Request for Approval for Clinical Skills Observers and Proctors to Administer the Prometric Nurse Aide Competency Examination

PROMETRIC

Instructions: Complete the information requested below printing neatly. Sign the application and fax to the Oklahoma Association of Health Care Providers (OAHCP) at **(405) 524-8354**. OAHCP will contact you with details about completing training. OAHCP can be reached at 405-524-8338.

Part I: All applicants complete this section			
Name	_____ Last	First	Middle Initial
Name of Nursing Home or Training Program			
Mailing Address	_____ _____ City	State	Zip Code
Contact Information	Daytime phone: _____	Evening phone: _____	
	Cell phone: _____	Email address: _____	
What part of the Exam are you applying to administer?	☐ I am applying to proctor the Written (Oral) Test only. My current position is: _____		
	☐ I am a RN applying to administer the Clinical Skills Test and the Written (Oral) Test		
Last four digits of SSN		**Mother's Maiden Name:**	
Part II: RNs applying as Clinical Skills Observers complete this section			
OK RN License No.			
Qualifying Employment Experience Note: Federal regulations require that RNs administering the Clinical Skills component of the competency evaluation have a minimum of 1 year experience caring for the elderly or chronically ill of any age. Provide information on your employment history that supports your fulfillment of this requirement.	1	Name of Employer:	
		Dates of Employment:	☐ FT ☐ PT
		Position:	
	2	Name of Employer:	
		Dates of Employment:	☐ FT ☐ PT
		Position:	
	3	Name of Employer:	
		Dates of Employment:	☐ FT ☐ PT
		Position:	
Prior approval as CSO?	Do you have previous approval as a CSO in Oklahoma? ☐Yes ☐No		

IMPORTANT NOTICE

- Clinical Skills Observers (CSOs) are prohibited from testing any candidate they have trained.
- CSOs and proctors must successfully complete the Prometric training before administering the Prometric Nurse Aide Competency Examination. Only approved CSOs may administer the Clinical Skills Test.
- CSOs formerly certified under other programs **must** complete the Prometric training in order to administer the Prometric Nurse Aide Competency Examination.

Applicant's Signature		**Date**: