



# Delaware Certified Nursing Assistant Examination Application

## Instructions

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

✓	Certification Route	Document(s) to Provide
✓	<b>1</b> - New Nurse Aide	Training Instructor Signature.
	<b>2</b> - Nursing Student	An official letter from your school indicating successful completion of a Fundamentals/Basic Nursing course with a clinical component of no less than 75 hours of instruction in a long term care setting.
	<b>3</b> - Lapsed Nurse Aide	Verification of past certification.
	<b>4</b> - Out of State Certification	A copy of your current CNA or GNA certificate
	<b>5</b> - RN or LPN	A copy of your diploma.

### Training Information

<b>*Training Completion Date:</b> □ □ / □ □ / □ □ □ □	<b>*Training Program Code</b> (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:

## **Regional Test Sites**

Dawn Career – **deregwil1**

252 Chapman Rd

Suite 100

Newark, DE 19702

Bear Processional Institute - **deregbear**

2500 Wrangle Hill Road, Suite

Bear, DE 19701

Del Tech – Terry Campus – **deregdov1**

100 Campus Drive – Bldg. 400

Dover, DE 19901

Polytech Adult Education - **deregwood**

823 Walnut Shade Road TBD

Woodside, DE 19980

Delaware Technical Community College – **dereggeo4**

21179 College Drive TBD

Georgetown, DE 19947

### Test Site Information

Please check one of the following options if you are applying using **Route 1**.

✓	<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 above or online at <a href="http://www.prometric.com/NurseAide/DE">www.prometric.com/NurseAide/DE</a>.</i>
	*Preferred Test Site Code (For Regional Testing Only - Options Below)
	Secondary Preferred Site Code:
	Third Preferred 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	\$115	\$
	Oral Test and Clinical Skills Test	\$115	\$
✓	<b>Re-tester</b>	<b>Fee</b>	
	Clinical Skills Test ONLY	\$75	\$
	Written Test ONLY	\$40	\$
	Oral Test ONLY ( <i>You may select this option even if you previously took the Written test.</i> )	\$40	\$

An additional rescheduling/no show fee of \$25 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 Delaware 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, DHSS, 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, all supporting documentation and fees to:

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