

**Instructions:**

- Provide the information requested below.
- Please **PRINT or TYPE** clearly in either **BLUE or BLACK** ink.
- Please note that any incomplete or illegible forms will not be processed.

After your registration has been processed, you will receive an Authorization to Test in the mail and information on how to schedule your test.

<b>Section One: Personal Information</b>	
(1) First Name and Middle Initial:	
(2) Last Name:	
(3) Social Security Number:	
(4) Date of Birth:	
(5) Home Phone Number:	
(6) Work Phone Number:	
(7) Home Address:	<div style="display: flex; justify-content: space-between;"> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Street Address or P.O. Box #</span> <span>Apt. #</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>County</span> <span>Zip Code</span> </div>
(8) Is this your first time registering to test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Have you been certified as a nurse aide in Michigan previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) 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 Two: Employment Information</b>	
(11) Are you currently employed as a <b>NURSE AIDE</b> by a nursing facility?	<b>Check one of the following:</b> <input type="checkbox"/> Yes, I am currently working as a nurse aide (see Question 12) Date of Hire: _____ <input type="checkbox"/> No, I am not working as a nurse aide
(12) If you responded “yes” to question (11), please provide the information about the facility that you are employed by:	<div style="display: flex; justify-content: space-between;"> <span>_____</span> </div> Facility Name <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> </div> Street Address or P.O. Box # <span style="float: right;">Apt. #</span> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">County</span> <span style="float: right;">Zip Code</span> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> </div> Facility Phone Number
<b>Section Three: Training Information</b>	
(13) Have you successfully completed a state-approved training program within the last 12 months?	<b>Check one of the following:</b> <input type="checkbox"/> Yes, I have completed training in the last 12 months. Date training completed: _____ <p style="text-align: center;"><b>If yes, go to question 14, complete the form and attach a copy of your proof of training completion document.</b></p> <input type="checkbox"/> No, I have not completed training. If no, skip question 14 and go to question 15.

(14) Name and address of Training Program/Facility	<hr/> Facility Name <hr/> Street Address or P.O. Box # <span style="float: right;">Apt. #</span> <hr/> City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">County</span> <span style="float: right;">Zip Code</span> <hr/> Training Program Phone Number <span style="margin-left: 100px;">Name of Trainer</span>
(15) If you have not successfully completed training within the last 12 months, have you been state-approved for exemption from training?	Check one of the following: <input type="checkbox"/> Yes, I have been approved for exemption from training. <b>If yes, attach a copy of the letter from the state of Michigan indicating you are exempt from training, or a COPY of the exemption.</b> <input type="checkbox"/> No, I have not received an exemption from training from the state of Michigan. If no, you can contact the MI Department of Consumer and Industry Services at 517.241.0554 to request and an application for Training Exemption. <b>All applications for Training Exemption must be returned to the state of Michigan.</b>
(16) 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. <hr/> Signature of Nurse Aide <span style="float: right;">Date</span>
<b>Section Four: Optional Questions</b>	
<b>ETHNIC BACKGROUND (OPTIONAL)</b>	<b>Check one of the following:</b> <input type="checkbox"/> American Indian/Alaskan Native <span style="margin-left: 150px;"><input type="checkbox"/> Black (non-Hispanic)/African American</span> <input type="checkbox"/> White (non-Hispanic) <span style="margin-left: 150px;"><input type="checkbox"/> Other Hispanic</span> <input type="checkbox"/> Asian American/Pacific Islander American <span style="margin-left: 150px;"><input type="checkbox"/> Other:</span> <input type="checkbox"/> Mexican American
<b>HIGHEST LEVEL OF EDUCATION (OPTIONAL)</b>	<b>Check one of the following:</b> <input type="checkbox"/> 4 <sup>th</sup> Grade or Less <span style="margin-left: 150px;"><input type="checkbox"/> Trade or Technical School</span> <input type="checkbox"/> Between 5 <sup>th</sup> and 8 <sup>th</sup> Grade <span style="margin-left: 150px;"><input type="checkbox"/> 1 – 2 Years of College</span> <input type="checkbox"/> Some H.S., but did not graduate <span style="margin-left: 150px;"><input type="checkbox"/> Two Year College Degree</span> <input type="checkbox"/> H.S. Diploma or GED <span style="margin-left: 150px;"><input type="checkbox"/> More than two years of college</span>
<b>GENDER (OPTIONAL)</b>	<b>Check one of the following:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

**MAIL TO:**  
(We suggest that you make a photocopy of your registration form and retain it for your records.)

Prometric  
ATTN: Michigan Nurse Aide Program  
1260 Energy Lane  
St. Paul, MN 55108  
Fax: 800.813.6670

**NOTE:**

Exam fees are nonrefundable and nontransferable.

**QUESTIONS:**

Call our Customer Service Telephone Number: 800.752.4724