



# Michigan Nurse Aide Competency Evaluation Registration Form

**Print or type clearly and neatly.**



**Note:** Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not **EXACTLY** match the name on the identification you provide on the day of testing, you will not be allowed to test.

**Instructions:**

- Mail the completed form to Prometric. Incomplete or illegible forms will not be processed.
- After your registration has been processed, you will receive an Authorization to Test in the mail with information on how to schedule your test.

<b>Section 1: Personal Information</b>				
Social Security number:				
First Name and Middle Initial:				
Last Name:				
Date of Birth:				
Home Address:	Street Address or P.O. Box #			Apt. #
	City	State	County	Zip Code
Home Phone Number:				
Work Phone Number:				
Is this your first time registering to test?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been certified as a nurse aide in Michigan?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have previously tested or been certified in Michigan, have you changed your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide your previous name and supportive legal documents regarding the name change: _____				

<b>Section 2: Employment Information</b>	
<b>Are you currently employed</b> as a nurse aide by a nursing facility? <b>Check one</b> of the following:	
<input type="checkbox"/> Yes, I am currently working as a nurse aide. Date of Hire: _____. (Go to next question.)	
<input type="checkbox"/> No, I am not working as a nurse aide. (Go to Section 3 on the next page.)	
<b>If you currently work</b> as a nurse aide, please provide information about the facility where you are employed:	
Facility Name	Facility Phone Number
Street Address or P.O. Box	
City	State
County	ZIP Code

**Please complete the other side of this form before mailing.**

**Section 3: Training Information**

Have you successfully completed a state-approved training program within the last 12 months?  
**Check one** of the following:

No, I have not completed training.

I have included a copy of my **Exemption from Training Letter** with this registration form.

Yes, I have completed training in the last 12 months. Date training completed: \_\_\_\_\_

I have included a copy of my **proof of training completion document** with this registration form.

**Name and Address of Training Program/Facility**

Facility Name		Name of Trainer	
Street Address or P.O. Box		Facility Phone Number	
City	State	County	ZIP Code

**Nurse Aide Signature**

I certify that I am the applicant who is referred to in this registration and that the statements herein are true. I understand that the results from my competency evaluation will be released to my nurse aide employer or training program.

\_\_\_\_\_  
Signature of Nurse Aide Applicant

\_\_\_\_\_  
Date

**Section 4: Optional Questions**

**Gender** (Optional) Check **one** of the following.

Male       Female

**Ethnic Background** (Optional) Check **only one** box.

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Mexican American	<input type="checkbox"/> White (non-Hispanic)
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Other Hispanic or Latin American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Black (non-Hispanic)/African American		

**Education Level** (Optional) Check the box next to your highest education level completed. Check **only one** box.

<input type="checkbox"/> 4th grade or less	<input type="checkbox"/> Some High School, did not graduate	<input type="checkbox"/> One or two years of college
<input type="checkbox"/> Between 5th and 8th grades	<input type="checkbox"/> High School diploma or GED	<input type="checkbox"/> Two-year college degree
<input type="checkbox"/> More than two years of college		

**We suggest that you make a photocopy of this form for your records.**

**Questions:** For assistance with any questions, please call Prometric at 800.752.4724.

**Mail this completed form to:**

Prometric  
Attn: Michigan Nurse Aide Program  
1260 Energy Lane  
St. Paul, MN 55108