



Connecticut Nurse Aide Registry Application

Please Print or Type Clearly and Neatly.

This application must be completed and submitted with all required fees to Prometric so you may be scheduled to take the Connecticut Nurse Aide Competency Examination. Candidates must complete Parts A, B, C, E or F, and G of this application. Part D must be completed by your Training Program if you are applying for eligibility under Route 1. **Note:** To be admitted to test, you must provide government-issued identification that lists the same name used on this application form.

Part A. Candidate Information

Last Name		First Name		Middle Initial	Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)					Social Security Number - -
City			State		ZIP Code
Daytime Phone Number (including area code) ()			Evening Phone Number (including area code) ()		
<input type="checkbox"/> I am requesting Special Accommodations and have included the necessary documentation with this application		Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth - -	

Part B. Exam Selection and Fees (If the state is paying the exam fees, Part E must be completed.)

<input checked="" type="checkbox"/>	First-Time Tester	Fee	Total
	Written Exam and Skills Evaluation	\$108	\$
	Oral Exam and Skills Evaluation	\$118	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Skills Evaluation ONLY	\$63	\$
	Written Exam ONLY	\$45	\$
	Oral Exam ONLY	\$55	\$
<input checked="" type="checkbox"/>	Other	Fee	
	Reciprocity	\$55	\$
	Rescheduling/No Show Fee	\$25	\$
		Total Fee	\$

Payment: Fees may be paid by cashier's check, money order, MasterCard or Visa. Make checks payable to Prometric. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below.

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder

Part C. Eligibility Route

(See explanation of routes in this bulletin beginning on Page 2. If you are applying using Route 1, Part D must be completed.)

<input checked="" type="checkbox"/>	Route	Document(s) needed
	1 - New Nurse Aide (Connecticut Trained)	Copy of certificate of completion from a training program approved by the CT Department of Public Health.
	2 - Nurse or Student Nurse	Copy of current RN or LPN license OR copy of nursing school transcript with 100 hours of instruction at state-approved nursing education program.
	3 - Out-of-State Nurse Aide	Copy of certificate of completion from a state-approved nurse aide training program.
	4 - Lapsed Nurse Aide	Copy of Connecticut Nurse Aide Registration Card OR Registration #: _____ Expiration Date: _____
	5 - Completed Nurse Aide Training within the last 24 months	Copy of Connecticut Nurse Aide Certification of course completion.
	6 - Completed Nurse Aide Training more than 24 months ago	Copy of Connecticut Nurse Aide Certificate of course completion and proof of employment.
	7 - Reciprocity	Copy of certificate of completion from stat-approved nurse aide training program.

Part D. Training Program Affidavit/Completion Certificate

Name of Training Program		City
Training Program Code ____ - ____ - ____ - ____	Date Training Completed - -	
I certify that this applicant has successfully completed a state-approved nurse aide training program		
Training Instructor Signature		
Instructor Title	Date - -	

Part E. Test Site Information

Prometric will make every effort to schedule you in the location of your choice or in a location within a 50-mile radius of your selected city. Site locations and schedules are subject to change. For the most current scheduling information, check online at www.prometric.com/NurseAide/CT, or call 866.499.7485.

	Location
First Choice	<input type="checkbox"/> Litchfield Area <input type="checkbox"/> New Haven Area <input type="checkbox"/> Norwich Area <input type="checkbox"/> Trumbull Area <input type="checkbox"/> Waterbury Area <input type="checkbox"/> Wethersfield Area
Second Choice	<input type="checkbox"/> Litchfield Area <input type="checkbox"/> New Haven Area <input type="checkbox"/> Norwich Area <input type="checkbox"/> Trumbull Area <input type="checkbox"/> Waterbury Area <input type="checkbox"/> Wethersfield Area

Part F. In-Facility Testing

Please fill in the test date and test site code supplied by Prometric. In-facility testing requires a minimum of eight applicants per examination date, or payment of eight applicants, if less than eight are testing. All application forms for In-Facility testing must be mailed together along with the correct payment.

Facility Name		City
Test Site Code ____ - ____ - ____ - ____	Test Date - -	

Part G. 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 given is not true, my registration status as a nurse aide may be jeopardized. I understand that if I pass both parts of the Connecticut Nurse Aide Examination, I will be placed on the Registry.

Signature: _____ Date: _____

To register, send this completed form with the appropriate fee(s) to:

Prometric

ATTN: CT Nurse Aide Program
 1260 Energy Lane
 St. Paul, MN 55108