

Wyoming Nursing Assistant Program

NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP®)

APPLICATION FOR NURSE ASSISTANT EXAMINATION REGISTRATION

PLEASE PRINT LEGIBLY — USE INK ONLY

Mandatory Licensure/Certification: Wyoming is a mandatory licensing state. Please see the candidate handbook and the Wyoming Board of Nursing web site (<http://nursing.state.wy.us>) for eligibility requirements and rules governing certification.

THIS APPLICATION IS FOR EXAMINATION CANDIDATES ONLY. If applying for certification by endorsement, deeming, or recertification, please contact the Wyoming State Board of Nursing, 130 Hobbs Ave, Suite B, Cheyenne, WY 82002. Phone: (307) 777-7601, Fax: (307) 777-3519, Email: wsbn-info-licensing@wyo.gov

INCOMPLETE APPLICATIONS: All required information must be received in order to process your application. Incomplete applications will be held for one (1) year from the date received. If you are not certified after one (1) year, a new application and all required fees must be submitted.

1. PERSONAL INFORMATION Social Security Number: --

Date of Birth: //
M M / D D / Y Y Y Y

Gender: Female Male

Current Legal Name: **DO NOT USE NICKNAMES**

LAST

FIRST

MI

Maiden Name: *(If applicable)*

CURRENT Mailing Address: CHECK HERE IF THIS IS A CHANGE OF ADDRESS.

STREET (number and name)

APARTMENT NUMBER

PO BOX

CITY

STATE

ZIP CODE

Home Phone Number: --
AREA CODE

Work Phone Number: --
AREA CODE

E-Mail Address:

2. NURSE AIDE EXAMINATION APPLICATION

I have enclosed a copy of the following:

NEW NURSE AIDE

A copy of successfully completed Certificate of Completion issued from a Nursing Assistant Training Program approved by the Wyoming Board of Nursing within the last twelve (12) months or CNA - Ex 102.

(APPLICATION CONTINUES ON NEXT PAGE)

3. EXAMINATION FEES

Payment of required fees must be included with your application. Fees are non-refundable. Fees should be made payable to "Pearson VUE" in the form of a certified check, money order, or company check. Personal checks or cash are NOT accepted.

A. EXAMINATION FEES (check only one box)

Exam Type	Check/MO
<input type="checkbox"/> 1. Written (English or Spanish) & Skills.....	\$98.00
<input type="checkbox"/> 2. Oral English & Skills.....	\$98.00
<input type="checkbox"/> 3. Oral Spanish & Skills.....	\$98.00
<input type="checkbox"/> 4. Written (English or Spanish) ONLY.....	\$33.00
<input type="checkbox"/> 5. Skills ONLY.....	\$65.00
<input type="checkbox"/> 6. Oral English ONLY.....	\$33.00
<input type="checkbox"/> 7. Oral Spanish ONLY.....	\$33.00

Total fees payable to Pearson VUE enclosed:

\$.

B. REIMBURSEMENT FOR TRAINING AND TESTING

In accordance with federal law, if you are employed by or have an offer of employment from a nursing home at the time of your training, you cannot be charged for training, certification testing, books, or other course materials. If you go to work for a nursing home within twelve (12) months of completing the nurse aide training program, some or all of your expenses will be reimbursable. Please contact your nursing home employer for further information.

4. TEST SITE LOCATION

Provide the location of the test site where you wish to test. (See the Wyoming Nurse Aide Candidate Handbook for test locations.) Please also indicate your preferred test date at each site (the testing schedule is available at www.pearsonvue.com/wy/nurseaides). You will be scheduled for the next available date at the site of your preference and you will be notified by mail of your scheduled examination date.

1st Choice Facility City/Town:

/ /
M M D D Y Y Y Y

2nd Choice Facility City/Town:

/ /
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5. EDUCATIONAL INFORMATION

Enter the name and location of your most recent certification course or nursing assistant training program.

Name of Facility or Agency:

Nursing Assistant Program:

Address:

City: State: Zip:

Enrollment Date: / /
M M D D Y Y Y Y

Completion Date: / /
M M D D Y Y Y Y

6. AFFIRMATION — SIGNATURE REQUIRED

I certify under penalty of perjury and subject to the provisions of W.S. §6-5-303 and its penalties, that I have not knowingly submitted false or misleading information to the Wyoming State Board of Nursing on any application for certification or temporary permit.

APPLICANT'S SIGNATURE

DATE

7. MAILING INSTRUCTIONS

Mail all required documents to:
Pearson VUE
Nurse Aide Processing
3 Bala Plaza West
Suite 400A
Bala Cynwyd, PA 19004