

# LOUISIANA CERTIFIED NURSE AIDE EXAMINATION APPLICATION



## INSTRUCTIONS

- Please go to [bpcc.edu/NurseAide](http://bpcc.edu/NurseAide) to print the current version of this application and all other forms. DO NOT submit photocopies as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms will not be processed.
- All submitted applications must include the Payment Form at the end of the application.
- Please mail completed original forms to **Bossier Parish Community College, ATTN: LA Nurse Aide Program, 6220 E. Texas Street, BLDG H-133, Bossier City, LA 71111**

### ATTENTION

The name you provide on this application must match EXACTLY the name on your government- issued identification you will provide on the day of testing. If the name does not match EXACTLY, you will not be permitted to take your exam and will forfeit any test fees.

If you have previously taken a nurse aide exam with Bossier Parish Community College and your legal name has changed since then, you must provide a copy of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Bossier Parish Community College will be unable to process your application until the legal acceptable documents are received.

## If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):

- Please go to [www.bpcc.edu/nurseaide](http://www.bpcc.edu/nurseaide) to print the required ADA Accommodations Request Packet. This packet MUST be completed and submitted with this application.
- Fill out the box below.
- NOTE: *Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations*

I am applying for **Americans with Disabilities Act (ADA) accommodations**. I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not all accommodations can be approved.

Yes      No

## CANDIDATE INFORMATION

All fields marked with \* are required. Print one number/letter in each box where required.

|  |     |                |
|--|-----|----------------|
| *Have you taken a Certified Nurse Aide exam with BPCC? | Yes | No             |
| *Are you a high school student?                        | Yes | No             |
| *Social Security Number                                |     |                |
| *First Name  |     | Middle Initial |
| *Last Name   |     |                |



## TRAINING INFORMATION

This section must be completed if the Certification Route 1 or 3 is selected.

|  |  |                                  |          |
|--|--|----------------------------------|----------|
| *Current/Anticipated Training Completion                       |  | Training Program Code            |          |
| Date:  |  | NA                               |          |
| *Name of Training Program                                      |  |                                  |          |
| *Training Program Mailing Address (Street Address or P.O. Box) |  |                                  |          |
| City   |  | State                            | ZIP Code |
| Phone Number (including area code)                             |  | Fax number (including area code) |          |
| Name of RN Coordinator   |  | Date                             |          |

## TEST SITE INFORMATION

Please check one of the following options.

|                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <b>Test Site</b>   |
| <input type="checkbox"/>            | <b>Testing at your Facility:</b> My training program or employer is scheduling my exam and I will take the exam at your facility. I will give this application form to the facility coordinator. <b>Do not send to Bossier Parish Community College.</b>     |
| <input type="checkbox"/>            | <b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site code is listed.<br><i>A current list of Test Sites with codes can be found online at <a href="http://www.bpcc.edu/NurseAide">www.bpcc.edu/NurseAide</a></i> |
|                                     | *Test Site Code:   |

## EXAM SELECTION AND PROCESSING/EXAM FEES

- Acceptable Forms of Fee(s) Payment: certified check, money order, MasterCard, Visa, or American Express. make certified checks payable to Bossier Parish Community College. Personal checks and cash are not accepted. Fees are non-refundable and non-transferrable.
- The Payment Form (last page) must be submitted with this application regardless of payment type.

**NOTE: A Reading Comprehension Exam will be automatically scheduled if you choose to take an oral version of the exam.**

|                                     |  |            |                                     |
|-------------------------------------|--|------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <b>Newly Trained Tester</b>                                    | <b>Fee</b> | <input checked="" type="checkbox"/> |
|                                     | Written and Clinical Skills                                    | \$100      |                                     |
|                                     | Oral and Clinical Skills (includes Reading Comprehension Exam) | \$100      |                                     |
| <input checked="" type="checkbox"/> | <b>Lapsed/Other Candidate</b>                                  | <b>Fee</b> | <input checked="" type="checkbox"/> |
|                                     | Written and Clinical Skills                                    | \$100      |                                     |
|                                     | Oral and Clinical Skills (includes Reading Comprehension Exam) | \$100      |                                     |
| <input checked="" type="checkbox"/> | <b>Re-tester</b>   | <b>Fee</b> | <input checked="" type="checkbox"/> |
|                                     | Written Test ONLY  | \$40       |                                     |
|                                     | Oral Test ONLY (includes Reading Comprehension Exam)           | \$40       |                                     |
|                                     | Clinical Skills Test ONLY                                      | \$60       |                                     |
| <input checked="" type="checkbox"/> | <b>Rescheduling Fee</b>  | <b>Fee</b> | <input checked="" type="checkbox"/> |
|                                     | Reciprocity Application Processing Fee                         | \$25       |                                     |

## APPLICANT'S AFFIDAVIT AND CANDIDATE RELEASE STATEMENT

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nurse aide may be at risk.
- I understand if I pass both parts of the Nurse Aide Competency Exam, I will be placed on the Louisiana Nurse Aide Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical, or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Bossier Parish Community College, Louisiana Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

**\*Candidate Signature (in box below)**

**Date:**

If you **DO NOT** receive your emailed ATT letter from Bossier Parish Community College within **10-14 business days** of receipt at Bossier Parish Community College, please contact Bossier Parish Community College.

**Questions:** For additional information, please visit our website at [www.bpcc.edu/NurseAide](http://www.bpcc.edu/NurseAide).

Please make a copy of all completed forms for your personal records.