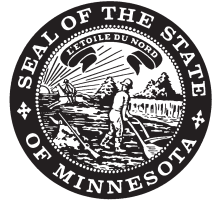


Minnesota Nursing Assistant/ Home Health Aide Program

APPLICATION FOR COMPETENCY EVALUATION



PLEASE PRINT LEGIBLY — USE INK ONLY

You are required to provide your Social Security number on this application by MN Statute §270.72, subd 4. Your Social Security number is used for identification purposes and will become your nursing assistant certificate number. Your Social Security number will be kept private. Your Social Security number is provided to the Registry by prospective employers, who then receive verification of your status on the Registry. Failure to provide your Social Security number may result in misidentification.

You are also required by 42 CFR 483.156 to provide certain identifying information on this application such as name, address, birth date and telephone number. Your name and address are public information. The other identifying information, except for your Social Security number, will become public after you receive your certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the registry.

1. PERSONAL INFORMATION

Social Security Number: --
Date of Birth: --
MONTH DAY YEAR

CURRENT Legal Name: DO NOT USE NICKNAMES

LAST FIRST MI

MAIDEN Name: (if applicable)

CURRENT Mailing Address:

STREET (number and name) APARTMENT NUMBER PO BOX
CITY STATE ZIP CODE -

Daytime Phone Number: --
AREA CODE

2. REGISTRATION FOR EXAM AND FEES Check the box indicating the examination(s) you are applying to take. *If you are applying for first time, you must take both the Written (or Oral) Examination and the Skills Evaluation.* You must choose between the Written Examination and the Oral Examination; you may not register for both.

	TESTING BEFORE SEPT. 1, 2014	TESTING ON OR AFTER SEPT. 1, 2014
1. <input type="checkbox"/> NNAAP® Written Exam and Skills Evaluation	\$59.00	\$64.00
2. <input type="checkbox"/> NNAAP® Oral Exam and Skills Evaluation	\$59.00	\$64.00
3. <input type="checkbox"/> RETAKE: NNAAP® Written Exam ONLY	\$40.00	\$42.00
4. <input type="checkbox"/> RETAKE: NNAAP® Oral Exam ONLY	\$40.00	\$42.00
5. <input type="checkbox"/> NA/HHA Written Exam and Skills Evaluation	\$59.00	\$64.00
6. <input type="checkbox"/> NA/HHA Oral Exam and Skills Evaluation	\$59.00	\$64.00
7. <input type="checkbox"/> RETAKE: NA/HHA Written Exam ONLY	\$40.00	\$42.00
8. <input type="checkbox"/> RETAKE: NA/HHA Oral Exam ONLY	\$40.00	\$42.00
9. <input type="checkbox"/> RETAKE: Skills Evaluation ONLY	\$19.00	\$22.00

Amount enclosed : \$.

ACCEPTED FORMS OF PAYMENT: All fees must be paid in the form of a cashier's check, company check, money order, a check issued by a technical college, or a state-approved voucher, made payable to "Pearson VUE". **No personal checks or cash are accepted.**

UNDER FEDERAL LAW, A NURSING ASSISTANT MAY NOT BE CHARGED FOR THE COSTS OF TRAINING, INCLUDING TEXTBOOKS AND MATERIALS, OR FOR THE COSTS OF THE COMPETENCY EVALUATION IF EMPLOYED BY A MEDICARE-MEDICAID FACILITY.

3. ELIGIBILITY ROUTES (to be completed by the TEST SITE RN EVALUATOR)

E-1. NURSING ASSISTANT

This candidate has successfully completed a state-approved nursing assistant training program. A Nursing Assistant Training Program Instructor must sign Section 4 of this application.

Section 4 has been completed by the Nursing Assistant Training Program Instructor.

E-2. NURSING ASSISTANT/HOME HEALTH AIDE

This candidate has successfully completed a state-approved nursing assistant and home health aide training program. A Nursing Assistant Training Program Instructor AND a Home Health Aide Training Program Instructor must sign Sections 4 and 5 of this application.

Section 4 has been completed by the Nursing Assistant Training Program Instructor, AND

Section 5 has been completed by the Home Health Aide Training Program Instructor.

E-3. HOME HEALTH AIDE

This candidate has successfully completed a state-approved 75 hour nursing assistant training program, and the NNAAP® Written and Skills Examination; is on the Minnesota Registry; and has now completed a state-approved home health aide training program. A Home Health Aide Training Program Instructor must sign Section 5 of this application.

Section 5 has been completed by the Home Health Aide Training Program Instructor.

E-4 — TEST-OUT CANDIDATE (applies to NURSING ASSISTANT ONLY)

This candidate does not meet any of the other three eligibility routes. Examples: nurse aide or nursing assistant trained in another country; a candidate never trained as a nursing assistant; a candidate who has not worked as a nursing assistant in the last two years; a nursing assistant from another state who does not qualify for reciprocity; or, a student nurse or graduate nurse candidate. If the candidate falls into this category, you must enter training program code 77777 in Section 4 of this application.

I have entered training program code 77777 in Section 4.

TEST SITE RN EVALUATOR'S SIGNATURE

DATE

4. SIGNATURE OF NURSING ASSISTANT TRAINING PROGRAM INSTRUCTOR

(required if applying as an E-1 or E-2 candidate)

IF APPLYING AS AN E-4 CANDIDATE, ENTER 77777 AS YOUR TRAINING PROGRAM CODE.

Training Program Code:

□□□□□□

Date Completed Training :

□□ - □□ - □□□□
MONTH DAY YEAR

I verify that this applicant has successfully completed a state-approved 75 hour nursing assistant training program. The candidate is eligible for admission to the competency evaluation.

TRAINING INSTRUCTOR'S SIGNATURE (or other authorized representative)

TITLE

DATE

NAME OF TRAINING PROGRAM

LOCATION

5. SIGNATURE OF HOME HEALTH AIDE TRAINING PROGRAM INSTRUCTOR

(required if applying as an E-2 or E-3 candidate)

Training Program Code:

□□□□□□

Date Completed Training :

□□ - □□ - □□□□
MONTH DAY YEAR

I verify that this applicant has successfully completed a state-approved 75 hour nursing assistant training program. The candidate is eligible for admission to the competency evaluation.

TRAINING INSTRUCTOR'S SIGNATURE (or other authorized representative)

TITLE

DATE

NAME OF TRAINING PROGRAM

LOCATION

6. APPLICANT'S AFFIDAVIT

I certify that I have no criminal convictions or any substantiated findings related to abuse, neglect, or misappropriation of property of a resident/patient/client in a health care setting or listed on the nursing assistant registry in any state. I agree that the Minnesota State Department of Health may investigate the accuracy of the information on this application. I understand that if I have given false information on this application, I may not be allowed to take the exam. Further, I understand that if I cheat or engage in other unacceptable behavior during the exam, I may be disqualified from continuing to take the exam or from receiving my results. I have read and understand the information in the Candidate Handbook and on this application and authorize the placement of my name on the Minnesota Nurse Aide Registry.

SIGNATURE

DATE