PEARSON VUE

Rhode Island Nursing Assistant Program

APPLICATION FOR REGISTRATION BY EXAMINATION

PLEASE PRINT LEGIBLY — USE INK ONLY

You must complete this application if you wish to apply to take the NNAAP™ Examination. You are responsible for completing this application. You may ask your employer or someone from your nursing assistant training program for assistance in completing this application. The personal information will be used only to determine your eligibility to test. Failure to provide complete and accurate information on the application may delay your nursing assistant test or prevent your entry on the Registry.

NOTE: You must also submit an application for licensure as a nursing assistant to the Rhode Island Department of Health. This application can be found and downloaded at **http://www.health.ri.gov/hsr/professions/n_assist_app.php**. The Rhode Island Department of Health requires a passport-type 2 x 3 inch photograph, taken within one (1) year. In addition, an **original** BCI (criminal background check) from the Rhode Island Attorney General's Office only, dated within four (4) months (2 months for applicants who were licensed as a Nursing Assistant in Rhode Island) of the application date, with stamp and seal is required. If you have a positive BCI, a **detailed** explanation of the charge must be provided. Incomplete applications will be returned. The Rhode Island Department of Health must deem your application for licensure as a nursing assistant as complete before CCRI can schedule your examination date.

1. PERSONAL INFORMATION

Enter the requested information on the appropriate line. Enter your name as you would like it to appear on your nurse aide registration.

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐ **Date of Birth:** ☐☐ - ☐☐ - ☐☐☐☐ (MONTH DAY YEAR) **Gender:** ☐ FEMALE ☐ MALE

CURRENT Legal Name: DO NOT USE NICKNAMES

LAST FIRST MI

MAIDEN Name: ***(if applicable)***

CURRENT Mailing Address:

STREET (number and name) APARTMENT NUMBER PO BOX

CITY STATE ZIP CODE

Home Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐ (AREA CODE) **Alternate Number:** ☐☐☐ - ☐☐☐ - ☐☐☐☐ (AREA CODE)

2. REGISTRATION FOR EXAM AND FEES

Check one box to indicate whether you are a first time candidate or if you are retaking the examination.

☐ **First time candidate**: *If this is the first time you are applying to the nursing assistant examination since completing your nursing assistant training, complete Sections 2, 3, 4, 5, and 6.*

☐ **Retaker**: If you are retaking the examination, *complete Sections 2, 5, and 6 of this application.*

Check one box below indicating the exam that you need to take. ***If you are applying for the first time or as a lapsed nurse aide, you must take both the Written (or Oral) Examination and the Skills Evaluation.*** You must choose between the Written Examination and the Oral Examination; you may not register for both. ***(Check only one box)***

1. ☐ Written Exam and Skills Evaluation . . . $99.00
2. ☐ Oral Exam and Skills Evaluation $99.00
3. ☐ Skills Evaluation ONLY $69.00
4. ☐ Written Exam ONLY. $30.00
5. ☐ Oral Exam ONLY $30.00

Amount enclosed: $ ☐☐☐ . ☐☐

The examination fee *must be paid in the form of a certified check, company check, or money order, made payable to "Community College of Rhode Island".* **No personal checks or cash.** *Fees are non-refundable and non-transferable once submitted because they cover the administrative costs of registration and testing.*

UNDER FEDERAL LAW, NURSING HOMES ARE REQUIRED TO PAY FOR THE NATIONAL NURSE AIDE ASSESSMENT PROGRAM FOR THEIR NURSING ASSISTANT EMPLOYEES, INCLUDING INDIVIDUALS REQUIRED TO RE-TEST.

Application continues on reverse side

3. ELIGIBILITY ROUTES *(check the appropriate box)*

☐ **E-1 — NURSING ASSISTANT**

You have completed a Rhode Island Department of Health-approved nursing assistant training program.

NOTE: You are allowed one (1) year from the date your training began to pass the nursing assistant examination; *otherwise, you will be required to retrain before you will be allowed to test again.*

☐ **E-2 — NURSING STUDENT**

☐ ***You are actively matriculated in a nursing program and have completed a minimum of two (2) clinical courses.***

4. RHODE ISLAND NURSING ASSISTANT TRAINING PROGRAM AFFIDAVIT/COMPLETION CERTIFICATION

Enter the nursing assistant training program name for the Rhode Island Department of Health state-approved nursing assistant program. Also enter the nursing assistant training program code and the training start date. Please have this section signed by your nursing assistant training program instructor or authorized representative.

Name of Training Program:

Training Program Code: N A T P

Date Training Began: MONTH - DAY - YEAR

I certify that this applicant has successfully completed a Rhode Island Department of Health state-approved nursing assistant training program.

TRAINING INSTRUCTOR'S SIGNATURE (or authorized representative) TITLE DATE

5. TEST LOCATION PREFERENCE

Using the Regional Test Sites list below, fill in the first and second choices of the st site at which you prefer to test.

Knight Campus..... RTS 40001
Flanagan Campus..... RTS 40002
Liston Campus ..... RTS 40003
Newport Campus ..... RTS 40005

FIRST TEST SITE PREFERENCE:

Test Site Code: R T S - 4 0 0

Test Site City/Town:

SECOND TEST SITE PREFERENCE:

Test Site Code: R T S - 4 0 0

Test Site City/Town:

6. EXAM DATE PREFERENCE

Indicate your first and second choice of an examination date. Check the Rhode Island RTS Schedule at www.pearsonvue.com for the current schedule of examination dates. Note: The RTS Schedule is subject to change.

FIRST EXAM DATE PREFERENCE: MONTH - DAY - YEAR

SECOND EXAM DATE PREFERENCE: MONTH - DAY - YEAR

7. APPLICANT'S AFFIDAVIT

I understand that I am responsible for making sure all of the information provided in this application is completely true and correct. I understand that if information is given that is not true, my license status as a nursing assistant may be jeopardized. I understand that if I pass both parts of the NNAAP Examination I will be placed on the Registry.

SIGNATURE DATE

Either your nursing assistant training program, your employer, or you must mail your completed application, required documentation, and appropriate fee together in one envelope.

MAIL TO:

RI NNAAP Program
Community College of Rhode Island
Center for Workforce and Community Education
1762 Louisquisset Pike
Lincoln, RI 02865

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