

7. PROVIDE TRAINING INFORMATION

Your nurse aide training program MUST complete this section. The training program name, code, and date of completion MUST be entered and MUST be signed by the training program instructor. Your training program instructor cannot sign this portion until training is complete. *You must include a copy of your training program completion diploma or certificate, or transcripts showing successful completion of a Fundamentals of Nursing course.*

Training Program Name: (please print) _____

Training Program Code: If you are an LPN or RN graduate, leave Training Program Code blank. **Training Program Completion Date:** //
M M D D Y Y Y Y

Signature of Training Instructor: _____ **Date:** _____

8. PROVIDE SPONSOR INFORMATION

A sponsor can be your long-term care employer or your training program. *If your long-term care employer is your sponsor, enter the sponsor code number and your date of hire. If your training program is your sponsor, enter the same program code number as in Section 7. The training program name, code, and date of completion MUST be entered and MUST be signed by the training program instructor.*

Name of Sponsoring Employer or Training Program: (please print)

Sponsor Code: **Employee Hire Date:** //
M M D D Y Y Y Y

Signature of Sponsor Representative: _____ **Date:** _____

9. EXAMINATION LOCATION

Circle the geographic location where you want to test:

Eufaula

Montgomery

Selma

Sylacauga

Talladega

10. CANDIDATE STATEMENT AND SIGNATURE (All candidates MUST sign.)

I understand that I am responsible for providing information in this application that is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status as a Nurse Aide, and result in prosecution by the state of Alabama.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

MAILING INFORMATION

YOU MUST MAIL TOGETHER IN ONE ENVELOPE:

- Your completed application with:
 - Section 7 completed and signed by your training program representative (if you are an LPN or RN graduate, ONLY the training program code number in Section 7 will be left blank)
 - Section 8 completed and signed by your sponsor
- A copy of your training program completion diploma or certificate from a state-approved nurse aide training program or Nursing student/graduate copy of your transcripts showing successful completion of a *Fundamentals of Nursing* course.
- The correct exam fee

If you do not receive an Admission Ticket within ten (10) business days after mailing your application, call Credentia at (877) 437-9587. Credentia is not responsible for lost, misdirected, or delayed mail delivery.

If you cannot attend your scheduled exam date, you MUST call Credentia by noon at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.

THE FOLLOWING INFORMATION IS REQUESTED FOR STATISTICAL RESEARCH PURPOSES ONLY.

The information that you provide will not affect your score or your certification.

How would you describe yourself? (optional)

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian American/Pacific Islander | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other |