Rhode Island Nursing Assistant Program

APPLICATION FOR REGISTRATION BY EXAMINATION

PLEASE PRINT LEGIBLY - USE INK ONLY

You must complete this application if you wish to apply to take the NNAAP® Examination. You are responsible for completing this application. You may ask your employer or someone from your nursing assistant training program for assistance in completing this application. The personal information will be used only to determine your eligibility to test. Failure to provide complete and accurate information on the application may delay your nursing assistant test or prevent your entry on the Registry.

NOTE: You must also submit an application for licensure as a nursing assistant to the Rhode Island Department of Health. This application can be found and downloaded at http://www.credentia.com/test-takers/ri. The Rhode Island Department of Health requires a passport-type 2 x 3 inch photograph, taken within one (1) year. In addition, an original BCI (criminal background check) from the Rhode Island Attorney General's Office only, dated within four (4) months (2 months for applicants who were licensed as a Nursing Assistant in Rhode Island) of the application date, with stamp and seal is required. If you have a positive BCI, a detailed explanation of the charge must be provided. Incomplete applications will be returned. The Rhode Island Department of Health must deem your application for licensure as a nursing assistant as complete before your examination can be scheduled.

1. PERSONAL INFORMATION

Enter the requested information on the appropriate line. Enter your name as it appears on your IDs used for testing.

Social Security Number:	Date of Birth:		-		Gender:	FEMALE	MAL
CURRENT Legal Name: DO NOT USE NICKNAMES		MONTH	DAY	YEAR			
LAST		FIRST					MI
MAIDEN Name: (if applicable)							
CURRENT Mailing Address:							
STREET (number and name)				APARTMEN	IT NUMBER	PO BO	Х
CITY					STATE	ZIP CODE	
Daytime Phone Number:	•						
EMAIL ADDRESS							

2. REGISTRATION FOR EXAM AND FEES

Check one box to indicate whether you are a first time candidate or if you are retaking the examination.

First time candidate: If this is the first time you are applying to the nursing assistant examination since completing your nursing assistant training, complete Sections 2, 3, 4, 5, and 6.

Retaker: If you are retaking the examination, *complete Sections 2, 5, and 6 of this application*.

Check one box below indicating the exam that you need to take. If you are applying for the first time or as a lapsed nurse aide, you must take both the Written (or Oral) Examination and the Skills Evaluation. You must choose between the Written Examination and the Oral Examination; you may not register for both. (Check only one box)

- 1. Written Exam and Skills Evaluation \$165.00 5. Written Exam ONLY \$55.00
- 2. Oral English Exam and Skills Evaluation . \$165.00 6. Oral English Exam ONLY . . \$55.00
- 3. Oral Spanish Exam and Skills Evaluation . \$165.00 7. Oral Spanish Exam ONLY . \$55.00
- 4. Skills Evaluation ONLY\$110.00

The examination fee must be paid in the form of a certified check, company check, or money order, made payable to "Pearson VUE." No personal checks or cash. Your completed application, and the examination fee must be mailed to: Credentia Application Processing, 3 Bala Plaza West, Suite 400A, Bala Cynwyd, PA 19004

Fees are non-refundable and non-transferable once submitted because they cover the administrative costs of registration and testing.

UNDER FEDERAL LAW, NURSING HOMES ARE REQUIRED TO PAY FOR THE NATIONAL NURSE AIDE ASSESSMENT PROGRAM FOR THEIR NURSING ASSISTANT EMPLOYEES, INCLUDING INDIVIDUALS REQUIRED TO RE-TEST.

- Amount enclosed: \$

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 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 Progran	ו:																							
Training Program Code:	Ν	Α	Т	Ρ					Dat	te 1	Гrai	nir	ng I	Beg	jan	:	мо	NTH	-[+		•	YEA	AR	

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 \Box 30 miles \Box 45 miles \Box 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

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.

DATE