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APPCNADE

Delaware Certified Nursing Assistant Examination Application

Instructions

- Please go to **www.prometric.com/NurseAide/DE** 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.
- To apply online please go to **www.prometric.com/NurseAide/DE.**
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: DE Nurse 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 nurse 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/nurseaide** to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted 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.*

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 Nurse Aide exam with Prometric? ☐ Yes ☐ No	
*First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	Middle Initial ☐
*Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	
*Date of Birth (Month/Day/Year) ☐☐/☐☐/☐☐☐☐	Previous name (if applicable):

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*Street Address (including Apt. number or P.O. Box, if applicable)

*City	*State ☐☐	*ZIP Code ☐☐☐☐☐
* Phone Number (including area code) ☐☐☐-☐☐☐-☐☐☐☐		
*Email Address (application will not be processed without an email address)		
Ethnic Group (optional)(check one box)		
☐ American Indian or Alaskan Native	☐ Asian American/Pacific Islander	☐ Black/African American
☐ Mexican American	☐ Other Hispanic or Latin American	☐ White
☐ Other		
Gender (check one) ☐ Female ☐ Male		

Certification Option/Eligibility

Please check a certification route.

✓	Certification Route	Document(s) to Provide
	1 - New Nurse Aide	Training Instructor Signature.
	2 – Nursing Student	An official letter from your school indicating successful completion of a Fundamentals/Basic Nursing course with a clinical component of no less than 75 hours of instruction in a long term care setting.
	3 - Lapsed Nurse Aide	Verification of past certification.
	4 – Out of State Certification	A copy of your current CNA or GNA certificate
	5 – RN or LPN	A copy of your diploma.

Training Information

***Training Completion Date**: ☐☐/☐☐/☐☐☐☐	*Training Program Code (if available – see completion certificate)
*Name of Training Program	
*Training Program Mailing Address (Street Address or P.O. Box)	
City State ☐☐ ZIP Code ☐☐☐☐☐	
I certify that this applicant has successfully completed a state-approved nurse aide training program.	
Training Instructors Name:	Training Instructor Signature:

Regional Test Sites

Bear Processional Institute - **deregbear**

2500 Wrangle Hill Road, Suite

Bear, DE 19701

Del Tech – Terry Campus – **deregdov1**

100 Campus Drive – Bldg. 400

Dover, DE 19901

Delaware Technical Community College – **dereggeo4**

21179 College Drive TBD

Georgetown, DE 19947

Test Site Information

Please check one of the following options if you are applying using **Route 1**.

✓	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.**	
	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. *A current list of Test Sites with codes can be found above or online at www.prometric.com/NurseAide/DE.*	
	*Preferred Test Site Code (For Regional Testing Only - Options Below)	
	Secondary Preferred Site Code:	
	Third Preferred 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**.

✓	**First-Time Tester**	**Fee**	**Total**
	Written Test and Clinical Skills Test	$115	$
	Oral Test and Clinical Skills Test	$115	$
✓	**Re-tester**	**Fee**	
	Clinical Skills Test ONLY	$75	$
	Written Test ONLY	$40	$
	Oral Test ONLY *(You may select this option even if you previously took the Written test.)*	$40	$

An additional rescheduling/no show fee of $25 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.

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 if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Delaware Nursing Assistant Registry.
- 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, DHSS, 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).

***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/nurseaide.**

Please make a copy of all completed forms for your personal records.

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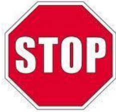
Payment Form

*Candidate Name: ____

*Date of Birth: ________________________



Note: You have the option of submitting your application and payment online using your credit card at **www.prometric.com/en-us/clients/nurseaide**.

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

☐ Certified Check ☐ 3rd Party/Facility Check ☐ Money Order

Certified Check/Money Order/3rd Party/Facility Check Number (one number or letter in each box):
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please mail completed forms, all supporting documentation and fees to:

Prometric
ATTN: DE Nurse Aide Program
7941 Corporate Drive
Nottingham, MD 21236