NURSE ASSISTANT CERTIFICATION EXAM REGISTRATION APPLICATION NORTHERN REGION Mail application & fees to: Northern Regional Testing Center Mission College HWI 3000 Mission College Blvd. MS 19 Santa Clara, CA 95054

Last Name						
First Name						
Middle Initial						
Birthdate:	Note: USE MM/DD/YY FORMAT					
Social Security	Number					
Name &Locatio	on Test Site					
Test Site Code	Requested Test Date	Note: USE MM/DD/YY FORMAT				
Training Progra	am Code or CDPH Approval/Sponsor Code					
0 0	etion Date or CDPH Approval Date					
Candidate's Ma		Note: USE MM/DD/YY FORMAT				
Address						
City	State					
Zip code	Phone					
Email address						
<u>Take b</u>	oth the Written and Manual Skills Examinatio	n	<u>\$100</u>			
Retake	the Written Examination		<u>\$35</u>			
Retake	the Manual Examination		<u>\$65</u>			
<u>Additional Fee for Oral Examination (Audio Cassette Tape-English Only)</u>						
Rescheduling fee (for each time the examination is rescheduled) \$25						
	ling fees are required for all rescheduled, cancelled of Reschedule Written Examination	r missed exams)				
I	Reschedule Manual Examination					

African American Other As	Male		_ Female
Native American Hispanic	e White		_ Asian Indian
	African A	erican	Other Asian
Pacific Islander Other	Native A	rican	_ Hispanic
	Pacific Is	nder	_ Other

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If you have tested for CNA with the Red Cross within *last two years*; indicate pass/fail information below. A copy of your ARC score report must be submitted with this application from and the original ARC score report is required to be submitted at the Test Site.

ARC Written	Passed	Failed	Date of ARC Written Exam	
ARC Manual Skills	Passed	Failed	Date of ARC Manual Skills Exam	

Please Note:

Registration forms and testing fees must be received in the office at least 10 business days or 14 calendar days prior to the testing date (weekends and holidays do not count as business days). The regional Testing Center is not responsible for late, missing or lost applications,

Please submit the following:

- Completed and signed Registration Application Form
- Cashier's check or money order, payable to Regional Testing Center (cash or checks will not be accepted)
- COPY of your 283B form or your CA Department of Public Health approval letter (CDPH 932 form)

Incomplete registration applications or registration applications submitted with personal checks or cash will be returned to sender, and the registration application will **NOT** be processed.

On the day of the exam you must bring:

- Original Social Security card (cannot be laminated)
- Current government issued photo identification
- Original 283B or original CDPH 932 approval letter

• Note: Failure to bring any of the above documents will prevent you from testing

By signing this form, I declare that the information I have provided is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may cause invalidation of my testing results.

I understand that my name must be exactly the same on the registration application, my social security card, my government issued photo identification, and my CNA/HHA Initial Application (283B) or CDPH 932 approval letter. If the names do not match on all three items I will not be allowed to take the CNA tests.

I authorize Pearson Vue, Inc. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Pearson Vue, Inc. to use my evaluation results for research purposes.

I have read and agree to the terms of this application.

Signed _____

Date _____