

8. ELIGIBILITY ROUTES (You **MUST SELECT ONE** of the following Eligibility Routes.) All applicants must pass both portions of the exam within two (2) years from the training program completion date (unless you trained at a Facility-based program) or within three (3) attempts, whichever comes first, in order to be placed on the Mississippi Nurse Aide Registry. If you trained at a Facility-based program you must pass both portions of your exam within 120 days of your hire date or within three (3) attempts, whichever comes first. Failure to do so will require completion of a Mississippi State Approved Nurse Training Program and retesting both portions of the examination.

Nurse Aide Candidate trained in MS — NON-Facility-based and proprietary schools and colleges (Your training program must complete Section 9 below.) Must have successfully completed a MS state-approved nurse aide training program within the last 24 months.

Nurse Aide Candidate trained and employed in MS – Facility-based (Nursing Home) (Your training program must complete this information and Section 9 below.) Must have successfully completed a MS state-approved facility-based nurse aide training program. Candidate **MUST** be certified within 120 days of his or her hire date. **You MUST Enter your HIRE DATE BELOW.**

For Facility-based Programs — Enter your HIRE DATE HERE: / /

Student Nurse — Candidate must have successfully completed the fundamentals/basic nursing skills section of a state approved LPN or RN program within the past twenty-four months. Please contact MS State Department of Health to determine if the program is approved. Note: If approved and the student is eligible to test, the application must be signed by the instructor and submitted with a training completion certificate.

Graduate Nurse — An individual who has completed a Mississippi approved RN or LPN program within the past twenty-four months. Graduate must submit examination application, fees, and a copy of an LPN or RN training completion certificate diploma or certificate to be eligible to take the NNAAP Examination.

Out of State or Foreign LPN or RN — Must have completed an LPN or RN program outside of the state of Mississippi. Section 9 of this application must be completed by the Mississippi State Department of Health. **You must submit this application to the Mississippi State Department of Health at P.O. Box 1700, Jackson, MS 39215 to determine your eligibility before submitting to Credentia.**

Lapsed Nurse Aide — Candidate is lapsed on the Mississippi Nurse Aide Registry or any other United States Nurse Aide Registry and must retest in order to become “Active” on the registry. If you fail either the written exam or the skills evaluation on the first attempt you will be required to complete a Mississippi state-approved nurse aide training program before retesting and submit a new application as a New Nurse Aide. You must supply your state nurse aide certificate number and lapsed date or your application will not be processed.

CERTIFICATE NUMBER: _____ **LAPSED STATE:** _____ **LAPSED DATE:** _____

Petition for Removal of Finding of Neglect — An individual whose nurse aide certification has been revoked due to **one** finding of Neglect and whose certification has been revoked for a **minimum** of one year (12 months). Individual must have no additional findings of neglect during that time, and must re-test in order to become “Active” on the MS Nurse Aide Registry. If you fail either part of the NNAAP Examination the Petition for Removal of a Finding of Neglect will not be reviewed and consideration for removal of the finding of neglect from the MS Nurse Aide Registry will be denied. You must supply your Mississippi nurse aide certificate number and the date your certification was revoked or your application will not be processed. **Note:** If you selected this Eligibility Route your application information will be forwarded to the Mississippi State Department of Health for review before you can be scheduled to test. You may be asked to provide additional information for review, which may cause a delay in your testing.

CERTIFICATE NUMBER: _____ **DATE CERTIFICATION WAS REVOKED:** _____

9. PROVIDE TRAINING PROGRAM INFORMATION AND A COPY OF YOUR CERTIFICATE OF COMPLETION

- If you checked **Nurse Aide Candidate trained in MS – Facility Based or NON-Facility Based**, this section must be completed and signed by the training program. If your training program is no longer in business, please contact the Mississippi State Department of Health at (601) 364-1100.
- If you checked **Graduate Nurse**, you must provide a copy of your LPN or RN certificate and indicate 9999 for the training program code number.

Training Program Name: _____

Training Program Code: **Training Program Completion Date:*** / /

*Training program completion date must match the completion date on your certificate of completion.

SIGNATURE OF TRAINING PROGRAM

INSTRUCTOR/COORDINATOR: _____ **DATE:** _____

10. CANDIDATE STATEMENT AND SIGNATURE (All candidates **MUST sign**.) I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status and listing as a nurse aide, and may result in prosecution by the state of Mississippi. I confirm that I am not deemed unemployable or have had a conviction of any criminal offense.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

MAILING INFORMATION

MAIL TO: Credentia Application Processing, 3 Bala Plaza West, Suite 400A, Bala Cynwyd, PA 19004 **YOU MUST MAIL TOGETHER IN ONE ENVELOPE:**

- 1.** Your completed application, copy of your Training Program Certificate or diploma (if applicable), and fees.
- 2.** Correct exam fees (**which are non-refundable**)
- 3.** If you are requesting an ADA Accommodation you must include all supporting documentation with this application. (See Mississippi Candidate Handbook under Special Exam Requests and Services.)

If you do not receive an Authorization to Test Notice (yellow confirmation card) within ten (10) business days of 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 Credentia by noon at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.