendar days prior to the testing date (weekends and holidays do not count as business days).
The Regional Testing Center is not responsible for late, missing or lost applications.

Please submit the following:

- Completed and signed Registration Application Form
- Cashier's check or money order, payable to Regional Testing Center
  (cash or personal checks will not be accepted)
- Copy of initial nurse aide application (283B form) or copy of approval notice (932 form) if approved by the California Department of Public Health. Do NOT sent original 283B or 932 forms to our office.

Registration materials are processed upon receipt, therefore **NO REFUNDS**

Incomplete registration applications or registration applications submitted with personal checks or cash will be returned to sender, and the registration application will *NOT* be processed.

Notification emails or letters will be sent to you, confirming the exam date and location. Notification emails/letters are a courtesy and are not required.

On the day of the exam you must bring:

- Original Social Security card (cannot be laminated)
- Current government issued photo identification
- Original 283B (containing original signature from RN responsible for training)   OR
  CDPH 932 approval letter (if approved by the California Department of Public Health)
- *Note: Failure to bring any of the above documents will prevent you from testing*

By signing this form, I declare that the information I have provided is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may cause invalidation of my testing results.

I understand that my name must be exactly the same on the registration application, my social security card, my government issued photo identification, and my CNA/HHA Initial Application (283B) or CDPH 932 approval letter.

If the names do not match on all three items I will not be allowed to take the CNA tests.

I authorize the state approved testing agency to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize the state approved testing agency to use my evaluation results for research purposes.

I have read and agree to the terms of this application.

Signed_____   Date _____