Maryland Nursing Assistant Program

GERIATRIC NURSING ASSISTANT APPLICATION FOR REGISTRATION BY EXAMINATION

PLEASE PRINT LEGIBLY — USE INK ONLY

This application must be completed if you wish to apply to take the NNAAP® Examination. You are responsible for completing this application. You may ask someone from your nursing assistant training program or your nursing facility employer for assistance in completing the application. The personal information will be used only to determine your eligibility to test. Failure to provide complete and accurate information on the application may delay your nurse aide test or prevent your entry on the Registry.

1. PERSONAL INFORMATION

Enter the requested information on the appropriate line. Enter your name as you would like it to appear on your nurse aide registration. If you do not have a Social Security number, please check the box below. By checking the box, as indicated, you are acknowledging that you would like a nine-digit number assigned for Registry purposes.

Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐ ☐ I don't currently have a Social Security number.

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐ (MONTH - DAY - YEAR) **Gender:** ☐ FEMALE ☐ MALE

CURRENT Legal Name: DO NOT USE NICKNAMES

LAST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐

MAIDEN Name: ***(if applicable)*** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

E-MAIL ADDRESS: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

CURRENT Mailing Address:

STREET (number and name) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ APARTMENT NUMBER ☐☐☐☐☐☐ PO BOX ☐☐☐☐☐☐

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STATE ☐☐ ZIP CODE ☐☐☐☐☐

Home Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐ (AREA CODE) **Work Phone Number:** ☐☐☐ - ☐☐☐ - ☐☐☐☐ (AREA CODE)

2. EXAMINATION TYPE AND FEES *(check only one box)*

Check the box indicating the exam that you need to take. If you are applying for the 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.

Exam Type	Check/MO
☐ 1. Written Exam and Skills Evaluation	$105.00
☐ 2. Oral Exam and Skills Evaluation	$105.00
☐ 3. Written Exam ONLY	$35.00
☐ 4. Oral Exam ONLY	$35.00
☐ 5. Skills Evaluation ONLY	$70.00

Total fees payable to Pearson VUE enclosed :

$ ☐☐☐ . ☐☐

*Your **examination fee** must be paid in the form of a certified check, company check, or money order, and made **payable to "Pearson VUE". No personal checks or cash. Fees are non-refundable and non-transferable once submitted because they cover the administrative costs of registration and testing.***

UNDER FEDERAL AND MARYLAND LAWS, NURSING HOMES ARE REQUIRED TO PAY FOR THE NATIONAL NURSE AIDE ASSESSMENT PROGRAM FOR THEIR GNA EMPLOYEES, INCLUDING INDIVIDUALS REQUIRED TO RE-TEST.

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3. ELIGIBILITY ROUTE INFORMATION *(check the appropriate box)*

A1 – New Geriatric Nursing Assistant: To qualify to take the NNAAP® Examination under Route A1, you must choose one of the following criteria categories:

A1-1 ☐ **Completed Training:** have successfully completed, within the last twelve (12) months, a Board of Nursing-approved 100-hour nursing assistant training program that includes clinical experience in a Maryland Licensed Nursing Home.

☐ ***I have enclosed a copy of the new training program acheivement award or letter of completion along with this examination application.***

A1-2 ☐ **Student Nurse - Active:** as a student nurse currently enrolled in an nursing education program; have successfully completed the portion of the curriculum determined by the nursing education program and the Board of Nursing as having met the requirements of the (above) 100-hour Board of Nursing-approved nursing assistant training program, including clinical experience in a Maryland Licensed Nursing Home.

☐ ***I have enclosed a copy of my official student transcripts along with this examination application.***

A1-3 ☐ **Student Nurse - Inactive:** as a student nurse no longer actively enrolled in a nursing education program; have successfully completed, within the last twelve (12) months, the portion of Maryland approved education program curriculum determined by the nursing education program and the Board of Nursing as having met the requirements of the 100-hour nursing assistant training program, including clinical experience in a Maryland Licensed Nursing Home.

☐ ***I have enclosed a copy of my official student transcripts along with this examination application.***

A1-4 ☐ **Graduate Nurse:** have graduated from an accredited nursing education program in the United States.

☐ ***I have enclosed a copy of my diploma or degree along with this examination application.***

A1-5 ☐ **Graduate Nurse - Foreign:** have graduated from a nursing education program outside the United States, is currently licensed in the country as a nurse (not a midwife), and have been pre-approved by the Maryland Board of Nursing to take the NCLEX Examination.

☐ ***I have enclosed a copy of the Board of Nursing's Authorization to Test (ATT) along with this examination application.***

A2 – Expired GNA Certificate (Less Than Twenty-four (24) Months):

☐ If your GNA Certificate has been expired for less than twenty-four (24) months, you may be eligible to become active on the Registry by submitting to the Board of Nursing evidence of GNA practice for a minimum of eight (8) hours in a Maryland Licensed Nursing Home. In the absence of working in a Maryland Licensed Nursing Home, you must successfully re-test in order to become active on the Maryland Geriatric Nursing Assistant Registry. If you fail the Written (or Oral) Examination or the Skills Evaluation on the first try, you must complete a Board of Nursing-approved nursing assistant training program.

☐ ***I have enclosed a copy of my expired GNA Certificate along with this examination application.***

GNA Certificate ID Number: ☐☐☐☐☐☐☐☐☐ **Registration Expiration Date:** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

A3 – Expired GNA Certificate *(More Than Twenty-Four (24) Months)*:

☐ If your GNA Certificate has been expired for more than twenty-four (24) months, you may be eligible to become active on the Registry by submitting evidence to the Board of Nursing of continued GNA practice in a Maryland Licensed Nursing Home for at least eight (8) hours for each two (2) year period. In the absence of continued practice, you must successfully re-train and re-test in order to become active on the Maryland Geriatric Nursing Assistant Registry. If you fail the Written (or Oral) Examination or the Skills Evaluation on the first try, you must complete a Board of Nursing-approved nursing assistant training program.

☐ ***I have enclosed a copy of my expired GNA Certificate along with this examination application.***

GNA Certificate ID Number: ☐☐☐☐☐☐☐☐☐ **Registration Expiration Date:** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

4. TRAINING PROGRAM AFFIDAVIT/COMPLETION CERTIFICATION

This section must be completed by your training program.

Name and location of most recent certification course or nursing education program:

Name of Facility or Agency: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Training Program Code: ☐☐☐☐☐ **Training Completion Date:** ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

Date the training program submitted an application for CNA certification to the Maryland Board of Nursing. Date sent: ☐☐ - ☐☐ - ☐☐☐☐
MONTH DAY YEAR

5. TEST SITE LOCATION

Check the box indicating where you will be testing—either at a *Permanent Test Site* or at an *In-Facility Test Site*.

☐ **Permanent Test Site—***Provide the city of the test site in which you prefer to test. (See the Maryland Geriatric Nursing Assistant Candidate Handbook for test site locations.) 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.*

Test Site City/Town: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Indicate your preferred test date (current testing schedule is available at www.pearsonvue.com): ☐☐ / ☐☐ / ☐☐☐☐
MONTH DAY YEAR

☐ **In-Facility Test Site—***In-Facility testing requires a minimum if five (5) applicants per examination date, or payment for five (5) applicants, if less than five (5) individuals are testing. All application forms for In-Facility testing must be mailed together, along with the correct payment.*

Facility Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Facility City/Town: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6. STATISTICAL INFORMATION

a. Race

How do you describe yourself? (*This question is used for statistical purposes **ONLY** and in no way affects your eligibility.*)

☐ American Indian/Native Alaskan ☐ Asian American/Pacific Islander ☐ Black/African American
☐ Hispanic ☐ White (non-Hispanic) ☐ Other

b. Education Level

What is the highest level of education you completed?

☐ Grade 7 or less ☐ Grade 9 ☐ Grade 11 ☐ Two-year College Degree
☐ Grade 8 ☐ Grade 10 ☐ High School/Graduate/GED ☐ Four-year College Degree

c. Language

Is English your primary language? ☐ Yes ☐ No

7. APPLICANT'S AFFIDAVIT

I understand that I am responsible for making sure all of the information provided in this application is completely true and correct. I understand that if information is given that is not true, my registration status as a nurse aide may be jeopardized. I understand that if I pass both parts of the NNAAP® Examination I will be placed on the Registry.

_____

APPLICANT'S SIGNATURE DATE

8. MAILING INSTRUCTIONS

Mail your completed application, including A COPY OF YOUR ACHIEVEMENT AWARD or LETTER OF COMPLETION and fees to:

Credentia
Attn: Credentia Application Processing
3 Bala Plaza West
Suite 400A
Bala Cynwyd, PA 19004

Note: Make your certified check, company check, or money order payable to "Pearson VUE."