

New York State Service Request Form



Mail this form and fees to: Prometric, Attention NY Nurse Aide, 1260 Energy Lane, St Paul MN 55108.

I am requesting the following service(s): Candidate name and candidate ID must be written on the form of payment in order to be accepted.

<input checked="" type="checkbox"/>	Service Requested	Sections to be Completed	Fee
	Name Change	1 and 2	No Charge
	Address/Phone Number Change	1 and 3	No Charge
	Duplicate Certificate	1	\$15 per copy*
	Hand Score Request	1 and 4	\$25 per copy*
	Duplicate Score Report	1 and 4	\$15 per copy**

***Payable to "NY Commissioner of Health, NYNA":** Fee(s) may be paid by certified check or money order. **Personal checks and cash are not accepted.**

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Section 1. New York State Nurse Aide Information

Candidate ID Number	Nurse Aide Certification Number (if applicable)	
Last Name (as it appears on our records)	First Name and Middle Name (as they appear on our records)	
I authorize the services checked above to be performed. Any documents requested will be mailed to my address of record.		Date
Nurse Aide/Applicant Signature		

Section 2. Name Change

(Note: If you also want your certificate and wallet card to reflect your new name, you must also request a Duplicate Certificate and include the \$15 fee.)

NEW Last Name	NEW First Name and Middle Name
Copy of Documentation attached: <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Legal Name Change Decree <input type="checkbox"/> Other : _____	

Section 3. Address/Phone Number Changes

(Note: If you also want your certificate and wallet card to reflect your new address, you must also request a Duplicate Certificate and include the \$15 fee.)

NEW Address (include apartment number)		
NEW City	NEW State	NEW ZIP Code
NEW County	NEW Home Phone	

Section 4. Hand Score Request/Duplicate Score Request

<input checked="" type="checkbox"/>	Check exam(s) to be hand scored/or score report (s) needed	Date of Exam
	Clinical Skills exam	
	Written or Oral exam	