

Arkansas Certified Nursing Assistant Examination Application

Instructions

- Please go to **www.prometric.com/NurseAide/AR** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application. Incomplete, blurred or illegible forms **will not** be processed.
- To apply online please go to: **www.prometric.com/NurseAide/AR**.
- All **fees, Letters of Intent** and **Letters of Employment** must be submitted with the application.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: AR Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236**.



The name you provide on this application **must** match **EXACTLY** the name on your government-issued identification you will provide on the day of testing. If the name does not match **EXACTLY**, you **will not** be permitted to take your exam and **will forfeit** any test fees.

If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

- **If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):**
 - Please go to **www.prometric.com/nurseaide** to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
 - Fill out the box below.

Note: Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations.

I am applying for **Americans with Disabilities Act (ADA) accommodations**. I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not **all** accommodations can be approved.

Yes No

Candidate Information

All fields marked with * are required. Print one number/letter in each box where required.

*Have you taken a Certified Nurse Aide exam with Prometric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Social Security Number <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
*First Name <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	Middle Initial <div style="display: flex; justify-content: center; align-items: center;"> <input type="text"/> </div>
*Last Name <div style="display: flex; justify-content: space-between; align-items: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	

*Date of Birth (Month/Day/Year) □ □ / □ □ / □ □ □ □		Previous name (if applicable):
*Street Address (including Apt. number or P.O. Box, if applicable)		
*City	*State □ □	*ZIP Code □ □ □ □ □
*County (first four letters only)	* Phone Number (including area code) □ □ □ - □ □ □ - □ □ □ □	
*Email Address (application will not be processed without an email address)		
*Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you are required to provide a copy of the documents that prove your eligibility to work in the United States.</i>		
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		

Certification Option/Eligibility

Please check a certification route.

✓	Certification Route	Document(s) to Provide
	Option 1 - New Nursing Assistant (Arkansas Trained)	A copy of training completion document from an Arkansas-approved training program.
	Option 2 - Previously Certified in the State of Arkansas (**Must be self pay**) Previous Certificate Number: _____	Previous Certificate Number (if available).
	Option 3 - RN or LPN Student	A copy of the OLTC's approval letter.
	Option 6 - Trained in Another State	A copy of the OLTC's approval letter.
	Option 7 - Certified in Another State	A copy of the OLTC's approval letter.
	Option 8 - Other	A copy of the OLTC's approval letter.

Training Information

This section must be completed if the **Certification Route 1 or 6** was selected.

*Training Completion Date: □ □ / □ □ / □ □ □ □	*Training Program Code
*Name of Training Program	
*Training Program Mailing Address (Street Address or P.O. Box)	
City	State □ □ ZIP Code □ □ □ □ □
I certify that this applicant has successfully completed a state-approved nurse aide training program.	

Training Instructors Name:	Training Instructor Signature:
----------------------------	--------------------------------

Employment Information

Current or Potential Employers: This section **must** be completed for a candidate currently employed by or has an offer of employment in an Arkansas nursing home. This application must be accompanied by a letter on facility letterhead that indicates the candidate’s employment dates or the original Letter of Intent to hire the candidate upon successful completion of the exam. The letter must be an **original copy signed by the facility administrator**. Photocopies **will not** be accepted. **Letters of Employment/Intent** may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

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

Test Site Information

Please check one of the following options.

<input checked="" type="checkbox"/>	Test Site
	Testing at your Facility: 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 to Prometric.
	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/AR.</i>
	*Test site code:

Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable**.
- If the state (Letter of Intent/Employment) is paying the exam fees, the **Employment Information section** must be completed.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

Please Note: **Letters of Employment/Intent** may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

***Select Fee Type:**

<input checked="" type="checkbox"/>	Fee Types	Items to Submit with Application
	State Pay: I am currently employed. (Excludes option 2 – previously certified)	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 not taken a state pay exam in the past.
	State pay: I have a promise of employment. (Excludes option 2 – previously certified)	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 have not taken a state pay exam in the past.
	Self Pay: I am not currently employed and I do not have a letter of intent to be hired.	I have enclosed a non-refundable testing fee and eligibility screening fee if applicable.

✓	First-Time Tester	Fee	Total
	Written Test and Clinical Skills Test	\$75	\$
	Oral Test and Clinical Skills Test	\$75	\$
✓	Re-tester¹	Fee	
	Clinical Skills Test ONLY	\$55	\$
	Written Test ONLY	\$20	\$
	Oral Test ONLY <i>(You may select this option even if you previously took the Written test.)</i>	\$20	\$
✓	First-Time Test Takers Only	Fee	
	Eligibility Screening Fee (non-refundable) <i>(This fee is paid each time you attend a new training program and apply to test.)</i>	\$10	\$
		Total Fee	

¹ Retest fees are the candidate's responsibility and must be included with this application. An additional rescheduling/no show fee of \$25 is required to reschedule an exam appointment with less than five business days' notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

Applicant's Affidavit and Candidate Release Statement

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nursing assistant may be at risk.
- I understand if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Arkansas Nursing Assistant Registry.
- I understand 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.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

***Candidate Signature (in box below)**

Date: _____

If you **DO NOT** receive your emailed ATT letter from Prometric within **10-14 business days** of receipt at Prometric, please contact Prometric.

Questions: For additional information, please visit our website at www.prometric.com/nurseaide.

Please make a copy of all completed forms for your personal records.



Payment Form

*Candidate Name: _____

*Date of Birth: _____



Note: You have the option of submitting your application and payment online using your credit card at www.prometric.com/en-us/clients/nurseaide.

Please Note: Letters of Employment/Intent may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

✓	Payment Types	Items to Submit with Application
	State Pay: I am currently employed. (Excludes option 2 - previously certified)	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 not taken a state pay exam in the past.
	State pay: I have a promise of employment. (Excludes option 2 - previously certified)	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 have not taken a state pay exam in the past.

Credit Card Type (Check One)

MasterCard Visa American Express

Card Number	Expiration Date □ □ / □ □
Amount \$ _____ . _____	C/C Security Code □ □ □ □
Name of Cardholder (Print)	
Signature of Cardholder	

Certified Check or Money Order Payments

Certified Check 3rd Party/Facility Check Money Order

Certified Check/Money Order/3 rd Party/Facility Check Number (one number or letter in each box):
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Please mail completed forms, all supporting documentation and fees/letters of Employment or Intent to Hire to:

Prometric
ATTN: AR Nurse Aide Program
7941 Corporate Drive
Nottingham, MD 21236