PEARSON VUE

Virginia Nurse Aide Program

NURSE AIDE APPLICATION FOR CERTIFICATION BY EXAMINATION

PLEASE PRINT LEGIBLY

You must complete this application if you want to take the NNAAP™ Examination. You may receive assistance from your nurse aide education program or your nursing facility employer. The personal information is used only to determine your eligibility to test. Failure to provide complete and accurate information may delay your nurse aide test or prevent your entry on the Registry.

1. PERSONAL INFORMATION

Enter the requested information on the appropriate line.

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

CURRENT Legal Name: DO NOT USE NICKNAMES

LAST FIRST MI

MAIDEN Name: ***(if applicable)*** **E-MAIL Address:**

CURRENT Mailing Address:

STREET (number and name) APARTMENT NUMBER PO BOX

CITY STATE ZIP CODE

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

2. EXAMINATION TYPE AND FEES *(check only one box)*

Check the box indicating the exam you need to take. If you are applying for the first time, 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.

1. ☐ Written Exam and Skills Evaluation . . . $94.00
2. ☐ Oral Exam and Skills Evaluation $94.00
3. ☐ Skills Evaluation ONLY $69.00
4. ☐ Written Exam ONLY $25.00
5. ☐ Oral Exam ONLY $25.00

Amount enclosed : $ ☐☐☐.☐☐

Examination fee: *Must be paid in the form of a certified check, company check, or money order, made payable to "NACES"; or paid by a Pearson VUE voucher.* ***No personal checks, cash or credit cards. Fees are non-refundable and non-transferable once submitted because they cover the administrative costs of certification and testing.***

UNDER FEDERAL LAW, LONG-TERM CARE FACILITIES ARE REQUIRED TO PAY FOR THE NATIONAL NURSE AIDE ASSESSMENT PROGRAM FOR THEIR NURSE AIDE EMPLOYEES.

3. ELIGIBILITY ROUTES

To qualify to take the NNAAP Examination, you must choose from one of the following eligibility routes below:

☐ **E-1 — NEW NURSE AIDE — *must check ONE*:**

☐ **A. FIRST-TIME TEST TAKER**

☐ **B. PREVIOUSLY FAILED ALL OR PART OF THE NNAAP™ EXAMINATION**

Completed a Virginia-approved nurse aide education program (1982 or thereafter) and have never been certified as a nurse aide.

☐ ***I have enclosed a photocopy of my certificate of completion or an original letter on company letterhead from the program coordinator of the nurse aide education program approved by the Virginia Board of Nursing.***

☐ **E-2 — NURSING STUDENT**

Currently enrolled in a nursing education program for registered nurse or practical nurse licensure.

☐ ***I have enclosed an original letter on company letterhead from the program director documenting that I am currently enrolled and have completed at least 40 hours of direct client care.***

☐ **E-3 — NURSING GRADUATE**

Completed a nursing education program for registered nurse or practical nurse licensure.

☐ ***I have enclosed a verification of completion of a nursing program in the form of an original letter or certified true copy of a school transcript.***

☐ **E-4 — LAPSED CERTIFICATE HOLDER: Certificate Number** ☐☐☐☐☐☐☐☐☐☐

My certification has expired. I have submitted a reinstatement application and fee to the Board and am submitting the application and fee for testing.

Application continues on reverse

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4. SCREENING QUESTIONS *(check the appropriate response for each question)*

a. ☐ Yes ☐ No **Have you ever been convicted of, pled guilty to or pled no contest to the violation of any federal, state or other law constituting a felony or misdemeanor excluding traffic violations except convictions for driving while intoxicated (DWI) or driving under the influence (DUI)?**

b. ☐ Yes ☐ No **Have you ever had action taken against you or been denied a license or certification in a health-related field in any jurisdiction?**

c. ☐ Yes ☐ No **Do you have a mental, physical, or chemical dependency condition which could interfere with your current ability to practice as a nurse aide?**

NOTE: ***If you check "Yes" to any of these questions, you may be asked to provide additional information for review, which may cause a delay in your testing. Any additional documentation should be forwarded to the Board of Nursing.***

5. TRAINING PROGRAM AFFIDAVIT/COMPLETION CERTIFICATION *(MUST be attached)*

Contact your nurse aide education program for the appropriate training program code. If you are a nursing student or nursing graduate, please enter "000000" in the training program code section. If you are a lapsed certificate holder, please enter "111111" in the training program section below. **A training completion certificate is not required for nursing students, nursing graduates, or lapsed certificate holders.**

Name and location of most recent certification course or nursing education program:

Name of Training Program:

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

MONTH DAY YEAR

6. ACCOMMODATION REQUEST

☐ Please check here if you are requesting an accommodation. Please see page 9 of the Candidate Handbook for instructions or access the Board of Nursing website at: www.dhp.virginia.gov/nursing. Then choose guidance document 90-22.

7. TEST SITE CODE AND TEST LOCATION

Complete boxes indicating where you will be testing. See test site listing or candidate handbook for test site codes.

Regional Test Site Code: R T S ☐☐☐☐ **Test Site City/Town:**

Indicate your preferred test date (current testing schedule is available at www.pearsonvue.com): ☐☐ / ☐☐ / ☐☐☐☐

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OR ☐ **At a state-approved In-Facility site** *(Complete the information below.)*

TRAINING PROGRAM NAME: _____ **TEST DATE:** _____ **TRAINING PROGRAM CODE:** ☐☐☐☐☐

8. 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 certification status as a nurse aide may be jeopardized. I understand that if I pass both parts of the NNAAP™ Examination I will be placed on the Nurse Aide Registry.

APPLICANT'S SIGNATURE DATE

Mail your completed application, training program information, and fees to:

Nurse Aide Competency Evaluation Service (NACES)
7600 Burnet Road
Suite 440
Austin, TX 78757-1292
(800) 758-6028

Completed applications are valid for 12 months from the original application receipt date.

Ensure you have attached a certified check, company check or money order made payable to NACES or a Pearson VUE voucher.