



# Connecticut Certified Nursing Assistant Examination Application

## Instructions

- Please go to [www.prometric.com/NurseAide/CT](http://www.prometric.com/NurseAide/CT) 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/CT](http://www.prometric.com/NurseAide/CT).
- All submitted applications **must include the Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: CT 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](http://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			
<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"/>			
*First Name			Middle Initial
<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"/>
*Last Name			
<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"/>			

*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)			
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male			

### Certification Option/Eligibility

Please check a certification route.

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

### Training Information

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

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

✓	<b>First-Time Tester</b>	<b>Fee</b>	<b>Total</b>
	Written Test and Clinical Skills Test	\$118	\$
	Oral Test and Clinical Skills Test	\$128	\$
✓	<b>Re-tester</b>	<b>Fee</b>	
	Clinical Skills Test ONLY	\$73	\$
	Written Test ONLY	\$45	\$
	Oral Test ONLY <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 □ □ / □ □
Amount \$ ____ . ____	C/C Security Code □ □ □ □
Name of Cardholder (Print)	
Signature of Cardholder	

### Certified Check or Money Order Payments

Certified Check                       3<sup>rd</sup> Party/Facility Check                       Money Order

Certified Check/Money Order/3 <sup>rd</sup> 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**