



Idaho Nurse Aide Testing Application

(Please print clearly and neatly)

Instructions: You will be applying for your exam on a computer at the NATCEP where you will be testing. The fields below are similar to the fields you will see on the actual application. Completing the information below and having this form with you when you begin the application will help the process go smoother.

Sign-in Information

User Name	
	(First letter of your first name as a capital letter + first 4 letters of your last name in lower case + year of birth. For Example: User Name for Lynn Smith born in 1963 is: Lsmit1963).
Password	
	(Same as your User Name + a "#" sign at the end. For example: Password for Lynn Smith is: Lsmit1963#).

Name

First Name	
Middle Name/Initial	(optional field)
Last Name	

Security Question and Answer

Question	Online, you will see a dropdown menu with four questions from which to choose. To make it easier to remember when you go back in, you may want to choose the question "What is your mother's maiden name?" and answer it with the initials of the NATCEP where you are taking your exam.
Answer	This is for your purposes only. Your answer to whichever question you choose, just needs to be something you will remember.

Mailing Address

Mailing Address	
Address 2	
City	
State/Province	Enter ONLY the two-letter abbreviation for the state in which you live. For example: Idaho is ID; California is CA.
Postal Code	
Country	United States

Contact Information

Email Address	(optional field)
Home Phone #	_____ - _____ - _____ (Dashes are required when entered online)

Other Information

Birth Date	____/____/_____(Must be in MM/DD/YYYY format when entered online)
SSN/ Government ID#	_____(Nine digits are required when entered online)
Prometric Testing ID	When entering online, the system will automatically generate your Prometric Testing ID. BE SURE to write it down for future reference.
Testing Route	<input type="checkbox"/> Route 1 – New Nurse Aide <input type="checkbox"/> Route 2 – Reciprocity <input type="checkbox"/> Route 3 – Challenger (See Page 2 of the Candidate Information Bulletin to determine which testing route you should choose.)
If you are testing under Route 1, you must answer the following questions about your training program.	
Nurse Aide Training Program Name	
Nurse Aide Training Program Code	
Training Program Completion Date	
Instructor Name	

Exam Selection

There may be additional test administration fees charged by the training program.

Select	Exam Title	Fee	Total
<input type="checkbox"/>	Written Exam	\$29	\$
<input type="checkbox"/>	Oral Exam	\$39	\$

Payment Details

If your facility is entering the payment information you will not need to fill out this section.

First Name	
Last Name	
Home Phone #	
Email	(If you do not have a home email address, use your school's email address.)
Billing Address	
City	
State/Province	
Postal Code	
Country	
Card Type	
Card Number	(Enter the number with NO spaces)
Card Security Number	(Located on the back of your credit card)
Card Expires	(MONTH/YEAR)

Applicant's Affidavit: MUST be completed by all Applicants

I certify that I am the applicant who is referred to in this application and that the statements herein are true. I understand that the results from my Written Examination will be released to my nursing home employer or training program. I understand that I must have taken and passed the Manual Skills exam in order to be eligible to take the Written exam. I also understand that if I cheat or engage in other prohibited behavior during my examination, I may be disqualified from continuing to take the examination or from receiving my examination results. I have read and understand the information in the Idaho Nurse Aide Candidate Information Bulletin.

Applicant's Signature

Date