Alabama Nurse Aide Program

APPLICATION FOR THE REGISTRATION BY EXAMINATION

PLEASE PRINT LEGIBLY — USE INK ONLY

You are responsible for completing this form if you wish to take the NNAAP™ Examination. You may receive assistance from your employer or someone from your training program to complete it. The personal information is used only to determine your eligibility to test. Failure to provide complete and accurate information may delay your nurse aide test or prevent your entry on the Registry.

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Fees MUST accompany ALL applications. Fees are NON-REFUNDABLE.

Fees may be paid by certified check, company check, or money order only.* Checks are to be made payable to "Pearson VUE". Personal checks or cash will not be accepted. Your application, a copy of your training program certificate of completion, and the examination fee must be mailed to:

Credentia Application Processing, 3 Bala Plaza West, Suite 400A, Bala Cynwyd, PA 19004

* Under Federal law, the nurse aide employed by a long-term care facility participating in the Medicaid/Medicare program, may NOT be charged this fee. Long-term care facilities must pay testing and retesting fees for all nurse aides in their employ.

Application continues on next page

Credentia

NURSE AIDE CREDENTIALING SERVICES

7. PROVIDE TRAINING INFORMATION

Asian American/Pacific Islander

Your nurse aide training program MUST complete this section. The training program name, code, and date of completion MUST be entered and MUST be signed by the training program instructor. Your training program instructor cannot sign this portion until training is complete. *You must include a copy of your training program completion diploma or certificate, or transcripts showing successful completion of a* Fundamentals of Nursing *course.*

Training Pogram Name: (please print)
Training Pogram Code: If you are an LPN or RN graduate, leave Training Program Code blank. Training Pogram Completion Date: M M D D Y Y Y Y Y
Signature of Training Instructor: Date:
B. PROVIDE SPONSOR INFORMATION
A sponsor can be your long-term care employer or your training program. <i>If your long-term care employer is your sponsor</i> , enter the sponsor code number and your date of hire. <i>If your training program is your sponsor</i> , enter the same program code number as in Section 7. The training program name, code, and date of completion MUST be entered and MUST be signed by the training program instructor.
Name of Sponsoring Employer or Training Program: (please print)
Sponsor Code: Employee Hire Date: M M D D D Y Y Y Y Y
Signature of Sponsor Representative: Date:
9. EXAMINATION LOCATION
Circle the geographic location where you want to test:
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10. CANDIDATE STATEMENT AND SIGNATURE (All candidates MUST sign.)
I understand that I am responsible for providing information in this application that is completely true and correct I understand that any information I give that is not true may jeopardize my certification status as a Nurse Aide, ar result in prosecution by the state of Alabama.
SIGNATURE OF APPLICANT: DATE:
MAILING INFORMATION
 YOU MUST MAIL TOGETHER IN ONE ENVELOPE: 1. Your completed application with: (a) Section 7 completed and signed by your training program representative (if you are an LPN or RN graduate, ONLY the training program code number in Section 7 will be left blank)
 (b) Section 8 completed and signed by your sponsor 2. A copy of your training program completion diploma or certificate from a state-approved nurse aide training program or Nursing student/graduate copy of your transcipts showing successful completion of a <i>Fundamentals of Nursing</i> course. 3. The correct exam fee
If you do not receive an Admission Ticket within ten (10) business days after mailing your application, call Credentia at (877) 437-9587. Credentia is not responsible for lost, misdirected, or delayed mail delivery.
If you cannot attend your scheduled exam date, you MUST call Credetia by noon at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.
THE FOLLOWING INFORMATION IS REQUESTED FOR STATISTICAL RESEARCH PURPOSES ONLY.
The information that you provide will not affect your score or your certification. How would you describe yourself? (optional)
☐ American Indian/Native Alaskan ☐ Black/African American ☐ Hispanic

Caucasian

Other