PROMETRIC

Louisiana Certified Nurse Aide Examination Application

Instructions

- Please go to www.prometric.com/NurseAide/LA to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms **will not** be processed.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: LA Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.**

The name you provide on this application **must** match **EXACTLY** the name on your government-issued identification you will provide on the day of testing. If the name does not match **EXACTLY**, you **will not** be permitted to take your exam and **will forfeit** any test fees.

If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

- **If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):**
  - Please go to to **www.prometric.com/nurseaide** to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
  - Fill out the box below.

Note: *Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations*

I am applying for **Americans with Disabilities Act (ADA) accommodations.** I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not **all** accommodations can be approved.

☐ **Yes** ☐ **No**

Candidate Information

All fields marked with * are required. Print one number/letter in each box where required.

*Have you taken a Certified Nurse Aide exam with Prometric? ☐ Yes ☐ No

*Social Security Number

☐☐☐-☐☐-☐☐☐☐

*First Name

Middle Initial

*Last Name

*Date of Birth (Month/Day/Year) ☐☐/☐☐/☐☐☐☐	Previous name (if applicable):
*Street Address (including Apt. number or P.O. Box, if applicable)	
*City	*State ☐☐ *ZIP Code ☐☐☐☐☐
Parish (first four letters only)	* Phone Number (including area code) ☐☐☐-☐☐☐-☐☐☐☐
*Email Address (application will not be processed without an email address)	
Ethnic Group (optional)(check one box) ☐ American Indian or Alaskan Native ☐ Asian American/Pacific Islander ☐ Black/African American ☐ Mexican American ☐ Other Hispanic or Latin American ☐ White ☐ Other	
Gender (optional) (check one) ☐ Female ☐ Male	

Certification Option/Eligibility

Please check a certification route.

✓	Certification Route
	Route 1 New Nurse Aide: Candidate has completed training from a Louisiana approved training program within the last 12 months.
	Route 2 Lapsed less than 24 Months: Candidate's Louisiana CNA certificate is lapsed less than 24 months and has one attempt to test and pass both parts of the exam. Louisiana Certificate # ☐ Expiration Date ☐☐/☐☐/☐☐☐☐
	Route 3 Lapsed and Re-trained: Candidate has lapsed on the Louisiana Registry and has completed a Louisiana approved training program within the last 12 months. Louisiana Certificate # _____
	Route 4 Foreign Trained Nurse (RN/LPN): Candidate is an RN or LPN who trained in a foreign country. Approval letter from LDH must be submitted with application.
	Route 5 RN/LPN Student: Candidate has completed sufficient RN/LPN course content within the last 3 years. Transcript must be submitted to LDH for approval; approval letter must be included with application.
	Route 6 Military Trained: Candidate has submitted military transcript which verifies sufficient medical training or experience to LDH for approval; approval letter must be included with application.
	Route 7 Licensed Nurse on Suspended or Probation Status: Candidate has submitted documentation to LDH for approval; approval letter must be included with application.

	Route 8 Reciprocity: Candidate is an active certified nurse aide in good standing in another state. Copy of SSN card and Louisiana government-issued ID must be included with application. Please list all states that you are currently certified in and your certificate number(s): State 1: ☐☐ Cert No: _____ State 2: ☐☐ Cert No: _____ State 3: ☐☐ Cert No: _____

Training Information

This section must be completed if the **Certification Route 1 or 3** is selected. Nurse Aide Training Verification Form must be submitted along with application.

***Training Completion Date**: ☐☐/☐☐/☐☐☐☐	Training Program Code **NA** ☐☐☐☐☐☐☐
*Name of Training Program	
*Training Program Mailing Address (Street Address or P.O. Box)	
City State ☐☐ ZIP Code ☐☐☐☐☐	
Phone Number (including area code) ( )	Fax Number (including area code) ( )
Name of RN Coordinator	Date

Test Site Information

Please check one of the following options.

✓	Test Site	
	Testing at your Facility: My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator. **Do not send to Prometric.**	
	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. *A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/LA.*	*Test site code:

Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable.**
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type.**

NOTE: A Reading Comprehension Exam will be automatically scheduled if you choose to take an oral version of the exam.

✓	**Newly Trained Tester**	**Fee**	✓
	Written and Clinical Skills	$125	
	Oral and Clinical Skills (includes Reading Comprehension Exam)	$125	
✓	**Lapsed/Other Candidate**	**Fee**	✓
	Written and Clinical Skills	$125	
	Oral and Clinical Skills (includes Reading Comprehension Exam)	$125	
✓	**Re-tester**	**Fee**	✓
	Written Test ONLY	$40	
	Oral Test ONLY (Oral includes Reading Comprehension Exam)	$40	
	Clinical Skills Test ONLY	$85	
✓	**Reciprocity**	**Fee**	✓
	Reciprocity Application Processing Fee	$35	

An additional rescheduling fee of $25 is required to reschedule an exam appointment with less than five business days' notice. No-shows, late arrivals, or candidates not allowed to test forfeit testing fees. Reschedule fees may apply to roster changes made by IFT testing locations.

Applicant's Affidavit and Candidate Release Statement

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nurse aide may be at risk.
- I understand if I pass both parts of the Nurse Aide Competency Exam, I will be placed on the Louisiana Nurse Aide Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, Louisiana Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

***Candidate Signature (in box below)**

Date: _____

If you **DO NOT** receive your emailed ATT letter from Prometric within **10-14 business days** of receipt at Prometric, please contact Prometric.

Questions: For additional information, please visit our website at **www.prometric.com/nurseaide.**

Please make a copy of all completed forms for your personal records.

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Payment Form

*Candidate Name: _____

*Date of Birth: _____

Note: You may have the option of submitting your application and payment online using your credit card at **www.prometric.com/en-us/clients/nurseaide.**

Credit Card Type (Check One)

☐ MasterCard ☐ Visa ☐ American Express

Card Number	Expiration Date ☐☐/☐☐
Amount $ ___ ___ ___ . ___ ___	C/C Security Code ☐☐☐☐
Name of Cardholder (Print)	
Signature of Cardholder	

Certified Check or Money Order Payments

☐ Certified Check ☐ 3rd Party/Facility Check ☐ Money Order

Certified Check/Money Order/3rd Party/Facility Check Number (one number or letter in each box):
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please mail completed forms, all supporting documentation and fees to:

Prometric
ATTN: LA Nurse Aide Program
7941 Corporate Drive
Nottingham, MD 21236