

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.

Social Security Number (Required for Certification):		
Last Name	First Name	Middle Initial
Street Address (including Apt. number or P.O. Box*, if applicable)		
City	State	ZIP Code
*If using a PO box as your mailing address, you must supply your physical address of legal residence as well.		
Daytime Phone Number (including area code) ()	Cell Phone Number (optional). Including area code ()	
Email Address	Date of Birth (Month, Day, Year) / /	
Do you have a High School diploma or equivalent? <input type="checkbox"/> No <input type="checkbox"/> Yes		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Mexican American <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____		
Have you taken the CNA Written or Clinical Skills test before? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, when was the last time you took the test: _____ - _____ - _____		

Certification Option/Eligibility

<input checked="" type="checkbox"/>	Certification Training Route
<input type="checkbox"/>	E1 - Completed a State-approved Nursing Assistant Training Program. (Complete Training Info section below)
<input type="checkbox"/>	E2 - Enrolled in a State-approved Nursing Assistant Training Program. (Complete Training Info section below)
<input type="checkbox"/>	E3 - Challenger. You have never trained as a nursing assistant and have no nursing assistant experience.
<input type="checkbox"/>	E4 - Other Nursing Training.
<input type="checkbox"/>	E5 - Lapsed Nursing Assistant.

Training Information

(This section must be completed if the applicant has selected Training Route E1 or E2.)

Name of School or Facility	
Address of School or Facility	
(MANDATORY). Your exams will be scheduled after your training is completed. Training Completion Date: ___/___/___	(MANDATORY) Training Program Code: _____

Disciplinary History (Mandatory)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied or is there now any proceeding to deny your application for any healthcare certification to practice in Florida or any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had disciplinary action taken against your certification to practice any healthcare-related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever surrendered a certification to practice any healthcare-related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any disciplinary actions pending against your certification?

Criminal History (Mandatory)

<input type="checkbox"/> Yes* <input type="checkbox"/> No	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors, felonies, and juvenile offenses, even if adjudication was withheld. Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question. *If you answered YES, please be prepared to create a typed or printed letter with arrest dates, city, state, charges and final dispositions and be prepared to send it to the Board Office upon request. (Do not send this information with your application for examination.)
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Additional Criminal History Questions (Mandatory)

Applicants **MUST** answer these questions pursuant to Section 456.0635(2), Florida Statutes. Answering yes to any of these questions will result in your inability to take the Nurse Aide exam. Test fees **will not** be refunded. If you are not sure how you should answer these questions, you should check with the Florida Department of Health before submitting your application.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	1b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	2b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the Federal Medicare program? (If "No", do not answer 3b and 3c.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	3b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3c. Did the termination occur at least 20 years prior to the date of this application?

Test Site Information

Please check one of the following options for testing.

<input type="checkbox"/>	Testing at your Facility: My employer or training program is scheduling my exams and I will take the exams at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).	
<input type="checkbox"/>	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site is listed below. However, I understand that I will be assigned to the first available testing appointment in my area. I can find a current list of Test Sites online at www.prometric.com/NurseAide/FL .	My Preferred Test Site City is:

Testing/Retesting Fees

	Exam (Check all that apply)	Fee	Total
<input checked="" type="checkbox"/>	Clinical Skills and Written (both in English)	\$93	\$
<input type="checkbox"/>	Clinical Skills and Written Audio (both in English)	\$97	\$
<input type="checkbox"/>	Written (English)	\$36	\$
<input type="checkbox"/>	Written Audio (English)	\$40	\$
<input type="checkbox"/>	Clinical Skills (English)	\$57	\$
<input type="checkbox"/>	Clinical Skills (English) and Written (Spanish)	\$93	\$
<input type="checkbox"/>	Clinical Skills (English) and Written Audio (Spanish)	\$97	\$
<input type="checkbox"/>	Written (Spanish)	\$36	\$
<input type="checkbox"/>	Written Audio (Spanish)	\$40	\$
	Additional Fees	Fee	
<input checked="" type="checkbox"/>	FBI Screening (must be paid each time applying to test)	\$43.25	\$43.25
<input checked="" type="checkbox"/>	Processing Fee (must be sent with each application)	\$25.00	\$25.00
		Total Fee	\$

Fingerprinting Note: ALL Candidates must have electronic fingerprint scanning completed after submitting this application.

Fees may be paid by cashier's check, company 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 of the 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 Florida Nurse Aide Examination, I will be placed on the 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 FLDOH, 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

Note: Social Security Number information is exempt from public records disclosure and not mandatory for testing.

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: Florida Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

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

Completion Checklist

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you list a certification Route?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you selected route 1 or 2 did you include your training completion date and program code?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you answer all of the criminal conviction and disciplinary history questions?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you provide your test site information?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you selected your test fees and background fees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you include your fees with your application? (unless fees are already on file)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you put your Social Security Number on the application? Your SSN is required for certification.