LOUISIANA CERTIFIED NURSE AIDE EXAMINATION APPLICATION



INSTRUCTIONS

- Please go to **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

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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 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			

*Date of Birth (Month/Day/Year)		Previous name (if applicable):				
*Street Address (including Apt. number or P.O. Bo	ox, if applicable)					
*City		*State		*ZIP Code		
Parish (first four letters only)		*Phone Number	(including area code	·)		
*Email Address (application will not be processed	*Email Address (application will not be processed without an email address)					
Ethnic Group (optional) (check one box)						
American Indian or Alaskan Native	Asian American/Pacific	Islander	Black/African Amer	ican		
Mexican American	Other Hispanic or Latin	American	White			
Other						
Gender (optional) (check one)						
Female	Male					

CERTIFICATION OPTION/ELIGIBILITY

Please check a certification route.

>	Certfication Route				
	Route 1 New Nurse Aide: Candidate has completed training from a Louisiana approved training program within the last 12 months.				
	Route 2 Lapsed Less than 24 Months pass both parts of the exam.	s: Candidate's Louisiana CNA certificate is lapsed less than 24 months and has one attempt to test and			
	Louisiana Certificate #				
	Expiration Date:				
	Route 3 Lapsed and Re-trained: Can within the last 12 months.	didate has lapsed on the Louisiana Registry and has completed a Louisiana approved training program			
	Louisiana Certificate #				
	Route 4 Foreign Trained Nurse (RN/LPN): Candidate is an RN or LPN who trained in a foreign country. Approval letter from LDH must be submitted with application.				
	Route 5 RN/LPN Student: Candidate has complete sufficient RN/LPN course content within the last 3 years. Transcript must be submitted to LDH for approval; approval letter must be included with application.				
	Route 6 Military Trained: Candidate has submitted military transcript which verifies sufficient medical training or experience to LDH for approval; approval letter must be included with application.				
	Route 7 Licensed Nurse on Suspended or Probation Status: Candidate has submitted documentation to LDH for approval; approval letter must be included with application.				
		active certified nurse aide in good standing in another state. Copy of SSN card and Louisiana list be included with application. Please list all states in which you are currently certified and your			
	State 1:	Cert No:			
	State 2:	Cert No:			
	State 3:	Cert No:			

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.

~	Test Site		
	Testing at your Facility: 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. Do not send to Bossier Parish Community College.		
	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. A current list of Test Sites with codes can be found online at www.bpcc.edu/NurseAide	*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.

~	Newly Trained Tester	Fee	~
	Written and Clinical Skills	\$100	
	Oral and Clinical Skills (includes Reading Comprehension Exam)	\$100	
~	Lapsed/Other Candidate	Fee	~
	Written and Clinical Skills	\$100	
	Oral and Clinical Skills (includes Reading Comprehension Exam)	\$100	
~	Re-tester	Fee	~
•	Re-tester Written Test ONLY	Fee \$40	~
~			✓
>	Written Test ONLY	\$40	>
>	Written Test ONLY Oral Test ONLY (includes Reading Comprehension Exam)	\$40 \$40	>

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.

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