



Washington State Home Care Aide Re-Examination Application – For Re-Testers Only

Instructions

- Please go to **www.prometric.com/WADOH** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms will not be processed.
- This form must be completed and submitted with all required fees so you may be scheduled to retake the Washington State Home Care Aide Certification examination. Candidates can apply before completing the 75 hours of training, if training is required, but will not be scheduled to test until after they have completed training.
- Please mail completed original forms to **Prometric, ATTN: WADOH Home Care Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.**



The name you provide on this application **must** match **EXACTLY** the name on your government-issued identification you will provide on the day of testing. If the name does not match **EXACTLY**, you **will not** be permitted to take your exam and **will forfeit** any test fees.

If you have previously taken a Home Care Aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

- **If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):**
 - Please go to **www.prometric.com/WADOH** to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
 - Complete and submit the ADA Accommodations Request Packet with this application.
 - Fill out the box below.

Note: Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations, as this offering is available to all candidates.

I am applying for **Americans with Disabilities Act (ADA) accommodations**. I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not **all** accommodations can be approved.

Yes **No**

Candidate Information

All fields marked with * are required. Print one number/letter in each box where required.

*Have you taken a Certified Home Care Aide exam with Prometric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Middle Initial <input type="text"/>
*Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Previous name (if applicable):	
*Street Address (including Apt. number or P.O. Box, if applicable)			
*City		*State <input type="text"/> <input type="text"/>	*ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*County (first four letters only)		*Daytime Phone Number (including area code) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*Email Address (application will not be processed without an email address)			

Training Information

This section is optional for candidates who have selected **Certification Route 1**.

Name of School or Facility listed on your training certificate OPTIONAL	
Address of School or Facility on your training certificate (Street Address or P.O. Box)	
City	State <input type="text"/> <input type="text"/> ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Training Instructor Code OPTIONAL	Training Program Code OPTIONAL
Anticipated Training Completion Date: Mandatory for all candidates applying using Route 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Test Site Information

Please check one of the following options.

✓	Test Site		
	Testing at your Facility: My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator. Do not send to Prometric.		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/wadoh.</i></td> <td style="width: 30%;">*Test site code:</td> </tr> </table>	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/wadoh.</i>	*Test site code:
Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/wadoh.</i>	*Test site code:		

Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable**.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

✓	Re-tester	Fee	
	Skills and Knowledge Exam	\$137	\$
	Skills Exam ONLY	\$92	\$
	Knowledge Exam ONLY	\$45	\$
✓	Other	Fee	
	Rescheduling/No Show ²	\$25	\$
	Duplicate Score Report	\$10	\$
			\$
	Total Fee		

² A rescheduling/no show fee is required to reschedule an exam appointment with less than five business days notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

If you would like to take an exam in a language other than English, please indicate below.	
Written Exam:	<input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Simplified Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Khmer <input type="checkbox"/> Ukrainian <input type="checkbox"/> Arabic <input type="checkbox"/> Samoan <input type="checkbox"/> Somali <input type="checkbox"/> Tagalog <input type="checkbox"/> Laotian <input type="checkbox"/> Amharic <input type="checkbox"/> Other (1 on 1 Interpreter) Please also complete Test Accommodations Form
Skills Evaluation:	<input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Cantonese <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Khmer <input type="checkbox"/> Ukrainian <input type="checkbox"/> Arabic <input type="checkbox"/> Samoan <input type="checkbox"/> Somali <input type="checkbox"/> Tagalog <input type="checkbox"/> Laotian <input type="checkbox"/> Amharic <input type="checkbox"/> Other (1 on 1 Interpreter) Please also complete Test Accommodations Form

Applicant's Affidavit and Candidate Release Statement

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nursing assistant may be at risk.
- I understand I must pass both parts of the Washington Home Care Aide Certification exam and meet all other WA state requirements, to receive my certification.
- I understand I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the DHS and OLTC, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).
- I agree I am responsible for my own personal safety both while taking the exam and acting as a client. I hereby release Prometric, the Washington State Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
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***Candidate Signature (in box below)**

Date: _____

If you **DO NOT** receive your emailed ATT letter from Prometric within **10-14 business days** of receipt at Prometric, please contact Prometric.

Questions: For additional information, please visit our website at **www.prometric.com/WADOH**
Please make a copy of all completed forms for your personal records.



Payment Form

*Candidate Name: _____

*Date of Birth: _____



Credit Card Type (Check One)

MasterCard Visa American Express

Card Number	Expiration Date □ □ / □ □
Amount \$ _____ . _____	C/C Security Code □ □ □ □
Name of Cardholder (Print)	
Signature of Cardholder	

Certified Check or Money Order Payments

Personal checks are not accepted and money orders must be 30 days recent.

Certified Check 3rd Party/Facility Check Money Order

Certified Check/Money Order/3 rd Party/Facility Check Number (one number or letter in each box):
<div style="display: flex; justify-content: space-around;"> □□□□□□□□□□□□□□□□□□□□ </div>

Please mail completed forms, all supporting documentation and fees/letters of Intent to Hire to:

Prometric
ATTN: WA Home Care Aide Program
7941 Corporate Drive
Nottingham, MD 21236