

3. ELIGIBILITY ROUTES (check the appropriate box)

E-1 — NURSING ASSISTANT

You have completed a Rhode Island Department of Health-approved nursing assistant training program.

NOTE: You are allowed one (1) year from the date your training began to pass the nursing assistant examination; otherwise, you will be required to retrain before you will be allowed to test again.

E-2 — NURSING STUDENT

By checking here, you are confirming that you are actively matriculated in a nursing program and have completed a minimum of two (2) clinical courses.

School/University where you are trainig? _____

Date Clinical Training Began: --
MONTH DAY YEAR

Date clinical Training Completed: --
MONTH DAY YEAR

4. RHODE ISLAND NURSING ASSISTANT TRAINING PROGRAM AFFIDAVIT/COMPLETION CERTIFICATION

Enter the nursing assistant training program name for the Rhode Island Department of Health state-approved nursing assistant program. Also enter the nursing assistant training program code and the training start date. Please have this section signed by your nursing assistant training program instructor or authorized representative.

Name of Training Program:

Training Program Code: **N A T P**

Date Training Began: --
MONTH DAY YEAR

I certify that this applicant has successfully completed a Rhode Island Department of Health state-approved nursing assistant training program.

TRAINING INSTRUCTOR'S SIGNATURE (or authorized representative)

TITLE

DATE

5. TEST LOCATION PREFERENCE

Starting January 1st, candidates will be assigned to a Regional Testing location in Rhode Island, based on availability.

6. EXAM DATE PREFERENCE

Every effort will be made to schedule you for the next available testing session. You must be approved by the Rhode Island Department of Health.

Would you be willing to travel for a sooner test date? Yes No

If YES, would you be willing to travel up to 30 miles 45 miles 60+ miles for the first available test?

Additional Comments: _____

7. APPLICANT'S AFFIDAVIT

I understand that I am responsible for making sure all of the information provided in this application is completely true and correct. I understand that if information is given that is not true, my license status as a nursing assistant may be jeopardized. I understand that if I pass both parts of the NNAAP Examination I will be placed on the Registry.

SIGNATURE

DATE

MAILING INFORMATION

Either your nursing assistant training program, your employer, or **YOU MUST MAIL TOGETHER IN ONE ENVELOPE.**

- 1. Your completed application
- 2. 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 Credentia by noon at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.