



## Arkansas Nursing Assistant Service Request Form

**I am requesting the following service(s):**

<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
	Duplicate Score Report	1 and 4	\$15 per copy

### Section 1. Arkansas Nursing Assistant Information

Social Security Number - -	Nursing Assistant Certificate Number (if applicable)
Last Name (as it appears on our records)	First Name and Middle Initial (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.	

Nursing Assistant/Applicant's Signature

Date

### 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 Initial
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. Duplicate Score Request

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

**Fees:** Make company check, money order or certified check payable to Prometric. **Personal checks and cash are not accepted.**

**Questions:** For assistance with any questions, please call Prometric at 800.818.8917.

**Mail this completed form to:** Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.