



Credentia

NURSE AIDE CREDENTIALING SERVICES

Voucher Order Form (North Carolina Medication Aides)

Company/Program Name: _____
Date of Voucher Request: _____
Email Address for Invoice: _____
CNA365 Email Username: _____
(Vouchers will be added to this account for assignment to candidates)

Voucher/Exam Type	Exam Fee	Quantity	Amount
Medication Aide Long Term Care Written	\$59.00		
Medication Aide Adult Care Written	\$25.00		
		Total:	

Directions: Email completed Voucher Order Form and, if applicable, a purchase order for the total dollar amount of requested vouchers to vouchers@credentia.com. An invoice will be created and sent to the email address provided above.

Please Note: Credentia fulfills voucher orders made by purchase order upon receipt of check or ACH payment. (For immediate access to vouchers, purchase through CNA365 using debit or credit.) Purchased vouchers will be added to the requester's CNA365 account for assignment to candidates. Voucher purchases are non-refundable. Vouchers expire one year after added to requester's CNA365 account.

Payment Information: Make checks payable to Credentia Nurse Aide LLC.

Address for Checks: Credentia Nurse Aide LLC
13492 N. Hwy 183, Suite 120-154
Austin, TX 78750-2254