



New Mexico Nurse Aide Registry Application

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

Mail completed application form to: Prometric, Attn: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108



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.

Part A. Candidate Information

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)			Social Security Number - -
City	State	ZIP Code	Date of Birth - -
Daytime Phone Number (including area code) ()		Email Address	Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male

Education Level (Check the box next to your highest education level completed)

<input type="checkbox"/> 0-8 years of Education	<input type="checkbox"/> 9-11 years of Education	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Other _____	

Part B. Test Selection and Fees

If you are currently employed or have been offered employment by a Medicaid certified nursing facility, Part E must be completed.

<input checked="" type="checkbox"/>	First-Time Tester	Fee	5% NM State Tax	Total
	Clinical Skills and Written Test	\$95	\$4.75	\$
	Clinical Skills and Oral Test (English)	\$105	\$5.25	\$
	Clinical Skills and Oral Test (Spanish)	\$105	\$5.25	\$
<input checked="" type="checkbox"/>	Retester	Fee	5% NM State Tax	Total
	Clinical Skills Retest	\$60	\$3.00	\$
	Written Retest	\$35	\$1.75	\$
	Oral Retest (English)	\$45	\$2.25	\$
	Oral Retest (Spanish)	\$45	\$2.25	\$
	Total Fee			\$

Payment: Fee(s) may be paid by cashier's check or money order, payable to Prometric. Your name must be written on the money order or cashier's check. **Personal checks and cash are not accepted. Fees are nonrefundable.**

Part C. Eligibility Route

<input checked="" type="checkbox"/>	Route (see route explanations beginning on Page 1)
	1 - New Nurse Aide (New Mexico Trained)
	2 - Military Trained
	3 - Graduate RN/LPN
	4 - Out-of-State Nurse Aide (Expired)
	5 - Out-of-State or Foreign Trained Nurse/Nurse Aide (RN/LPN/NA)
	6 - RN/LPN Student
	7 - Expired New Mexico Certificate. NM Certificate # _____
	8 - Expired New Mexico Certificate beyond 24 months but nurse aide has been working in nursing-related field. NM Certificate # _____
	9 - Expired New Mexico Certificate/Retrained. NM Certificate # _____

Part D. Training Verification

If you are applying through Routes 1 or 9, this section must be completed.

Training Program Code: T ____/____/____/____		Training Completion Date: ____/____/____	
Name of Approved Training Program			
Training Program Mailing Address			
City		State	ZIP Code
Phone Number (including area code) ()		Fax Number (including area code) ()	

Program Director's or Instructor's Signature Date

Part E. Work Verification

If you are currently employed or have been offered employment by a Medicaid certified nursing facility, this section must be filled out by an authorized facility representative in order to have the state pay your test fees. If this section is not completed, you must enclose a money order or cashier's check for the exam fees.

Date of Hire: (MONTH/DAY/YEAR)	Medicaid Provider Code (please provide complete code)
Name of Facility	
Facility Address	
City	State ZIP Code
I verify that this nurse aide is employed or has been offered conditional employment in this qualified nursing facility.	

Authorized Facility Representative's Signature Date

Part F. Test Site Information

A calendar of available test sites and dates is posted online at www.prometric.com/NurseAide/NM. Completed applications and fees must be received by Prometric at least three weeks before the requested test date.

	Exam Date	Location
First Choice		
Second Choice		

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 nurse aide may be at risk.
- I understand that if I pass both parts of the Nurse Aide Competency Examination, I will be placed on the New Mexico Certified Nurse Aide (CNA) 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 NM HSD and DOH, 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