PROMETRIC

New York State Nursing Home Nurse Aide Registry Application

Section 1. Candidate Information: MUST be completed by all applicants.

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 match the name on the identification you provide on the day of testing, you will not be allowed to take your exam.

Last Name	First Name	Middle Name	Other/Maiden Name (if applicable)

Street Address (including Apt. number or P.O. Box, if applicable)	Gender (check one) ☐ Female ☐ Male
City State ZIP Code	County

Home Phone Number (including area code) ( )	Email Address
Social Security Number - -	Date of Birth - -

Current Nursing Home Employment Status: ☐ Full Time ☐ Part Time ☐ Per Diem ☐ Not Employed
(If you are currently working in a nursing home, have your Employer complete Section 4 of this application)

Do you currently hold a certification as a nurse aide or are you listed on the nurse aide registry in any state other than New York? If yes, list all the states below and indicate if you are in good standing on the Registry in that state. Good standing means that you have no findings or convictions of resident abuse, neglect or misappropriation of resident belongings. Add an additional sheet of paper if more space is required. ☐ Yes ☐ No

Issuing State	Good standing?	Issuing State	Good standing?	Issuing State	Good standing?
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No

☑	**Certification Route** (Check **only one**. See further explanation of routes in this handbook beginning on Page 2.)
	Route 1. New Nurse Aides
	Route 2. Reciprocity/CNA From Another State
	Route 3. Graduate Nurses
	Route 4. RNs and LPNs licensed in the U.S.: Enter RN/LPN License Number: _____
	Route 5. Foreign-Trained Nurses
	Route 6. Trained and Lapsed: Enter NYS Nurse Aide Certificate Number: _____
	Route 7. Lapsed—Other: Enter NYS Nurse Aide Certification Number: _____

	Exam Site Information (Check **one** of the following options.)	
☐	**In-facility Site:** My employer or training program is scheduling my exams and I will take the exams 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 take my exams at a Regional Exam Site. I will receive an admission letter with my specific exam date, time and location.	
	First Choice Exam Site:	**Second Choice Exam Site:**

Section 2. Applicant's Affidavit: MUST be completed by all applicants.

	Agreement of Authorization, Confidentiality, and Release Statement
1	I agree that the New York State Division of Residential Care and Service may investigate the information in this application.
2	I understand that exam results will be sent to my approved training program and/or employing nursing home (when applicable).
3	I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by New York State. Further, I understand that if I cheat or engage in other prohibited behavior during the exam I may be disqualified from continuing to take the exam or my exam results may be invalidated.
4	I understand that a record of the successful completion of this competency evaluation and information from and contained on this form will be included in my record in the New York State Nursing Home Nurse Aide Registry.
5	I have read and I understand the information in the New York State Nursing Home Nurse Aide Certification Handbook.
6	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, the New York State 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.

Signature of Applicant	Date

Section 3. Optional Applicant Information.

Education Level (Check the box next to your highest education level completed. Check **only one** box.)		
☐ 4th grade or less	☐ High School diploma or GED	☐ Two-year college degree
☐ Between 5th and 8th grades	☐ Trade or Technical School Certificate	☐ More than two years college, no degree
☐ Some High School, did not graduate	☐ One or two years college, no degree	☐ Four-year college degree or more

Ethnic Group (Check **only one** box.)		
☐ American Indian or Alaskan Native	☐ Mexican American	☐ Other: _____
☐ Asian American/Pacific Islander	☐ Other Hispanic or Latin American	
☐ Black/African American	☐ White	

Section 4. MUST be completed by your employer.

(This section must be completed by your employer if you are employed in NYS by a Health Care Provider with a Nurse Aide Employer Facility Code.)

Employer Facility Code Number: **3 3**	Date of Hire: (MONTH/DAY/YEAR)
What Type of Nurse Aide Employer is the Facility? ☐ Nursing Home ☐ Home Health Agency ☐ Hospital ☐ Staff Agency ☐ Other: _____	
Name of Facility or Agency Where Employed	
Address of Employer	
City / State / ZIP Code	
Employer's Signature	Date

Section 5. MUST be completed by the training program coordinator.

(This section must be completed for any applicant who has checked Certification Routes 1, 3, 5 or 7.)

Training Program Code Number: **3 3**	Expected Program Completion Date: (MONTH/DAY/YEAR)
Name of Nurse Aide Training Program	
Training Program Mailing Address	
City / State / ZIP Code	
This exam taker has successfully completed a state-approved Nurse Aide Training Program. Training Program Coordinator/Instructor Signature	Date

Section 6. Fees.

Exam Title	Exam Fee	Total
Clinical Skills AND Written exams (first-time tester)	$115	$
Clinical Skills AND Oral exams (must have ADA paperwork)	$115	$
Clinical Skills AND Oral exams	$135	$
Clinical Skills Retest (Prometric ID number _____)	$68	$
Written Retest (Prometric ID number _____)	$57	$
Oral Retest (Prometric ID number _____)	$67	$
Additional Services	**Fee**	
Reciprocity/CNA From Another State and NYS RNs and LPNs Application Processing	$50	$
Duplicate Score Report	$15	$
Hand Score Report	$25	$
	Total	**$**

Payment: Fee(s) may be paid by money order or certified check made payable to "NY Commissioner of Health, NYNA." Your name and ID (if available) must be written on the form of payment. **Personal checks and cash are not accepted. Fees are nonrefundable.** Mail to: Prometric, ATTN: NY Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.