

**WEST VIRGINIA  
NURSING ASSISTANT EVALUATION APPLICATION**

**TO BE REGISTERED FOR TESTING, YOU MUST BE LISTED AS "TEST ELIGIBLE" ON THE WEST VIRGINIA NURSING ASSISTANT ONLINE VERIFICATION AT <https://ohfilac.wvdhhr.org/Apps/Lookup/NAlookup> . ATTACH OFFICIAL VERIFICATION TO APPLICATION.**

**Part 1: General Information**

Application and fees must arrive at PHD's office two weeks prior to test date

Name (legal name) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(As on social security card) Last First Middle (XXX-XX-XXXX)

Name on application must exactly match admission ticket, photo ID and social security card (admission ticket, photo ID, & unaltered original non-laminated social security card required to enter test site)

**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.

Maiden Name:(required) If left blank, above name will be used.

Mailing Address \_\_\_\_\_

Home phone:(xxx-xxx-xxxx) \_\_\_\_\_ Birth date (MM/DD/YYYY) \_\_\_\_\_

**Part 2: Evaluation Choices** CORRECT FEES MUST ACCOMPANY THIS APPLICATION

**NEW CANDIDATE, RESCHEDULING, & REFRESHER**

**RE-TAKES**

\_\_\_\_\_ Written & Skills Exams(computer-based) \$125

\_\_\_\_\_ Written(computer-based) \$55

\_\_\_\_\_ Oral & Skills \$160

\_\_\_\_\_ Skills \$70

\_\_\_\_\_ Oral \$95

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

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Sponsoring 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)**

Was this a refresher course? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a RN/LPN challenge? \_\_\_\_\_ YES \_\_\_\_\_ NO (Must have approval letter from WV Nursing Assistant program)

Training Program \_\_\_\_\_ Training Code \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

When did you complete this training course: Date (MM/DD/YYYY) \_\_\_\_\_

Instructor \_\_\_\_\_

**Part 5: Location of Evaluation**

Requested Test Site \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

SIGN HERE

SIGN HERE

Candidate Signature

If Under 18, Parent/Guardian Signature

Date

**Candidates will be subject to a COVID-19 pre-admission screening**

**Part 6: Special Testing Needs**

\_\_\_\_\_ **I do not** require or \_\_\_\_\_ **I require** special accommodations for the evaluation.

Please explain \_\_\_\_\_

**Rescheduling:** You must notify PHD, LLC by noon at least five (5) days before the examination date to reschedule. 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.

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

**Incorrect or improper documentation will result in not being admitted to test site and fees being forfeited.**

- You must bring your admission ticket, current photo ID, and original unaltered Social Security card. Name and Social Security number on admission ticket must match photo ID and SS card (laminated social cards not accepted).
- If you arrive without the proper documentation, 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). 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 and eraser
- A watch with a second hand (no sharing of watches is permitted)

No other materials will be allowed.

Remember, all testing 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.
- 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 at the test site. 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, Unprofessional Behavior If you are asked to leave the test site, your test fee will be forfeited, 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 or have an injury and have not submitted a full doctor's release (no restrictions) to PHD's office prior to 2:00 pm Friday before test date, you will not be permitted to take the skills portion of the exam and the fee for that portion will be forfeited.

By signing this application, I agree to abide by all policies and procedures of Professional Healthcare Development, LLC [www.profhd.com](http://www.profhd.com) . **Candidates will be subject to a COVID-19 pre-admission screening**

**SIGN HERE**

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

**SIGN HERE**

If Under 18, Parent of Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**NO PERSONAL CHECKS**

Payment Options    Certified Check    Facility Check    Money Order    VISA    MC    Discover

Credit Card # \_\_\_\_\_ Expiration Date (MM/YYYY) \_\_\_\_\_ Security Code \_\_\_\_\_

Print/Type name as it appears on credit card \_\_\_\_\_

Amount to Charge Card \$ \_\_\_\_\_ Phone number (XXX-XXX-XXXX) \_\_\_\_\_

Credit Card Mailing Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Authorized Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail application and correct fees to:

Professional Healthcare Development,  
LLC P.O. Box 399  
Ona, WV 25545  
Phone 304-733-6145  
Fax 304-733-6146