

# NURSE ASSISTANT CERTIFICATION EXAM REGISTRATION APPLICATION

LAST NAME

FIRST NAME

MIDDLE INITIAL

BIRTHDATE       NOTE: USE MM/DD/YY FORMAT

SOCIAL SECURITY NUMBER

REGIONAL CENTER (Circle one) Northern Central Southern

NAME OF REQUESTED TEST SITE \_\_\_\_\_

TEST SITE CODE

TRAINING PROGRAM CODE or CDPH APPROVAL CODE

REQUESTED TEST DATE       NOTE: USE MM/DD/YY FORMAT

COURSE COMPLETION DATE or CDPH APPROVAL DATE       NOTE: USE MM/DD/YY FORMAT

### CANDIDATE'S MAILING ADDRESS

ADDRESS

CITY  STATE

ZIPCODE  -  PHONE (  )

Money Order or Cashier's Check, payable to the Regional Testing Center in your area. (No personal checks or cash will be accepted)

- Take both the Written and Manual Skills Examination ..... \$ 90
- Retake the Written Examination .....\$ 35
- Retake the Manual Examination .....\$ 55
- Additional Fee for Oral Examination .....\$ 15
- Reschedule the Manual Examination—Notice less than 48 hours .....\$ 25
- Reschedule the Written Examination—Notice less than 48 hours .....\$ 25

Have you ever been convicted by any court of a crime, other than a minor traffic violation? Y N

**Note: Registration applications and testing fees are due at least 10 business days prior to the examination.**

**ETHNICITY / RACE**

**WHITE**  
**AFRICAN AMERICAN**  
**NATIVE AMERICAN**  
**PACIFIC ISLANDER**

**ASIAN INDIAN**  
**OTHER ASIAN**  
**HISPANIC**  
**OTHER**

**GENDER    M    F**

**EMPLOYMENT STATUS**

**CURRENTLY WORKING AS A NURSE ASSISTANT**

**NOT CURRENTLY WORKING AS A NURSE ASSISTANT BUT HAVE WORKED AS A NURSE ASSISTANT WITHIN THE PAST TWO YEARS**

**NOT CURRENTLY WORKING AS A NURSE ASSISTANT AND HAVE NOT WORKED AS A NURSE ASSISTANT WITHIN THE PAST TWO YEARS**

**NEVER WORKED AS A NURSE ASSISTANT**

**EMPLOYMENT EXPERIENCE**

**LESS THAN 6 MONTHS**

**6 MONTHS BUT LESS THAN A YEAR**

**1 YEAR BUT LESS THAN 2 YEARS**

**2 YEARS BUT LESS THAN 3 YEARS**

**3 YEARS BUT LESS THAN 5 YEARS**

**5 YEARS OR MORE**

**Please indicate Pass/Fail information if you have tested with the Red Cross.  
Copy of score report required at Test Site.**

**WRITTEN**

**Passed**

**Failed**

**MANUAL SKILLS**

**Passed**

**Failed**

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**By signing this form, I declare that the information I have provided in this application is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may be cause for voiding my evaluation.**

**I also authorize Pearson Vue, Inc. to release my evaluation results if requested by any agency that is authorized to receive this information.**

**I also authorize Pearson Vue, Inc. to use my evaluations results for research purposes.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**