

# Vermont LNA Application Guide

Revised December 2022



Welcome to Prometric Testing!

We know this is a new process for you, so we created this quick guide to ensure you complete your LNA application accurately and completely the first time to avoid delays in processing and securing your desired test date.

Please pay super close attention to the areas with arrows or circles as we know those to be the most common areas candidates enter information incorrectly which can result in untimely delays.

After you have read this document carefully, we encourage you to review your application side by side, page for page to ensure you are ready to submit your application and avoid common mistakes.

If someone will be submitting on your behalf, please share this tutorial with them to avoid delays in processing. Thank you for reviewing this info. Let's get the application right together the first time.

Please also refer to the Candidate Bulletin for important test day Information here: [2022 VTCNA CIB 6.10.22.pdf \(prometric.com\)](#)

Again, welcome to Prometric and good luck with your testing!

Best Regards,  
The Prometric Operations Team



The application will automatically default to "1<sup>st</sup> Time Tester with New Application", please choose the route that applies to you.

### Name Changes:

- Name changes are a key item that causes delays if not submitted properly.
- If your name has changed, you must mail in a copy of acceptable legal documentation along with your application.
- Please allow enough time to mail in supporting documentation in advance of your desired test date.
- Always use your name as it appears on your identification. If your identification and Social Security card have been changed to match a new legal name, update your information, in your account through the online Licensing platform at <https://sos.vermont.gov/opr/online-services/>
- Supporting documents for name changes must be mailed in for review.
- **Please mail to 7941 Corporate Drive, Nottingham, MD 21236**

## ADA Test Accommodation Needs:

- Candidates needing ADA support should access the packet found at [www.prometric.comNurseAideVT](http://www.prometric.comNurseAideVT).
- You may send it by email, fax or mail.
  - Email: [TA@prometric.com](mailto:TA@prometric.com)
  - TA Fax: 410-385-8504,
  - Mail: 7941 Corporate Drive, Nottingham, MD 21236
- Please keep a tracking number for your records. Fed Ex, UPS are preferred methods.
- **Please Note:** Your application must be submitted online and cannot be mailed.
  - Any supporting ADA documents must be submitted by fax, email or mail only as the online application portal cannot support ADA requests which must be handled directly by the ADA department.
- ADA Accommodations must be completed and submitted via fax, email or mail. You must have completed the application and indicated that you are applying for ADA accommodations on your application.
- Failure to submit any ADA information with the application will result in delays.
- Remember to check the appropriate box here. Do NOT leave blank.
- Tip – Do you require an ADA packet with your application? Double check online and if so, ensure the packet has been submitted according to the guidelines above.

### If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):

- Please go to to [www.prometric.com/NurseAide/VT](http://www.prometric.com/NurseAide/VT) 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\*

Social Security Number*			
First Name*	Middle Initial	Last Name*	
Date of Birth*	Previous name (if applicable):		
Street Address (Including Apt. number or P.O. Box, if applicable)*			
City*	State*	ZIP Code*	
	Select ▼		
Primary Phone Number (including area code)*			
Email Address (application will not be processed without an email address)*			

Note: Fields with an asterisk are required. Any fields left blank will cause the application to be marked incomplete and cause a delay in processing.

### Candidate Information

- ANY BLANK OR INCORRECT FIELD WILL CAUSE A DELAY IN APPLICATION PROCESSING.
- Fields with an "\*" asterisk CANNOT be left blank. Candidate demographics are collected there.
- Please print neatly, clearly and legibly.
- Please ensure your social security number is correct and numbers have not been transposed.
- Please ensure your first and last name is spelled correctly.
- Please double check your date of birth.
- Please ensure your mailing address is correct.
- Your current email address is required. Please use an address that you can access regularly.
- Emails are required for candidates to receive notifications and ATT (Authorization to Test) Letters.
- **You must present your ATT letter at the testing location on test day.**
- Using a different email address from that on your application will cause processing delays.
- **TIP: Any issues with your application will be emailed to the address provided here. Please ensure it is correct and accessible.**



### Certification Option/Eligibility™

Please check a certification route:

	Certification Route	Documentation that must be provided
<input type="checkbox"/>	Route 1 - New Nurse Aides by Examination	Upload your Approval Letter received from the State and attach it under the Supporting Documents Section before you submit your online application.
<input type="checkbox"/>	Route 2 - Expired or Lapsed Certification (Reinstatement or Re-Entry)	Upload your Approval Letter received from the State and attach it under the Supporting Documents Section before you submit your online application.
<input type="checkbox"/>	Route 3 - LPN/RN Student	Upload your Approval Letter received from the State and attach it under the Supporting Documents Section before you submit your online application.

### Certification Option/Eligibility

- **ALL** applications must have a Certification Option checked for the application to be processed.
- Applications without any certification route selected will be marked incomplete resulting in a delay in processing and testing. You will be emailed to the address provided that your application is incomplete.
- Any candidate testing as a Route 1 must complete ALL sections of the training program information section. Failure to complete will result in a delay in processing and the application marked incomplete.
- **Tip:** If you are unsure of your certification route, please check the Candidate Information Bulletin for Route details or confirm with your exam sponsor and training facility before submitting the application.



## Training Information\*

This section must be completed if the Certification Route 1 or 2 or 3 is selected.

Training Program Code Number:*	<input type="text"/>	*Program Completion Date:	<input type="text"/>
Name of Training Program <input type="text"/>			
Training Program Mailing Address (Street Address or P.O. Box) <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>	

## Training Information

- You must manually enter your training completion date. This is the date you complete the training program NOT the date you expect to graduate.
- The rest of the information in the Training Information section will be auto filled in once your training route is selected in the previous section.
- Once your training route is selected, please use the Look Up function to populate the Training Program Code and Name of Training Program.
- Note: The lookup function will not show until the certification training route has been selected.
- Enter any portion of the school's name that you have.
- Once the search is complete, you should see a populated list like the one here.
- Click on the program code for you program and the Name, Address, City, State and Zip Code will populate for you.
- Check your spelling to ensure the list populates.

Search - Work - Microsoft Edge

https://oap.prometric.com/CandidateWeb/MasterDataSearch.aspx?entityType=SchoolInf...

Enter School Name Or Code

Code	Name	City
<a href="#">VT1016</a>	THE UNIVERSITY OF VERMONT MEDICAL CENTER	Burlington
<a href="#">VT1076</a>	SOUTHWESTERN VERMONT HEALTHCARE	Bennington
<a href="#">VT1224</a>	SOUTHWESTERN VERMONT CAREER DEVELOPMENT CENTER (ADULT)	Bennington
<a href="#">VT1229</a>	CENTRAL VERMONT CAREER CENTER	Barre
<a href="#">VT1230</a>	VERMONT VETERANS' HOME	Bennington
<a href="#">VT2005</a>	GILL ODD FELLOWS HOME OF VERMONT INC	Ludlow
<a href="#">VT2012</a>	VERMONT MED ED, LLC	Vergennes
<a href="#">VT2016</a>	CENTRAL VERMONT MEDICAL CENTER	Washington

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# How to choose an IFT site for Testing:

**Test Site Information**<sup>\*\*</sup>  
Please check one of the following options.

<input checked="" type="checkbox"/>	<b>In-facility Site:</b> My training program or employer is scheduling my exam and I will take the exam at their facility.	Facility Name <input type="text"/>	City <input type="text"/>	Test Date <input type="text"/>
<input type="checkbox"/>	<b>Regional Test Site:</b> 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 <a href="http://www.prometric.com/NurseAide/VT">www.prometric.com/NurseAide/VT</a> .	My Preferred Test Site is: <input type="text"/>		

## Test site info:

### IFT Test Site Info

- If you are testing at an IFT site, select the box for In-Facility Site.
- Once you check the site type, a search option will appear.
- City – Enter the city where the IFT is located, and a list will populate for you to select your location.
- Facility Name - Enter any portion of the site name info you have, and the rest of the info will populate automatically.
- Enter the test date you would like to test at least 10 business days out from the current date.

### Regional Test Site Info

- If you are testing at a Regional site, select the box for Regional Test Site.
- A drop box for your preferred site will appear.
- Select the site from the drop-down menu.

# How to choose a Regional site for Testing:

**Test Site Information**<sup>\*\*</sup>  
Please check one of the following options.

<input type="checkbox"/>	<b>In-facility Site:</b> My training program or employer is scheduling my exam and I will take the exam at their facility.	Facility Name <input type="text"/>	City <input type="text"/>	Test Date <input type="text"/>
<input checked="" type="checkbox"/>	<b>Regional Test Site:</b> 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 <a href="http://www.prometric.com/NurseAide/VT">www.prometric.com/NurseAide/VT</a> .	My Preferred Test Site is: <input type="text"/>		



Note: This is the view First Time Testers will see, with Oral & Written Fees combined

Exam Selection and Processing/Exam Fees\*

• Acceptable Forms of Fee(s) Payment: MasterCard, Visa or American Express. Personal checks and cash are not accepted. Fees are non-transferrable.

	First - Time Tester	Fee	Total
<input checked="" type="checkbox"/>	Clinical Skills Test AND Written Test	\$ 175.00	\$ 175.00
<input type="checkbox"/>	Clinical Skills AND Oral Test	\$ 175.00	\$
		Total Fee	\$175.00

No-shows, late arrivals, or candidates not allowed to test forfeit testing fees.

Exam Selection and Processing/Exam Fees\*

• Acceptable Forms of Fee(s) Payment: MasterCard, Visa or American Express. Personal checks and cash are not accepted. Fees are non-transferrable.

	First - Time Tester	Fee	Total
<input type="checkbox"/>	Clinical Skills Test AND Written Test	\$ 175.00	\$
<input checked="" type="checkbox"/>	Clinical Skills AND Oral Test	\$ 175.00	\$ 175.00
		Total Fee	\$175.00

No-shows, late arrivals, or candidates not allowed to test forfeit testing fees.

Selection and Processing/Exam Fees for Individuals submitting payment for themselves/one tester:

- Please note the exam fees and acceptable forms of payment.
- Please place a checkmark next to the exam you are selecting, and the fee will prepopulate in the "Total" column.
- Please Note: Personal checks and cash will not be accepted.

- **Tips:** The Payment Form Sheet (last page of this document) must be submitted with this application regardless of payment type.
- Have you double checked that the Payment Form Sheet and method of payment are both included?
- Applications without the payment cannot be processed.



Note: This is the view for fees that re-testers will see, Oral & Written Fees are separated

Exam Selection and Processing/Exam Fees\*

• Acceptable Forms of Fee(s) Payment: MasterCard, Visa or American Express. Personal checks and cash are not accepted. Fees are non-transferrable.

	Re-tester / ReTester with New Application	Fee	Total
<input checked="" type="checkbox"/>	Written Test	\$ 55.00	\$ 55.00
<input type="checkbox"/>	Oral Test	\$ 55.00	\$
<input type="checkbox"/>	Clinical Skills Test	\$ 120.00	\$
<input type="checkbox"/>	Clinical Skills Test AND Written Test	\$ 175.00	\$
<input type="checkbox"/>	Clinical Skills AND Oral Test	\$ 175.00	\$
		Total Fee	\$55.00

First Time Tester Exam Fees List – Oral & Written fees are combined.  
Bulk Instructions: Know how many First-Time Testers you are scheduling for, have your Program code and have the candidate’s name and Information.

Exam Selection and Processing/Exam Fees\*

• Acceptable Forms of Fee(s) Payment: MasterCard, Visa or American Express. Personal checks and cash are not accepted. Fees are non-transferrable.

	First - Time Tester	Fee	Total
<input type="checkbox"/>	Clinical Skills Test AND Written Test	\$ 175.00	\$
<input type="checkbox"/>	Clinical Skills AND Oral Test	\$ 175.00	\$
		Total Fee	\$

No-shows, late arrivals, or candidates not allowed to test forfeit testing fees.

Application Payment\*

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. Registration and test fees are not refundable.

☐ Credit Card

☐ Program Pay

☐ State Pay

Re-tester fees list – Note: Oral & Written fees are separated.  
BULK Instructions: Know how many Re-Testers you are scheduling for, have your Program code and have the candidate’s name and Information ready when you call in.

Exam Selection and Processing/Exam Fees\*

• Acceptable Forms of Fee(s) Payment: MasterCard, Visa or American Express. Personal checks and cash are not accepted. Fees are non-transferrable.

	Re-tester / ReTester with New Application	Fee	Total
<input checked="" type="checkbox"/>	Written Test	\$ 55.00	\$ 55.00
<input type="checkbox"/>	Oral Test	\$ 55.00	\$
<input type="checkbox"/>	Clinical Skills Test	\$ 120.00	\$
<input type="checkbox"/>	Clinical Skills Test AND Written Test	\$ 175.00	\$
<input type="checkbox"/>	Clinical Skills AND Oral Test	\$ 175.00	\$
		Total Fee	\$55.00

- Application Payment Process for **BULK** for IFT Sites.
- Program Pay/Bulk
- If I am a candidate/student, testing at an IFT and using Program Pay as my payment option. (You are approved by your Training Program, and they will be paying for your exam)

a. Select 'Program Pay' as your payment option.

b. If your Training Program has a Program Pay Number – enter that number in this field. If not, enter in '000' into the Program Pay Number field.

If I am an IFT/Training Program and will be paying for more than one candidate/student with a Credit Card:

a. Ensure that **all of the** candidates/students have completed and submitted their application.

b. They should all select 'Program Pay' as their payment option.

c. If this is your first time paying for a 'bulk group', you will use you the Program Pay Number of "0000".

i. Once all applications are submitted, call (800) 544-3926 and the Customer Service Representative will apply your payment for your students. You will need your Credit Card information.

ii. **\*\*Note: You will need your site code and the names of all the students you are paying for.**

d. If you’ve already coordinated a date and are ready to schedule, please let your representative know and they can proceed with getting the candidates scheduled.

e. If you still need to coordinate your date or are awaiting confirmation of coverage, please coordinate with your Operations Associate for further steps in finalizing your test event. They can be reached at [OpsServiceTeam@prometric.com](mailto:OpsServiceTeam@prometric.com) at 1.866.794.3497, Option 2, then Option 1, Mon. -Fri, 8:00 AM to 6:00 PM EST.
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- Bulk Payment Tips:

An Application must be completed and submitted for each student you will be processing a 'Bulk payment' before calling in to have your payment processed.

• Payment can be processed even if you do not yet have a confirmed testing date.

• If your IFT site does have a confirmed testing date for these students, you can work with the Operations Associate to have them scheduled.
-

**Application Payment\***

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. **Registration and test fees are not refundable.**

<input checked="checked" type="checkbox"/> Credit Card	<input type="checkbox"/> Program Pay	<input type="checkbox"/> State Pay
Card Type (Check One)* <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express		Card Number* <input type="text"/>
Name of Cardholder (Print)* <input type="text"/>		Expiration Date* MM <input type="text"/> YY <input type="text"/>
<p>By selecting "I authorize" to this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.</p> <p>I authorize Prometric Inc. to charge my credit/debit card for payment of their examinations and/or fees. If Prometric Inc. is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.</p> <p><input type="checkbox"/> I authorize    <input type="checkbox"/> I do not authorize</p>		

**Application Payment Types:**

**There are 3 application payment types - Credit card, Program Pay and State Pay.**

**First Option:**

**1) Credit Card**

- If paying by credit card, select the Credit Card option.
- Candidate or facilities should include credit card information here for their exam payment.
- To avoid delays, please do not leave any areas or sections blank on the Payment Form as the sheets in the application may become detached for processing.
- Please double check the intended payment method.

- **Tips:** Have you double checked for any blank or missing information?
- Have you confirmed numeric information is entered correctly?
- Double check this sample application against your actual application before submission to avoid common errors that cause delays in processing and securing test dates.



### Application Payment\*

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. Registration and test fees are not refundable.

☐ Credit Card ☐ Program Pay ☐ State Pay

### Application Payment\*

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. Registration and test fees are not refundable.

☐ Credit Card ☒ Program Pay ☐ State Pay

Program Pay Number

## Application Payment Types:

### 2) Second Option - Program Pay

- Select Program Pay from the Application Payment Type Menu.
- Candidate or facilities should include the correct Program Pay number here.
- If this number has been provided by your Training Program, please enter it here. This number may be provided by your Training program, if not enter the number "0000".
- To avoid delays, please do not leave any areas or sections blank on the Payment Form as the sheets in the application may become detached for processing.
- Please double check the program number.
- Payment method numbers or information that does not match will result in delays in processing and securing test dates.
- **Tips:** Have you double checked for any blank or missing information?
- Have you confirmed numeric information is entered correctly?
- Double check this sample application against your actual application before submission to avoid common errors that cause delays in processing and securing test dates.



### Application Payment\*\*

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. [Registration and test fees are not refundable.](#)

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Program Pay	<input type="checkbox"/> State Pay
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### Application Payment\*\*

Payment: Fees may be paid by American Express, MasterCard or Visa. Personal checks and cash are not accepted. [Registration and test fees are not refundable.](#)

<input type="checkbox"/> Credit Card	<input type="checkbox"/> Program Pay	<input checked="" type="checkbox"/> State Pay
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### Employment Information\*\*

Search and Select your Facility or Agency where you will be employed and enter the date of hire. Upload your Offer Letter received from your employer and attach it under the Supporting Documents Section before you submit your online application.

Name of Facility or Agency Where Employed BARRE GARDENS FOR NURSING AND REHAB		Date of Hire: 
Address of Employer 378 Prospect Street		
City Barre	State Vermont	ZIP Code 05641

Search - Google Chrome

oap.prometric.com/CandidateWeb/MasterDataSearch.aspx?entityType=EmployerInfo&applicati...

Enter Employer Name Or Code

Code	Name	City
<a href="#">VT8001</a>	BARRE GARDENS FOR NURSING AND REHAB	Barre
<a href="#">VT8012</a>	GREEN MOUNTAIN NURSING & REHABILITATION	Colchester
<a href="#">VT8013</a>	GREENSBORO NURSING HOME	Greensboro
<a href="#">VT8015</a>	MAPLE LANE NURSING HOME	Barton
<a href="#">VT8017</a>	MENIG NURSING HOME	Randolph
<a href="#">VT8020</a>	PINE HEIGHTS AT BRATTLEBORO CENTER FOR NURSING AND REHABILITATION	Brattleboro
<a href="#">VT8027</a>	THE PINES AT RUTLAND CENTER FOR NURSING AND REHABILITATION	Rutland
<a href="#">VT8029</a>	THOMPSON HOUSE NURSING HOME	Brattleboro
<a href="#">VT8031</a>	UNION HOUSE NURSING HOME	Glover
<a href="#">VT8033</a>	VERNON GREEN NURSING HOME	Vernon

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## Application Payment Types:

### 3) Third Option - State Pay

Please choose State Pay if the state is paying for the exam.

- Please use the search look up function here. You can search for your employer information by clicking on the magnifying glass and entering any part of the name.
- When the name appears click on it and it will automatically populate into the "Name of Facility Agency Where Employed Field"
- If your employer does not appear in the search, please contact your program administrator.
- You will only need to enter the Date of Hire information in this section.

### Employment Information

- Employment info will be needed to complete the application process.
- The Name of Facility or Agency will pre-populate once selected from the drop down including:
  - Date of Hire
  - Address of employer
  - City, State and Zip Code
- To avoid delays, please do not leave any areas or sections blank on the Payment Form as the sheets in the application may become detached for processing.
- Please double check the information entered.

**Tips:** Have you double checked for any blank or missing information?

- Have you confirmed numeric information is entered correctly?
- Double check this sample application against your actual application before submission to avoid common errors that cause delays in processing and securing test dates.

TIPS



### Applicants 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 that the provision of inaccurate information may place my nursing assistant registration at risk.
- I agree the Vermont Department of Disabilities, Aging and Independent Living and the Office of Professional Regulation may investigate to confirm the accuracy of information supplied in this application.
- I understand that cheating or engaging in other prohibited behavior during the exam may be cause for disqualification for further examination and may invalidate my results.
- I understand that a record of the successful completion of this competency evaluation, together with information supplied in this application, will be retained in the Vermont 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 undisclosed physical, medical, mental, or emotional condition that would place me at special risk of injury or harm during 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 State of Vermont, 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 that certain information I supply on the registration application may be made available for public disclosure pursuant to the Vermont Public Records Act. (Social Security Numbers and personal medical information are exempt from disclosure.)

☐ I agree ☐ I do not agree

Date: Oct 18, 2022

### Supporting Documents\*

[Click here](#) to upload/view electronic/scanned copy of your supporting document(s).

Save

Submit

Cancel

- Clicking the Save button will save all information entered for your application. After saving, you will be able to make updates to your application as well as upload supporting documentation, if required.
- Clicking the Submit button will submit your application for processing. After submitting, you will not be able to make any updates to your application; however, you will be able to view a read-only copy from the Application Tracking screen of your online account.

### Applicant's Affidavit and Candidate Release

- All candidates MUST agree and date their application. This gives Prometric permission for their information to be processed and for you to be scheduled for an exam and added to the Vermont Registry.

### Supporting Documents:

- This should be your approval document letter from the state that allow you to sit for the exam.
- **If State Pay – You will need to also upload your Offer Letter/Employment from your employer.**
- Once you have completed the application, save it.
- Once you have saved the application, go back into the application and upload your approval document under the "Supporting Document" section.
- To add Supporting Documentation –
  1. Click on the red circled "Click Here" under Supporting documents.
  2. Download and save email as a .jpeg or .doc file. If that option is not available, take a screenshot of it or use SnipIt tool and then save as .jpeg
  3. You will need to upload that saved .jpeg or .doc to your Prometric application as your last step of the application.

- Enter the necessary payment information on the previous page and then click submit.
- Save your application again.
- Hit submit to submit your application.

### Final Steps:

- Have you made copies of all completed forms for your records before submitting? If not, please do so for your records.
- Please keep tracking information for anything that you mail to Prometric. Please have your tracking information available for any inquiries made by phone.
- If you do not receive your emailed ATT (Admission to Test) letter from Prometric within 10 to 14 business days of receipt at Prometric, please contact Prometric at (800) 544-3926.

