



Wisconsin Nurse Aide Program



NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP™) APPLICATION FOR COMPETENCY EVALUATION FOR STUDENT NURSE OR GRADUATE NURSE

This application must be completed if you wish to apply to take the NNAAP™ Examination. The personal information will only be used to determine whether you can be employed as a nurse aide, as well as to notify employers of your eligibility status. **Failure to provide complete and accurate information on the application may delay your nurse aide test or prevent your entry on the Registry.**

1. PERSONAL INFORMATION

Social Security Number: --

Providing your Social Security number is voluntary; however an identification number is needed to process your application. If you do **not** wish to provide your Social Security number, you must attach a letter along with this application requesting that the Wisconsin Nurse Aide Registry provide you with a nine-digit number to be used for Registry purposes. Your application will not be processed without either a Social Security number or the letter requesting an assigned nine-digit number.

Date of Birth: -- Gender: Female Male

CURRENT Legal Name: DO NOT USE NICKNAMES

LAST FIRST MI

PREVIOUS Name: (if applicable)

LAST FIRST MI

CURRENT Mailing Address: CHECK HERE IF THIS IS A CHANGE OF ADDRESS.

STREET (number and name) APARTMENT NUMBER PO BOX
 CITY STATE ZIP CODE

Home Phone Number: -- AREA CODE Work Phone Number: -- AREA CODE

2. REGISTRATION FOR EXAM AND FEES

Select the exam type and total amount due. **Application and fees are valid for twelve (12) months from the original application receipt date.**

- | | CHECK/MO | CREDIT CARD | | CHECK/MO | CREDIT CARD |
|--|----------|-------------|---|----------|-------------|
| 1. <input type="checkbox"/> Skills and Written Exams. | \$115 | \$118.75 | 4. <input type="checkbox"/> Written ONLY (attach your <i>failing</i> Written score report). | \$45 | \$46.60 |
| 2. <input type="checkbox"/> Skills and Oral Exams | \$115 | \$118.75 | 5. <input type="checkbox"/> Oral ONLY (attach your <i>failing</i> Oral score report) | \$45 | \$46.60 |
| 3. <input type="checkbox"/> Skills ONLY (attach your <i>failing</i> Skills score report) | \$70 | \$72.75 | | | |

Amount entered for this application: \$.

Registration fee: Must be paid in the form of a certified check, company check, or money order. (No personal checks or cash.) All payments must be made payable to the American Red Cross.

Credit Card Payment: Master Card and Visa credit cards are accepted. If you are paying by credit card, you may fax your application to the American Red Cross at (866) 257-6506, toll-free. Print and sign your name as it appears on your card, then indicate the credit card selection, credit card number and expiration date. The request for approval of credit card payments will be done once, if card is declined an alternate form of payment is required.

Printed Name: _____ Signature: _____

Mastercard Visa Credit Card # Expiration Date /

Fees are non-refundable once submitted because they cover the administrative costs of registration and testing.
**UNDER FEDERAL LAW, THE NURSE AIDE EMPLOYED BY A FEDERALLY CERTIFIED NURSING HOME
MAY BE ELIGIBLE FOR COMPETENCY TESTING FEE REIMBURSEMENT.**

3. ELIGIBILITY ROUTE

E-2. STUDENT NURSE OR GRADUATE NURSE

Student Nurse is one who is currently enrolled in a state-approved nursing education program preparing for registered nurse or practical nurse licensure. I have enclosed: (please check box)

Authorization letter from the Department of Health Services verifying I have satisfied all nurse aide training requirements for taking the NNAAP examination.

Graduate Nurse is one who has completed a state-approved nursing education program. I have enclosed one of the following: (please check box)

- Authorization letter from the Department of Health Services verifying I have satisfied all nurse aide training requirements for taking the NNAAP examination. **or**
- A letter from the State Board of Nursing verifying that I failed the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®).
- A copy of my current nursing license.

Section 3 continues on next page

4. SCREENING QUESTIONS

- A. Do you have a **SUBSTANTIATED FINDING OF CLIENT ABUSE, NEGLECT OR MISAPPROPRIATION OF CLIENT'S PROPERTY** listed on a nurse aide registry in any other state? No Yes—name of state
- B. Have you ever been **CONVICTED** of abuse or neglect of a person under your care, theft of a person's property under your care, or child neglect or abuse? Yes No
- If Yes, of what were you convicted? *Check box(es) that apply:* Abuse of a person in your care Neglect of a person in your care Child abuse Theft from a person in your care Child neglect
- C. State where you were convicted: STATE Date(s) of conviction: MONTH - DAY - YEAR MONTH - DAY - YEAR

5. TEST SITE CODE AND TEST LOCATION

- At a **Regional Test Site**—Provide the test site code and location of the test site in which **you prefer** to test. Please list all of your choices. If none of your choices are available, you will be assigned the first available test site in your area. Go to Pearson VUE's web site at www.pearsonvue.com to view a listing of Regional Test Sites and Codes.

1ST CHOICE	Site Code: R T S - <input type="text"/>	Test Site City/Town: <input type="text"/>
2ND CHOICE	Site Code: R T S - <input type="text"/>	Test Site City/Town: <input type="text"/>
3RD CHOICE	Site Code: R T S - <input type="text"/>	Test Site City/Town: <input type="text"/>

- At an **In-Facility Test Site**—Complete the blank below

Facility Name:

Facility City/Town:

6. SIGNATURE OF APPLICANT

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 any information I gave that is not true may jeopardize my eligibility status as a nurse aide. I understand if I have not received a letter from the American Red Cross confirming receipt of my application within 10 days after it was submitted, I must call the American Red Cross at 1-866-257-5424 to check the status of my application.

DATE

SIGNATURE OF APPLICANT

- CHECK HERE IF YOU DO NOT WISH TO DISCLOSE YOUR NAME AND ADDRESS ON LISTS THAT ARE FURNISHED BY PEARSON VUE UPON REQUEST.

You must submit documentation of eligibility (see Section 3), a **photocopy** of a document that proves your name, date of birth, and Social Security number (for example, a current (not expired) driver's license or passport, and Social Security card, employee check stub or Internal Revenue Service form) along with this application, correct fee, and a **photocopy** of your identification together in one envelope.

Mail to:
American Red Cross
 WI NNAAP
 P.O. Box 5875
 Harrisburg, PA 17110