



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------|
| *Date of Birth (Month/Day/Year)<br><div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <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>                                                                                                                                                                                                              | Previous name (if applicable):                                                                                                         |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| *Street Address (including Apt. number or P.O. Box, if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| *City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *State<br><div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <input type="text"/> <input type="text"/> </div> | *ZIP Code<br><div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> |                                                                            |               |                                                                            |
| * Phone Number (including area code)<br><div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <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>                                                                                                                                                               |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| *Email Address (application will not be processed without an email address)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| Do you currently hold a certification as a nurse aide or are you listed on the nurse aide registry in any state other than New York? If yes, list all the states below and indicate if you are in good standing on the Registry in that state. Good standing means that you have no findings or convictions of resident abuse, neglect or misappropriation of resident belongings. Add an additional sheet of paper if more space is required.<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                        |                                                                                                                                                                                                                               |                                                                            |               |                                                                            |
| Issuing State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                             | Issuing State                                                                                                                                                                                                                 | Good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Issuing State | Good standing?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### Certification Option/Eligibility

Please check a certification route.

|   |                                                                                              |
|---|----------------------------------------------------------------------------------------------|
| ✓ | <b>Certification Route</b>                                                                   |
|   | <b>Route 1</b> - New Nurse Aide                                                              |
|   | <b>Route 2</b> - Nurse or Student Nurse                                                      |
|   | <b>Route 3</b> - Out-of-State Nurse Aide                                                     |
|   | <b>Route 4</b> - Lapsed Nurse Aide                                                           |
|   | <b>Route 5</b> - Completed Nurse Aide Training and took state exam within the last 24 months |
|   | <b>Route 7</b> - Reciprocity                                                                 |

### Training Information

This section must be completed if the **Certification Route 1 or 5** is selected.

|                                                                                                                                                                                                                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| *Training Completion Date:<br><div style="text-align: center; font-family: monospace; font-size: 1.2em;"> <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> | *Training Program Code (if available – see completion certificate) |
| *Name of Training Program                                                                                                                                                                                                                                                                    |                                                                    |
| *Training Program Mailing Address (Street Address or P.O. Box)                                                                                                                                                                                                                               |                                                                    |



|                                                                                                        |       |                                                                                                                 |                                |                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City                                                                                                   | State | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | ZIP Code                       | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
| I certify that this applicant has successfully completed a state-approved nurse aide training program. |       |                                                                                                                 |                                |                                                                                                                                                                                                                                                                                         |
| Training Instructors Name:                                                                             |       |                                                                                                                 | Training Instructor Signature: |                                                                                                                                                                                                                                                                                         |

### Test Site Information

Please check one of the following Routes.

|   |                                                                                                                                                                                                                                                                               |                  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| ✓ | <b>Test Site</b>                                                                                                                                                                                                                                                              |                  |
|   | <b>Testing at your Facility:</b> 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. <b>Do not send to Prometric.</b>                                           |                  |
|   | <b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site code is listed.<br><i>A current list of Test Sites with codes can be found online at <a href="http://www.prometric.com/NurseAide/CT">www.prometric.com/NurseAide/CT</a>.</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.**
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type.**

|   |                                                                                                            | Fee              | Total |
|---|------------------------------------------------------------------------------------------------------------|------------------|-------|
| ✓ | <b>First-Time Tester</b>                                                                                   |                  |       |
|   | Written Test and Clinical Skills Test                                                                      | \$118            | \$    |
|   | Written Test (Spanish) and Clinical Skills Test (English)                                                  | \$118            | \$    |
|   | Oral Test and Clinical Skills Test                                                                         | \$128            | \$    |
|   | Oral Test (Spanish) and Clinical Skills Test (English)                                                     | \$128            | \$    |
| ✓ | <b>Re-tester</b>                                                                                           | <b>Fee</b>       |       |
|   | Clinical Skills Test ONLY                                                                                  | \$73             | \$    |
|   | Written Test ONLY                                                                                          | \$45             | \$    |
|   | Written Test (Spanish) ONLY                                                                                | \$45             | \$    |
|   | Oral Test ONLY <i>(You may select this Route even if you previously took the Written test.)</i>            | \$55             | \$    |
|   | Oral Test (Spanish) ONLY<br><i>You may select this Route even if you previously took the Written test.</i> | \$55             | \$    |
| ✓ | <b>Other</b>                                                                                               | <b>Fee</b>       |       |
|   | Route 5 - trained and took state exam in last 24 months                                                    | \$55             | \$    |
|   | Route 7 - Reciprocity                                                                                      | \$55             | \$    |
|   | <b>Rescheduling/No Show</b>                                                                                | \$20             | \$    |
|   |                                                                                                            | <b>Total Fee</b> |       |

An additional rescheduling/no show fee of \$20 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 Connecticut 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 CDPH , 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](http://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](http://www.prometric.com/en-us/clients/nurseaide).

### Credit Card Type (Check One)

MasterCard     Visa     American Express

|                            |                              |
|----------------------------|------------------------------|
| Card Number                | Expiration Date<br>□ □ / □ □ |
| Amount<br>\$ _____ . _____ | C/C Security Code<br>□ □ □ □ |
| 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/3rd Party/Facility Check Number (one number or letter in each box): |
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □                                                         |

Please mail completed forms to:  
**Prometric**  
**ATTN: CT Nurse Aide Program**  
**7941 Corporate Drive**  
**Nottingham, MD 21236**