



# Arkansas Nursing Assistant Examination Application Form

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

## Candidate Information



**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.

Last Name	First Name	Middle Initial	Date of Birth (Month, Day, Year) / /
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	County (first four letters only)	ZIP Code
Home Phone Number (including area code) ( )		Email Address	
Social Security Number or Alien ID Number - -		<input type="checkbox"/> Check this box if Alien ID Number is used.	
If you previously have tested or been certified in Arkansas, have you changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide your previous name and a copy of the legal documents that support your name change. Previous Name _____			
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, you are required to provide a copy of the documents that prove your eligibility to work in the United States.			

## Certification Option/Eligibility

(See explanation of certification options in this bulletin beginning on Page 2.)

<input checked="" type="checkbox"/>	Certification Route	Document(s) that must be provided
	<b>Option 1</b> - New Nursing Assistant (Arkansas Trained).	Copy of training completion document from an Arkansas-approved training program.
	<b>Option 2</b> - Previously Certified in the State of Arkansas	Previous Certificate Number (if available).
	<b>Option 3</b> - RN or LPN Student	A copy of the OLTC's approval letter.
	<b>Option 4</b> - Home Health Aide (this does not apply to Personal Care Aides)	Copy of certificate of training and completion of an HHA program approved under federal requirements.
	<b>Option 5</b> - This option is no longer available	Not applicable.
	<b>Option 6</b> - Trained in Another State	A copy of the OLTC's approval letter.
	<b>Option 7</b> - Certified in Another State	A copy of the OLTC's approval letter.
	<b>Option 8</b> - Other	A copy of the OLTC's approval letter.

## Training Information

(This section must be completed if the applicant has selected Option 1, 4, or 6.)

Training Completion Date: __/__/__	Training Program Code (if available – see completion certificate)		
Name of Training Program			
Training Program Mailing Address (Street Address or P.O. Box)			
City	State	County (first four letters only)	ZIP Code
Training Program Phone Number (including area code) ( )		Training Program Fax Number (including area code) ( )	

## Test Site Information

Please check one of the following options.

<input type="checkbox"/>	<b>Testing at your Facility:</b> My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).	
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a regional test site. My preferred test site is listed to the right. However, I understand that I will be assigned to the first available testing appointment in my area.	My Preferred Test Site is:

## Exam Selection and Fees

If the state is paying the exam fees, the Employment Information section on the next page must be completed.

<input checked="" type="checkbox"/>	First-Time Tester	Fee	Total
	Written Test and Clinical Skills Test	\$79	\$
	Oral Test and Clinical Skills Test	\$79	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Clinical Skills Test ONLY	\$45	\$
	Written Test ONLY	\$34	\$
	Oral Test ONLY (You may select this option even if you previously took the Written test)	\$34	\$
<input checked="" type="checkbox"/>	Rescheduling/No Show*	Fee	
	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
		<b>Total Fee</b>	<b>\$</b>

\*This fee is required to reschedule a testing appointment if you provided less than five days notice to change a scheduled exam, did not show up for your scheduled exam, or arrived late for a scheduled exam and were not allowed to test.

<input checked="" type="checkbox"/>	First-Time Test Takers	Fee	
<input checked="" type="checkbox"/>	Eligibility Screening Fee (nonrefundable)	\$10	\$10
		<b>Total Fee</b>	<b>\$10</b>

The Eligibility Screening fee is required for first-time test takers and must be submitted as a separate check or money order made payable to Prometric. If your eligibility is not approved, your exam fee will be returned to you.

## Payment Options

Fee(s) may be paid by certified check, money order, MasterCard or Visa. Make checks payable to Prometric.

**Personal checks and cash are not accepted. Fees are not refundable or transferrable.** To pay by **credit card**, 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	

## Applicant's Affidavit and Candidate Release Statement

- I understand that I am responsible for making sure all information provided in this application is completely true and correct.
- I understand that if information given is not true, my registration status as a nursing assistant may be at risk.
- I understand that if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Arkansas Nursing Assistant Registry.
- I understand that I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the DHS and OLTC, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Applicant's Signature

Date

## Employment Information

**Current Employers:** This section must be completed for any candidate who is currently employed in an Arkansas nursing home. This application must be accompanied by a letter on facility letterhead that indicates the candidate's employment dates and is signed by the facility administrator. Copies of this letter **will not** be accepted.

**Potential Employers:** Any candidate who has an offer of employment or intent to hire from an AR nursing home must complete this section. This application must be accompanied by the original letter of intent to hire the candidate upon successful completion of his/her competency evaluation provided on the nursing home's letterhead and signed by the facility administrator. Copies of this letter **will not** be accepted.

Name of Facility			
Facility Address (Street Address or P.O. Box)			
City	State	County (first four letters only)	ZIP Code
Employer Phone Number (including area code) (        )		Name of Supervisor	

<input checked="" type="checkbox"/>	Employment Status	Items Noted Below are Submitted with my Application
	I am currently employed.	I have included a letter from my employer on facility letterhead and signed by the administrator of the facility showing my employment status.
	I have a promise of employment.	I have included a letter of intent to be hired from my potential employer on facility letterhead and signed by the administrator of the facility.
	I am not currently employed and I do not have a letter of intent to be hired.	I have enclosed a nonrefundable <b>\$10</b> eligibility screening fee and the <b>\$79</b> testing fee; You must enclose two <b>separate</b> checks or money orders, one for <b>\$10</b> and one for <b>\$79</b> , both made payable to Prometric.

**If testing at a Facility:** Provide this completed form, along with all necessary documents to your training coordinator (do not send it to Prometric).

**If testing at a Regional Test Site:** Submit this completed form, along with all necessary documents and fees to:

**By Mail:** Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

**By Fax (if paying by credit card):** 800.813.6670.