SPONSOR
REGISTRATION FORM

Please register the following candidates for the
Nursing Assistant Evaluation:

Requested Test Date:_____

Site:_____

Name	SS No.	Program Number	1st Exam	Retake	Written	Skills

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, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

Sponsoring facility_____ Program Number_____

Sponsor signature_____

Payment Options ☐ **Certified Check** ☐ **Facility check** ☐ **Money Order**

☐ **VISA** ☐ **MC** ☐ **DISCOVER**

Credit Card #_____**Expiration Date**_____ **Card ID#**_____

Amount to Charge Card _____ **Phone Number** _____

Type name as it appears on credit card_____

Authorized Card Holder Signature_____ **Date** _____