NURSE ASSISTANT CERTIFICATION EXAM REGISTRATION APPLICATION

Type responses in sections below.
Please do not handwrite information.

Legal Last Name _____

Legal First Name _____

Birthdate: _____   Gender: Male _____   Female _____
Note: USE MM/DD/YY FORMAT

Social Security Number or TIN _____

Training Program Code or CDPH Approval/Sponsor Code _____

Course Completion Date or CDPH Approval Date _____
Note: USE MM/DD/YY FORMAT

Test Location 1st choice: **Eastlake Medical College** _____

Test Site Code _____   Requested Test Date _____
Note: USE MM/DD/YY FORMAT

Test Location 2nd choice: _____

Test Site Code _____   Requested Test Date _____
Note: USE MM/DD/YY FORMAT

Candidate Mailing Address:

Address _____Apt #_____

City _____   State _____

Zip code _____   Phone _____

Email address required _____

Note: You are required to pass both manual and written exam for certification

✓	Manual and Written Examination	$120
☐	Manual and Oral Written Examination (Oral Audio-English Only)	$135
☐	Retake Manual Examination	$80
☐	Retake Written Examination	$40
☐	Retake Oral Written Examination (Audio -English Only)	$55

(***Note:*** *Rescheduling fees are required for all rescheduled, cancelled or missed exams*)

☐ Reschedule Manual Examination $25   ☐ Reschedule Written Examination $25

Or ☐ Reschedule Oral Written Examination $25

Please Note:

Registration forms and testing fees must be received in the office at least 15 business days or 21 calendar days prior to the testing date (weekends and holidays do not count as business days). The Regional Testing Center is not responsible for late, missing or lost applications,

Please submit the following:
- Completed and signed Registration Application Form
- Cashier's check or money order, payable to Regional Testing Center (cash or personal checks will not be accepted)

Registration materials are processed upon receipt, therefore **NO REFUNDS**

Incomplete registration applications or registration applications submitted with personal checks or cash will be returned to sender, and the registration application will *NOT* be processed.

Notification emails or letters will be sent to you, confirming the exam date and location. Notification emails/letters are a courtesy and are not required.

On the day of the exam you must bring:

- Original Social Security card (cannot be laminated)
- Current government issued photo identification
- Original 283B (containing original signature from RN responsible for training) or original CDPH 932 approval letter
- *Note: Failure to bring any of the above documents will prevent you from testing*

By signing this form, I declare that the information I have provided is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may cause invalidation of my testing results.

I understand that my name must be exactly the same on the registration application, my social security card, my government issued photo identification, and my CNA/HHA Initial Application (283B) or CDPH 932 approval letter.

If the names do not match on all three items I will not be allowed to take the CNA tests.

I authorize Credentia Nurse Aide LLC. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Credentia Nurse Aide LLC. to use my evaluation results for research purposes.

I have read and agree to the terms of this application.

Signed_____   Date _____

Revised 10/2022