Massachusetts Certified Nursing Assistant Examination Application

Instructions

- Please go to **www.prometric.com/NurseAide/MA** 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/MA
  - All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed, original forms to **Prometric, ATTN: MA Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.**



The name you provide on this application **must match EXACTLY** with 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**

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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?	☐ Yes	☐ No
*Social Security Number ☐☐☐ ☐☐ ☐☐☐☐		
*First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		Middle Initial ☐
*Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐		
*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 ☐☐☐☐☐
*Phone Number (including area code) ☐☐☐ ☐☐☐ ☐☐☐☐		
*Email Address (application will not be processed without an email address)		

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Certification Option / Eligibility

Please check a certification route

✓	Certification Route
	Route 1. New Nurse Aides
	Route 2. Reciprocity/CNA From Another State **Please note that you must fill out and mail in the MA Nurse Aide Reciprocity application.
	Route 3. Completed Clinical Course in an Approved School of Nursing **Please note that you must fill out and mail in the Nurse Aide Training Waiver application.
	Route 4. Completed a Nurse Aide Training Program in Another State **Please note that you must fill our and mail in the Nurse Aide Training Waiver application.
	Route 5. Expired or Lapsed Certification

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Training Information

Training Program Code ☐☐☐☐☐☐☐	Expected Program Completion Date: (MONTH/DAY/YEAR) ☐☐ ☐☐ ☐☐☐☐	
*Name of Training Program		
*Training Program Mailing Address (Street Address or P.O. Box)		
*City	*State ☐☐	*ZIP Code ☐☐☐☐☐

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Test Site Information

Please check one of the following options.

✓	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 it to Prometric).	
	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. I can find a current list of Test Sites with codes online at **www.prometric.com/nurseaide/MA**.	*Test site code:

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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-transferrable.**
- **The Payment Form** (last page) **must** be submitted with this application **regardless of payment type.**

✓	**First-Time Tester or Re-Tester**	**Fee**	**Total**
	Clinical Skills Test AND Written Test	$110	$
	Clinical Skills AND Oral Test	$120	$
	Clinical Skills	$70	$
	Written	$40	$
	Oral	$50	$
✓	**Rescheduling / No Show**	**Fee**	$
	Clinical Skills Test	$70	$
	Written Test	$40	$
	Oral Test	$50	$
✓	**Additional Services**	**Fee**	$
	Reciprocity/CNA From Another State	$0	$
		Total Fee	$

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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 information given is not true, my registration status as a nursing assistant may be at risk.
- I agree the Massachusetts Department of Public Health may investigate the information in this application
- I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by the Commonwealth of Massachusetts. Further, I understand that if I cheat or engage in other prohibited behavior during the exam I may be disqualified from continuing to take the exam or my exam results may be invalidated.
- I understand that a record of the successful completion of this competency evaluation and information from and contained on this form will be included in my record in the Massachusetts Nurse Aide 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 Commonwealth of Massachusetts, 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 exam results will be sent to my approved training program and/or employing nursing home (when applicable).
- I understand all information required on the registration application may be made available for public disclosure (except for the Social Security Number).
- I have read and I understand the information in the Massachusetts Nurse Aide Certification Handbook

***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.

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Payment Form

*Candidate Name: _____

*Date of Birth: _____

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/3rd Party/Facility Check Number (one number or letter in each box):
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Fee(s) may be paid by money order or certified check made payable to "Prometric". Your name and ID (if available) must be written on the form of payment. Personal checks and cash are not accepted.

Please mail completed forms, all supporting documentation and fees to:

Prometric

ATTN: MA Nurse Aide Program 7941 Corporate

DriveNottingham, MD 21236

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