

**WEST VIRGINIA
REGISTERED NURSING ASSISTANT EVALUATION APPLICATION**

Part 1: General Information

Name _____ Soc. Sec. No. _____
Last First Middle (xxx-xx-xxxx)

(Name on application must exactly match photo ID and name on SS card)

SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, or a delay in processing.

Is there any other name(s) you may have used in the past? If so, please list here:

Mailing Address _____

Home phone: (xxx-xxx-xxxx) _____ Birth date (M/D/YYYY) _____

Part 2: Evaluation Choices

NEW CANDIDATE & RESCHEDULING NO SHOWS

Written & Skills Exams

Oral & Skills

RE-TAKES

Written

Skills

Oral

NURSING ASSISTANT REFRESHER COURSE CANDIDATE

Written & Skills

Oral & Skills

Written & Skills Exams

Oral & Skills

PART 3: SPONSOR INFORMATION (WHO IS PAYING FOR YOUR EXAM)*

Sponsor Name _____ Sponsor Code _____

Address _____ Phone (xxx-xxx-xxxx) _____

Facility contact _____ Email _____

***If you do not have a sponsor, write SELF in the blank and the admission ticket will be sent to your home address.**

PART 4: TRAINING PROGRAM (WHERE YOU TOOK YOUR TRAINING PROGRAM)

Training Program _____ Training Code _____

Address _____ Phone _____ Fax _____

When did you complete this training course: Date (M/D/YYYY) _____

Updated 12/2011

Part 5: Nursing Assistant Refresher Course Information (required as applicable)

Location of in-service _____ Date completed(M/D/YYYY)_____

Part 6: Location of Evaluation

First Choice _____ Date (M/D/YYYY)_____

Second Choice _____ Date (M/D/YYYY)_____

Part 7: Special Testing Needs

_____I do not require special accommodations for the evaluation—*Sign the bottom of this page, then go to Part 8.*

_____I DO require special accommodations for the evaluation*

Please explain _____

If an oral version is required, make sure your sponsor requests an oral version two weeks before you want to test.

To the best of my knowledge, the above information is truthful. I have not deliberately misled PHD or the Department of Health in any way.

Rescheduling You must notify PHD, LLC by noon at least five (5) business days before the examination date to reschedule. Saturday, Sunday, and holidays are not considered business days. If you do not call PHD, LLC at least five business days before your examination date to reschedule and do not show up on your scheduled examination date, your fee will **NOT** be refunded and cannot be transferred to a new examination date.

REGISTRATION To be registered for the **WEST VIRGINIA REGISTERED NURSING ASSISTANT EVALUATION**, you must be "TEST" eligible with the West Virginia Nursing Assistant Registry and **NOT listed on the National Sex Offenders Registry.** Additional information may be required.

Candidate Signature

Date

Payment Options **Certified Check** **Facility check** **Money Order** **VISA** **MC** **Discover**

Credit Card # _____ **Expiration Date (M/D/YYYY)** _____ **CVV2** _____

Print/Type name as it appears on credit card _____

Amount to Charge Card _____ **Phone number (xxx-xxx-xxxx)** _____

Authorized Card Holder Signature _____ **Date** _____

Mail application and correct fees to:

Professional Healthcare Development, LLC
P.O. Box 399
Ona, WV 25545

CORRECT FEES MUST ACCOMPANY THIS APPLICATION

If you have questions regarding this application or the Evaluation, call PHD directly at (304) 733-6145.

Updated 12/2011

You must bring the following items with you to the test site:

- Your admission ticket. Name and SS number on admission ticket must exactly match photo ID and SS card.
- Two (2) forms of ID. One must be a photo ID (i.e., driver's license, government issued ID, employment badge) with a current photo and the other **MUST** be your actual (not a copy) social security card. If you arrive without the proper ID, you will not be able to take the exam and you will lose your fees. You may use the substitute ID (in place of the photo ID only) on PHD, LLC web site. Your instructor will fill out part of it and you take it to the test site with you. Take care of this **BEFORE** the day of your exam.
- Three (3) No. 2 pencils
- Eraser
- A watch with a second hand (no sharing of watches is permitted)

No other materials will be allowed.

Remember that all of the test materials, test questions, etc., are the property of PHD and may not be copied or given to anyone other than the candidates the day of the exam. Giving anyone copies of the exam is prohibited. Anyone who takes test material or information from the test site will be reported to the Nursing Assistant Registry.

You **MUST** follow strict rules at the test site:

- If you are late for your scheduled exam, or do not bring all of your required items (see above) you may not be allowed to take the exam, depending on the site policy. If you are too late to take the written/oral exam, but arrive in time to take the skills performance portion, you will be allowed to take the skills portion.
- If you help anyone take the exam or if anyone helps you, the exam will be stopped. Your exam will not be graded and you will be reported to the Nursing Assistant Registry.
- Cell phones, beepers, or any other electronic devices are not permitted during the exam. There will be no place to store personal items at the test site.
- No personal belongings will be permitted at the test site. No large bags, briefcases, study materials, books, etc. will be allowed. The proctor/monitor will collect these items and they will be returned to you after the test. The test site will not be responsible for any misplaced, lost, or stolen items.
- You may not eat, drink, or smoke during the exam.
- If you cause a disturbance, or show unprofessional behaviors at the test site, your test will not be scored and you will be reported to the Nursing Assistant Registry.
- You may not bring visitors, guests, pets, or children with you to the test site.
- If you come to the test site under the influence of any substance, whether prescribed by a physician or not, you will not be permitted to take the exam. The site coordinator will decide whether you will be permitted to take the exam and the site coordinator's decision will be final. If you are asked to leave the test site, your test fee will be forfeited.
- If you come to the test site, are pregnant, and have not submitted a full doctor's release to PHD prior to 4:00 pm the day before the test day, you will not be permitted to take the skills portion of the exam and the fee for that portion will be forfeited.
- If you come to the test site, are injured, and have not submitted a full doctor's release to PHD prior to 4:00 pm the day before the test day, you will not be permitted to take the skills portion of the exam and the fee for that portion will be forfeited. If you are not physically able to work, you are not physically able to take the skills portion of the exam.

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