



New Mexico Nurse Aide Registry Application

(Please print clearly and neatly)

Candidates must complete Parts A, B, C and F of this application. Part D must be completed for candidates whose eligibility to test is based on having completed a state-approved training program within the past 24 months (Routes 1 and 9). Part E must be completed for candidates who are employed or have an offer of conditional employment from a Medicaid certified nursing facility. If Part E is left blank, you must enclose payment for the testing fees.

For assistance in completing this application, please call Prometric at 866.391.1945 Monday through Friday between 7 a.m. and 4 p.m. (Mountain Time). Incomplete applications will be denied. **Mail completed forms**, along with the appropriate fees, to: Prometric, ATTN: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108.

Note: To be admitted to test, candidates must provide government-issued identification at the test site that lists the same name used on this application form.

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
Daytime Phone Number (including area code) ()	Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth - -	

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. Exam Selection and Fees If you are currently employed or have been offered conditional 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)	\$60	\$3.00	\$
	Oral Retest (Spanish)	\$60	\$3.00	\$
	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

(See explanation of routes in this bulletin beginning on Page 2. If you are applying using Route 1 or 9, Part D must be completed.)

<input checked="" type="checkbox"/>	Route
	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

(This section must be completed for any application in which the applicant has checked Eligibility Route 1 or 9.)

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 conditional employment by a Medicaid certified nursing facility, this section must be filled out by an authorized facility representative in order to qualify you for state paid testing fees. If this section is not completed, you must enclose a money order or cashier's check for the fees or your application will be denied.

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		

Agreement of Authorization and Confidentiality

I agree that the information in this application is correct and may be investigated by the New Mexico Human Services Department. I understand that if I have given false information in this application, I will not be allowed to take my examination and could be prosecuted by the State of New Mexico. I also understand that if I cheat or engage in other prohibited behavior during my exam, I may be disqualified from continuing to take the test or from receiving my exam results. I understand that examination results will be sent to my approved training program where applicable. I understand that a record of the successful completion of this competency evaluation will be included in the New Mexico Nurse Aide Registry. I understand that I must inform the registry of current employment information every 24 months or my record will be removed from the registry. I have read and understand the information in the New Mexico Certified Nurse Aide Information Bulletin.

Applicant's Signature Date

Release

I do not have any physical, medical, or other condition that would be in any way affected by my participation in the examination. I hereby release Prometric, the New Mexico Human Services Department, 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