



Michigan Certified Nursing Assistant Application

Instructions

- Please go to **www.prometric.com/NurseAide/MI** 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/MI.**
- All submitted applications must include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: MI 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** to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
 - Fill out the box below.

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 ever taken a Certified Nurse Aide exam with Prometric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Have you ever been a Certified Nurse Aide in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide your certification number: _____	
*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 <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"/>	Middle Initial <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"/>	
*Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous name (if applicable):

*Street Address (including Apt. number or P.O. Box, if applicable)		
*City	*State <input type="text"/> <input type="text"/>	*ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Phone Number (including area code) <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"/>		
*Email Address (application will not be processed without an email address)		
Ethnic Group (optional)(check one box)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other Hispanic or Latin American	<input type="checkbox"/> White
<input type="checkbox"/> Other		
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		

Certification Option/Eligibility

Please check a certification route.

<input checked="" type="checkbox"/>	Certification Route
	Newly Trained Tester. Candidate has completed training from an approved training program within the last 24 months in the state of Michigan. This is for a candidate who has <u>NOT</u> been previously certified in the state of Michigan.
	Lapsed Candidate is lapsed on the Michigan Registry for more than 24 months. Please enter your certification number here: _____
	<p>Reciprocity Candidate trained and tested in one of the Michigan approved states found in the Candidate Information Bulletin at www.prometric.com/nurseaide/mi AND is currently active and in good standing on any state's CNA registry. Active and in good standing is defined as follows: a certified nurse aide who is currently an active CNA and has not been removed from any state Registry for abuse, neglect or misappropriation of resident property.</p> <p>Please list the state that you originally trained and tested in and your certificate number:</p> <p style="margin-left: 40px;">State 1: <input type="text"/> <input type="text"/> Cert No: _____</p> <p>Please list any other states that you are certified in:</p> <p style="margin-left: 40px;">State 2: <input type="text"/> <input type="text"/> Cert No: _____</p> <p style="margin-left: 40px;">State 3: <input type="text"/> <input type="text"/> Cert No: _____</p> <p style="margin-left: 40px;">State 4: <input type="text"/> <input type="text"/> Cert No: _____</p> <p style="margin-left: 40px;">State 5: <input type="text"/> <input type="text"/> Cert No: _____</p>
	Trained Out-of-State Tester Candidate has completed training from an approved training program in the last 24 months in one of the Michigan-approved states found in the Candidate Information Bulletin at www.prometric.com/nurseaide/mi .

Training Information

This section must be completed for applicants who are applying as a **Newly Trained Tester** or a **Trained Out-of-State Tester**.

*Training Completion Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Training Program Code (if available – see completion certificate).	
*Name of Training Program			
*Training Program Mailing Address (Street Address or P.O. Box)			Training Program Phone Number:
City	State <input type="text"/> <input type="text"/>	ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*Training Instructors Name:			

Test Site Information

Please check one of the following options.

<input checked="" type="checkbox"/>	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 to Prometric.	
	Regional Test Site: 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 www.prometric.com/NurseAide/MI</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**.

<input checked="" type="checkbox"/>		Fee	Total
<input checked="" type="checkbox"/>	Newly Trained Tester		
	Written and Clinical Skills	\$115	\$
	Oral and Clinical Skills (ADA packet required)	\$115	\$
	One-time Registration Fee (Required each 24-month eligibility period)	\$10	\$
<input checked="" type="checkbox"/>	Lapsed Candidate	Fee	
	Written and Clinical Skills	\$115	\$
	Oral and Clinical Skills (ADA packet required)	\$115	\$
	Registration Fee (onetime fee per eligibility period)	\$10	\$
<input checked="" type="checkbox"/>	Re-tester	Fee	
	Written or Oral Test ONLY (Oral requires ADA packet)	\$30	\$
	Clinical Skills Test ONLY	\$85	\$
<input checked="" type="checkbox"/>	Reciprocity	Fee	
	Reciprocity Application Processing Fee	\$20	\$
		Total Fee	

An additional rescheduling/no show fee of \$25 is required to reschedule an exam appointment with less than six 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 that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by the state of Michigan.
- I understand if I pass both parts of the Nursing Assistant Competency Exam **OR** if my application for Reciprocity is accepted, I will be placed on the Michigan Nurse Aide 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 I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, LARA, 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 the Social Security Number).

***Candidate Signature (in box below)**

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.



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.

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

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

Prometric
ATTN: MI Nurse Aide Program
7941 Corporate Drive
Nottingham, MD 21236