

Washington, D.C. Nurse Aide Program

APPLICATION FOR NURSE AIDE CERTIFICATION BY ENDORSEMENT

PLEASE PRINT LEGIBLY — USE INK ONLY

1. Mail this application and a \$15 money order made payable to Pearson VUE, along with copies of your social security card, your current out-of-state nurse aide certificate/license (Note: applicants from the Maryland registry must have both their G.N.A. and C.N.A. to be eligible for endorsement), and signature-bearing photo identification, to:

Pearson VUE
DC Nurse Aide Endorsement
PO Box 822749, Philadelphia, PA 19182-2749

2. PERSONAL INFORMATION

LAST NAME

FIRST NAME

MI

MAIDEN NAME

Date of Birth: / /

SOCIAL SECURITY NUMBER

M M D D Y Y Y Y

DAYTIME PHONE NUMBER

2A. NAME AS IT APPEARS ON YOUR ORIGINAL CERTIFICATE, if different from above

LAST NAME

FIRST NAME

MI

3. CURRENT MAILING ADDRESS

STREET (number and name)

STATE

ZIP CODE

CITY

4. CONVICTION INFORMATION

Have you ever been convicted of, pled guilty to, or pled no contest to a violation of any federal, state, or other law constituting a felony or misdemeanor, including convictions for driving under the influence (DUI) but excluding traffic violations?

- YES NO If "YES", explain in detail on the back of this form and include a copy of the court order.

Have you ever had any action taken against you or been denied a license or certificate in a health-related field?

- YES NO If "YES", explain in detail on the back of this form.

5. EDUCATIONAL INFORMATION

NAME OF NURSE AIDE EDUCATION PROGRAM

STATE

ZIP CODE

CITY

Date of Completion: / /

M M D D Y Y Y Y

6. EXAMINATION INFORMATION

Examination Taken: NACEP PEARSON VUE ETS Examination Completion Date: / /

M M D D Y Y Y Y

Note: The District of Columbia only recognizes the Nurse Aide Competency Evaluation Program (NACEP), Pearson VUE, and Educational Testing Services (ETS) certification examinations.

7. PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the appropriate certifying agency or registry in the state of _____ to release information to Pearson VUE for the purpose of certificate verification.
(STATE IN WHICH YOU ARE CURRENTLY CERTIFIED)

SIGNATURE OF APPLICANT

DATE