PEARSON VUE

Washington State Nursing Assistant Program

APPLICATION FOR THE NNAAP™ EXAMINATION

PLEASE PRINT CLEARLY — USE INK ONLY

You are responsible for completing this form if you wish to take the NNAAP™ Examination. To complete this application, you may receive help from your employer or training program. Your personal information is used only to determine your eligibility to test. Failure to provide complete and accurate information may delay your nursing assistant test or prevent your entry on the Registry. Your application must be received by NACES at least twelve (12) business days before your examination.

1. Social Security Number: ☐☐☐-☐☐-☐☐☐☐ **Date of Birth:** ☐☐/☐☐/☐☐☐☐
M M D D Y Y Y Y

2. PRINT FULL NAME *(As you wish it to appear on your certificate)*

LAST

FIRST MIDDLE INITIAL

MAIDEN NAME (IF APPLICABLE)

3. MAILING ADDRESS *(Please provide only one: Street or P.O. Box)*

STREET (number and name) APARTMENT NUMBER PO BOX

CITY STATE ZIP CODE

4. PHONE NUMBER

Daytime Phone Number: ☐☐☐-☐☐☐-☐☐☐☐
AREA CODE

5. EXAM TYPE AND FEES

You <u>MUST CHECK ONE</u> of the following exam types. ***Fees MUST accompany ALL applications.***

1.	☐ **Written Exam and Skills Evaluation**	**$107**
2.	☐ **Oral Exam and Skills Evaluation**	**$107**
3.	☐ **Written Exam ONLY (RETEST)**	**$36**
4.	☐ **Oral Exam ONLY (RETEST)**	**$36**
5.	☐ **Skills Evaluation ONLY (RETEST)**	**$71**

Amount Enclosed: $.

Fees may be paid by certified check, company check, or money order only.* Checks are to be made payable to "NACES Plus Foundation". Personal checks or cash will not be accepted. Your application, a copy of your training program certificate of completion, and the fee must be received twelve (12) business days before your examination.

* Under Federal and Washington state laws, nursing homes are required to pay for the NNAAP Examination for their nursing assistant employees, including individuals required to re-test. If you are not currently employed at a nursing home, you may pay the fee yourself.

6. EXAMINATION LOCATION

Test sites can be found as a link labeled *Regional Test Sites* on the Washington Nurse Aides page of the Pearson VUE website **www.pearsonvue.com**.

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7. I WANT TO TEST: *(You MUST check one option below.)*

☐ **At a Regional Test Site** *Provide the test site and the location of the test site in which you **prefer** to test.* The Regional Test Sites and the RTS Codes may be found at a link labeled *Regional Test Sites* on the Washington Nursing Assistant page of the Pearson VUE website (**www.pearsonvue.com**). Go to *Quick Links.* Select *Search Nurse Aide Registry*, scroll to *Washington Nursing Assistant*, and click on *Regional Test Sites and Test Schedules*.

Site Code: ☐☐☐-☐☐☐☐ **Test Site City/Town:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Test Date: ☐☐/☐☐/☐☐☐☐

If your choice of test site is not available, would you be willing to travel for a sooner test date? ☐ Yes ☐ No

If YES, would you be willing to travel up to ☐ **30 miles** ☐ **45 miles** ☐ **60+ miles** for the first available test?

Would you prefer to test on a ☐ **weekday,** ☐ **weekend, or** ☐ **anytime**?

☐ **At a State-Approved In-Facility Test Site** ***(Complete the information below and submit your completed application to your training program instructor.):***

Training Program Name: _____ **Test Date:** _____ **Training Program Code:** ☐☐☐☐☐

8. PROVIDE STATE TRAINING PROGRAM INFORMATION (DIRECTOR)

Your nursing assistant training program ***MUST*** complete this section. Failure to fill in this section will delay your test scheduling. Your training program director cannot sign this portion until your training is complete. ***You must include a copy of your training program completion diploma or certificate.***

Training Program Name (*please print***):**_____

Training Program Code: ☐☐☐☐☐ **Training Program Completion Date:** ☐☐/☐☐/☐☐☐☐

Signature of Program Director:_____

9. TYPE OF TRAINING PROGRAM *(Check the type of training program that you completed.)*

☐ 1. Nursing home	☐ 4. School of Nursing	☐ 7. Hospital	☐ 10. Home health agency
☐ 2. College	☐ 5. Job Corps	☐ 8. High school	☐ 11. Other
☐ 3. Vocational training center	☐ 6. Private vocational school	☐ 9. Military	

10. CANDIDATE STATEMENT AND SIGNATURE *(All candidates MUST sign.)*

I understand that I am responsible for providing information in this application that is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status as a Nursing Assistant, and result in prosecution by the state of Washington.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

MAILING INFORMATION

YOU MUST MAIL TOGETHER IN ONE ENVELOPE to NACES Plus Foundation, Inc.
7600 Burnet Road
Suite 440
Austin, Texas 78757-1292:

- ☐ Your application
- ☐ Correct exam fees
- ☐ A copy of your Washington Nursing Assistant training program completion certificate

IMPORTANT INFORMATION

1. If you do not receive an Authorization to Test Notice within ten (10) business days of mailing your application, call NACES at (800) 842-4562. NACES is not responsible for lost, misdirected, or delayed mail delivery.
2. **The IDs you present at the test site must match your name and social security number on this application. For acceptable IDs see "PROPER IDENTIFICATION" in the Washington Nursing Assistant Candidate Handbook.**
3. If you cannot attend your scheduled exam date, you MUST call NACES at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.