

Florida Certified Nursing Assistant Application Addendum

Additional Criminal History Questions Per Florida Statute 456.0635

Effective July 1, 2009

If testing at an In-Facility Site: Provide this completed form, along with all necessary documents to your training coordinator (do not send it directly to Prometric). Applications received without this document will be returned in bulk to the training program and will delay confirmation of test date(s).

If testing at a Regional Test Site: Mail this completed form, along with all necessary documents and the appropriate fees to: Prometric, Attn: Florida Nursing Assistant Program, 1260 Energy Lane, St. Paul, MN 55108. Applications received without this document will be returned to the applicant for completion and will delay confirmation of test date(s).

Candidate Information

(Print or type clearly and neatly. Incomplete or illegible forms will not be processed.)

(Print your name EXACTLY as it appears on your government-issued picture identification)		
Last Name	First Name	Middle Initial
Date of Birth (Month, Day, Year)		Email Address
Daytime Phone Number (including area code) ()		Evening Phone Number (including area code) ()
Social Security Number information is exempt from public records disclosure and not mandatory for testing (see Page 20 of the Candidate Information Bulletin). Retesters are required to enter their Prometric Unique ID. This number can be found on the Fail letter you received from your last test.		
Social Security Number or Prometric Unique ID: _____		

Additional Criminal History Questions

These questions **MUST** be answered by the applicant.

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the Federal Medicare program? (If "No", do not answer 3b and 3c.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3c. Did the termination occur at least 20 years prior to the date of this application?

Applicant Signature: _____ Date: _____