Massachusetts CNA Application Guide

December 2021

PROMETRIC

Welcome to Prometric Testing!

We know this is a new process for you, so we created this quick guide to ensure you complete your CNA 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.

If 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.

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

Best Regards,
The Prometric Operations Team

Massachusetts Certified Nursing Assistant Examination Application
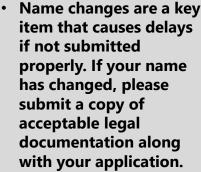
Instructions

- 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.

- Candidates are provided with the mailing address to send the application along with information on how to submit an ADA request and name change documents.
- Please ensure you mail the completed, ORIGINAL forms to the address here. Please keep a tracking number for your records. Fed Ex, UPS are preferred methods.

- **Name changes are a key item that causes delays if not submitted properly. If your name has changed, please submit a copy of acceptable legal documentation along with your application.**
- **Key Item that will cause delays if not submitted properly.**

- ADA Accommodations must be completed and submitted with your application. Failure to submit with the application will result in delays.
- Remember to check the appropriate box here. Do NOT leave blank.

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

- Please go to www.prometric.com/nurseaide/MA 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.
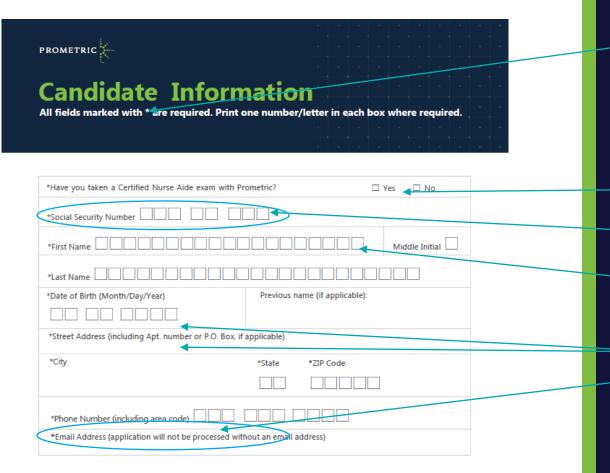
☐ Yes   ☐ No

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TIPS

- Tip – Do you require an ADA packet with your application? Double check online and if so, ensure the packet has been submitted with this application.

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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)

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.

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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.

- You must choose Yes or No. Do not leave this field blank.
- 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.

TIPS

- **TIP: Any issues with your application will be emailed to the address provided here. Please ensure it is correct and accessible.**

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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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TIPS

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 Guide for Route details or confirm with your exam sponsor and training facility before submitting the application.

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Training Information
- If you chose Route 1, you must fully complete the following:
  - Training Program Code should be listed on your Certificate of Completion,
  - Training Program Completion Date,
  - Name of Training Program,
  - Mailing Address,
  - City,
  - State and zip code of the training program.
- This is the date you complete the training program not the date you expect to graduate.

Test site info:
- Allows for candidates to indicate where they would like to test. If a candidate does not select an exam location, they will be scheduled at the site closest to the mailing address on their application.
- *IFT Site*: If a facility coordinator will be completing this application on your behalf, please share these instructions with them to ensure your application is not missing info and is completed properly to avoid delays and being marked incomplete.
- *Regional Site*: Please ensure you enter the Regional Test Site code correctly from the ***Prometric*** website.
- **TIP:** You may find a list of regional sites on the website listed here at www.prometric.com/nurseaide/MA

Exam Selection and Processing / Exam Fees

- Acceptable Forms of Fee(s) Payment: Credit Card, certified check, money order 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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Exam Selection and Processing/Exam Fees
- Please note the exam fees and acceptable forms of payment.
- Please place a checkmark next to the exam you are selecting and list the fee in the "Total" column.
- Please total the amount of fees you have and indicate that amount in the "Total Fee" box.
- Please ensure the total fee amount is correct and the appropriate fee amount is included.
- 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 payment is attached and in the right amount?
- Have you double checked that the Payment Form Sheet and method of payment are both included?
- Applications without the payment form cannot be processed.

TIPS

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Applicant's Affidavit and Candidate Release
- All candidates MUST sign 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 MASSACHUSETTS Registry.

- Have you made copies of all completed forms for your record before mailing?
- Please keep tracking information for your mailed application.
- After you have confirmed tracking and that your application was delivered, 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) 722-2594.
- Please have your tracking information available.

Payment Form
- Candidate or facilities should include credit card information, or the 3rd party/Facility check or money order number 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 number of the certified check/money order/3rd party/ Facility check as the payment submitted, and the info entered here must match for processing.
  - 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.

GOOD LUCK ON YOUR EXAM!