

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 & Location Test Site \_\_\_\_\_

Test Site Code \_\_\_\_\_ Requested Test Date \_\_\_\_\_

Note: USE MM/DD/YY FORMAT

Training Program Code or CDPH Approval/Sponsor Code \_\_\_\_\_

Course Completion Date or CDPH Approval Date \_\_\_\_\_

Note: USE MM/DD/YY FORMAT

Candidate's Mailing Address

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_ Take both the Written and Manual Skills Examination \$100

\_\_\_ Retake the Written Examination \$35

\_\_\_ Retake the Manual Examination \$65

\_\_\_ Additional Fee for Oral Examination (Audio Cassette Tape-English Only) \$15

\_\_\_ Rescheduling fee (for each time the examination is rescheduled) \$25

**(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)**

\_\_\_ Reschedule Written Examination

\_\_\_ Reschedule Manual Examination

