Hawaii Nurse Aide
Testing/Out of State/Reciprocity Application Form

PROMETRIC

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Candidate Information

Note: Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not **EXACTLY** match the name on the identification you provide on the day of testing, you will not be allowed to test.

Social Security Number - -	Date of Birth (Month, Day, Year) / /
Have you taken the Certified Nurse Aide exam before? ☐ Yes ☐ No	
Last Name / First Name / Middle Initial	
Street Address (including Apt. number or P.O. Box, if applicable)	
City / State / Island / ZIP Code	
Home Phone Number (including area code) ( )	Email Address (applications without an email address may experience delays)
If you previously have tested or been certified in Hawaii, have you changed your name? ☐ No ☐ Yes. If yes, provide your previous name and a copy of the legal documents that support your name change. Previous Name_____	
Are you, please check one: ☐ U.S. Citizen ☐ U.S. National ☐ An alien authorized to work in the U.S.	
Gender: ☐ Male ☐ Female	Are you at least 18 years old?: ☐ Yes ☐ No

Certification Option/Eligibility (See explanation of certification options beginning on Page 2)

☑	Certification Route	Document(s) that must be provided
	Route 1 – Testing Candidate (Hawaii Trained).	Copy of training completion document from a Hawaii-approved training program.
	Route 2 – Reciprocity/Out of State	Copy of current state CNA certificate
	Route 3 - Lapsed/Expired	
	Path1 – Attended a Current State-approved training program	Copy of training completion document from a Hawaii-approved training program.
	Path 2 – Attended a Closed/Non State-approved training program	Copy of training completion document from a Hawaii-approved training program.

Training Information (This section must be completed if the applicant has selected Route 1, 2 and 3)

Training Completion Date: __ __/__ __/__ __	Total Hours:
Name of Training Program	
Training Program Mailing Address (Street Address or P.O. Box)	
City / State / Island / ZIP Code	
If a Lapsed Candidate, please provide HI certificate number here:	

Additional Mandatory Questions (This section must be completed by all applicants)

Please check the correct response next to each questions	Yes	No
In the past 20 years, have you ever been convicted of a crime for which the conviction has not been annulled or expunged?		
Has your nurse aide certification ever been revoked, suspended or otherwise subject to disciplinary action by another state registry?		
Are you presently being investigated or is any disciplinary action pending against you?		

If you have answered "Yes" to any of the above questions, please provide an explanation on a separate page. The explanation must include date, place, nature of violation, etc. Your application may be subject to Department review, and certified documents relating to your case may be requested.

Route 2 – Reciprocity/Out of State Information

(this information must be filled out if you are applying using Route 2 – Reciprocity)

Current Certification #	Date Certified	Expiration Date
Are you currently working as a Nurse Aide? ☐ Yes ☐ No		
Name and complete address of current employer:		
Street Address		
City	State	Zip Code
Date Hired	Date employment ended	
Please list all states in which you have been certified		

Test Site Information

Please check one of the following options.

☐	**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 it to Prometric).	
☐	**Regional Test Site:** I am applying to test at a regional test site. My preferred test site is listed to the right. However, I understand that I will be assigned to the first available testing appointment in my area.	My Preferred Test Site is: ☐ Big Island of Hawaii-Kona ☐ Big Island of Hawaii-Hilo ☐ Oahu-West ☐ Oahu-East ☐ Maui ☐ Kauai

Exam Selection and Fees

☑	First-Time Tester/ Lapsed Candidates	Fee	Total
	Initial Application Processing Fee (one-time fee, nonrefundable)	$25	$25
	Written Test and Clinical Skills Test	$200	$
	Oral Test and Clinical Skills Test	$210	$
☑	Retester	Fee	
	Clinical Skills Test ONLY	$150	$
	Written Test ONLY	$50	$
	Oral Test ONLY *(You may select this option even if you previously took the Written test)*	$60	$
☑	Rescheduling/No Show*	Fee	
	Rescheduling Fee (5 business days before the scheduled test date)	$25	$
	Route 2 – Reciprocity/Out of State	Fee	
	Reciprocity Fee	$25	$

Payment Options

Fee(s) may be paid by certified check, money order. Make checks payable to Prometric.
Personal checks and cash are not accepted. Fees are not refundable or transferable. To pay by credit card, please complete the information on the last page.

Applicant's Affidavit and Candidate Release Statement

- I understand that I am responsible for making sure all information provided in this application is completely true and correct.
- I understand that if information given is not true, my registration status as a Nurse Aide may be at risk. *(Section 710-1017 Hawaii Revised Statutes)*
- I understand that if I pass both parts of the Nurse Aide Competency Exam, I will be placed on the Hawaii Nurse Aide Registry.
- I understand that 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 and DCCA, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Applicant's Signature	Date

Employment Information

If currently employed as a Nurse Aide, please fill in the name of Nursing Facility/Long Term Care employer information below

Name of Facility	Date Hired

If testing at your Facility: Provide this completed form, along with all necessary documents to your training coordinator (do not send it to Prometric).

If testing at a Regional Test Site: Submit this completed form, along with all necessary documents and fees to:

By Mail: Prometric, Nurse Aide Program, 354 Uluniu Street, Suite 308, Kailua, HI 96734.

For Internal use only

Checked all State Registries	In Good Standing	Not in Good Standing	List States not in Good Standing

Application Payment by Credit Card

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Please print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

☐ MasterCard ☐ Visa

Card Number	Expiration Date
Name of Cardholder (Print)	
Signature of Cardholder	