

NURSE ASSISTANT CERTIFICATION EXAM REGISTRATION APPLICATION SOUTHERN REGION

Mail application & fees to:
Regional Testing Center
Golden West College
15744 Golden West Street - Library, Rm 116
Huntington Beach, CA 92647
Ph (714) 895-8708 — Fax (714) 895-8994
Website: www.regionaltestingcenter.org

LAST NAME

FIRST NAME

MIDDLE INITIAL

BIRTHDATE NOTE: USE MM/DD/YY FORMAT

SOCIAL SECURITY NUMBER

CENTER CODE

NAME OF REQUESTED TEST SITE _____

TEST SITE CODE

TRAINING PROGRAM CODE or CDPH APPROVAL/SPONSOR CODE

REQUESTED TEST DATE NOTE: USE MM/DD/YY FORMAT

COURSE COMPLETION DATE or CDPH APPROVAL DATE NOTE: USE MM/DD/YY FORMAT

CANDIDATE'S MAILING ADDRESS

ADDRESS

CITY STATE

ZIPCODE - PHONE ()

Money Order or Cashier's Check, payable to Regional Testing Center
(No personal checks or cash will be accepted)

- Take both the Written and Manual Skills Examination \$ 90
- Retake the Written Examination\$ 35
- Retake the Manual Examination\$ 55
- Additional Fee for Oral Examination (Audio Cassette Tape—English Only)..... \$ 15
- Reschedule the Manual Examination—Notice less than 48 hours for first time only.. \$ 25
- Reschedule the Written Examination—Notice less than 48 hours for first time only...\$ 25

Effective: January 1, 2012. If you are unable to take the exam as scheduled, you must notify our office at (714) 895-8708 within 48 business hours to avoid rescheduling fees for the **first time only**. All subsequent cancellations or absences will be automatically be charged the \$25 rescheduling fee per exam. Registration materials are processed upon receipt, therefore there are **no refunds**.

Have you ever been convicted by any court of a crime, other than a minor traffic violation? **Y N**

Note: Registration applications and testing fees are due at least 10 business days prior to the examination.

ETHNICITY / RACE

WHITE
AFRICAN AMERICAN
NATIVE AMERICAN
PACIFIC ISLANDER

ASIAN INDIAN
OTHER ASIAN
HISPANIC
OTHER

GENDER M F

EMPLOYMENT STATUS

CURRENTLY WORKING AS A NURSE ASSISTANT

NOT CURRENTLY WORKING AS A NURSE ASSISTANT BUT HAVE WORKED AS A NURSE ASSISTANT WITHIN THE PAST TWO YEARS

NOT CURRENTLY WORKING AS A NURSE ASSISTANT AND HAVE NOT WORKED AS A NURSE ASSISTANT WITHIN THE PAST TWO YEARS

NEVER WORKED AS A NURSE ASSISTANT

EMPLOYMENT EXPERIENCE

LESS THAN 6 MONTHS

6 MONTHS BUT LESS THAN A YEAR

1 YEAR BUT LESS THAN 2 YEARS

2 YEARS BUT LESS THAN 3 YEARS

3 YEARS BUT LESS THAN 5 YEARS

5 YEARS OR MORE

**Please indicate Pass/Fail information if you have tested with the Red Cross.
Copy of score report required at Test Site.**

WRITTEN

Passed

Failed

MANUAL SKILLS

Passed

Failed

Note: Registration applications and testing fees are due at least 10 business days prior to the examination.

By signing this form, I declare that the information I have provided in this application is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may be cause for voiding my evaluation.

I also authorize Pearson Vue, Inc. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Pearson Vue, Inc. to use my evaluations results for research purposes.

Signed: _____ Date: _____