FACILITES Type Into, Print, Then Sign Handwritten Forms Will Be Returned

PRINT SAVE AS RESET FORM

SPONSOR REGISTRATION FORM

Please register the following candidates for the Nursing Assistant Registration Evaluation:

Requested Test Date:_____

Test Site:_____

Name	SS No.	1st Exam	Retake	Written	Skills

Sponsoring facility_____

Program Number_____ Fees enclosed _____

Sponsor Signature_____

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.

Updated 10/2011