



Delaware Nurse Aide Exam Application

Please Print or Type Clearly and Neatly.

This application must be completed and submitted with all required fees so you may be scheduled to take the Delaware Nurse Aide Competency Exam.

Part A. 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	Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)			Date of Birth - -
City	State	ZIP Code	Email Address
Daytime Phone Number (including area code) ()		Evening Phone Number (including area code) ()	
<input type="checkbox"/> I am requesting Special Accommodations and have included the necessary documentation with this application		Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	

Part B. Exam Selection and Fees

<input checked="" type="checkbox"/>	First-Time Tester	Fee	Total
	Written Test and Clinical Skills Test	\$108	\$
	Oral Test and Clinical Skills Test	\$118	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Clinical Skills Test ONLY	\$68	\$
	Written Test ONLY	\$40	\$
	Oral Test ONLY	\$50	\$
		Total Fee	\$

Payment: Fees may be paid by cashier's check, money order, MasterCard or Visa. Make checks payable to Prometric. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please 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	

Part C. Eligibility Route

(See explanation of routes in this bulletin beginning on Page 1.)

<input checked="" type="checkbox"/>	Route	Documentation needed
	1 - New Nurse Aide	Training Instructor Signature.
	2 - Nursing Student	An official letter from your school indicating successful completion of a Fundamentals/Basic Nursing course with a clinical component of no less than 75 hours of instruction in a long term care setting.
	3 - Lapsed Nurse Aide	Verification of past certification.
	4 - Out of State Certification	A copy of your current CNA or GNA certificate
	5 - RN or LPN	A copy of your diploma.

Additional Information

If you have read this bulletin and still have questions about testing, please contact:

Prometric
1260 Energy Lane, St. Paul, MN 55108
DECNA@Prometric.com
Phone: 866.664.9504
Fax: 800.813.6670
www.prometric.com/NurseAide/DE

Direct certification regulations questions and registry questions to:

Delaware Division of LTC Resident Protection
3 Mill Road, Suite 308
Wilmington, DE 19806
Phone: 302.577.6661
www.dhss.delaware.gov/dhss/dltcrp