TEXAS
NURSE AIDE APPLICATION

TO TEST
BEFORE JUNE 1, 2011
CLICK HERE

TO TEST
ON OR AFTER JUNE 1, 2011
CLICK HERE
Texas Nurse Aide Testing Program

APPLICATION FOR REGISTRATION BY EXAMINATION
PLEASE PRINT LEGIBLY — USE INK ONLY

PART I: REGISTRATION INFORMATION — must be filled out in its entirety or the application will be denied

PART II: TRAINING VERIFICATION — If applicable, Part II must be filled out in its entirety by the Program Director or the application will be denied

The test-taker must have the program director of his/her approved training program complete Part II in ORIGINAL INK. Photocopies, faxes or signature stamps will NOT be accepted. If the training program is closed and the program director is not available to complete Part II, the test-taker must contact the Department of Aging and Disability Services for approval.

10 Training Program Code:

11A Training Start Date: __________-________-________

11B Training Completion Date: __________-________-________

12 Name of Approved Training Program:

Address: _______________________________________

13 Phone Number: _____________________________

14 Fax Number: _____________________________

Original Signature of Program Director: _____________________________ Date: _____________________________

PART III: ELIGIBILITY — If applicable, Part III must be filled out in its entirety or the application will be denied

15 The test-taker must enclose his or her original Competency Evaluation Program Eligibility Letter signed by the department stating that he/she is eligible to take the examination based on Section 94.9 of the Licensing Standards for Nurse Aides. Check the appropriate eligibility route below.

☐ 5010 Out-of-State Training ☐ 5512 RN/LVN Graduate

☐ 5011 Military Training ☐ 5513 RN/LVN Student

☐ 5528 Expired Certificate

☐ 5525 Training Program Closed

PART IV: EXAM INFORMATION — must be filled out in its entirety or the application will be denied

16 Type of Exam: (check one)

PLEASE NOTE THAT YOU MUST PASS THE SKILLS EXAMINATION BEFORE TAKING THE WRITTEN (OR ORAL) EXAMINATION.

☐ Skills & Written—$83.00

☐ Skills & Oral English—$96.00

☐ Skills & Oral Spanish—$96.00

☐ Additional fee to switch from Written to Oral English—$13.00

☐ Written Only—$48.00

☐ Oral English Only—$61.00

☐ Oral Spanish Only—$61.00

☐ Additional fee to switch from Written to Oral Spanish—$13.00

☐ Skills Retest and Written—$35.00

☐ Skills Retest and Oral English—$35.00

☐ Skills Retest and Oral Spanish—$35.00

17 Testing Facility Name: _____________________________ City: _____________________________

18 Vendor Number: _____________________________

19 Test Date: __________-________-________

If you previously failed the Skills evaluation, you may ONLY apply to re-take the Skills retest and Oral English or Oral Spanish if you previously registered for and paid for a Skills and Oral English/Spanish examination. Otherwise, if you previously registered for the standard Written examination and now wish to switch to the Oral English or Oral Spanish format, you MUST submit an additional fee of $13.00 (please check the correct box above).

PART V: MAILING INFORMATION

Send together in one envelope the following for all candidates testing in this session:

A. Completed applications with:
   • copies of Social Security cards
   • copies of valid photo identification (ID)
   • applicable documents as indicated in Part III

B. Correct exam fees (see a list of exam fees in Section IV).

FEES MAY BE PAID BY CERTIFIED CHECK, COMPANY CHECK OR MONEY ORDER. FEES ARE TO BE MADE PAYABLE TO “NACES PLUS FOUNDATION”. PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED.

Completed application packets and fees must be received at NACES at least ten (10) business days prior to the examination start date. For assistance in completing the application, call NACES at 1-800-444-5178, Monday through Friday 8:30 a.m. – 4:30 p.m. (Central Standard Time).

All completed applications must be mailed to:

NACES Plus Foundation, Inc. • Texas Nurse Aide Program • 7600 Burnet Road, Suite 440 • Austin, TX 78757-1292
Texas Nurse Aide Testing Program

APPLICATION FOR REGISTRATION BY EXAMINATION
PLEASE PRINT LEGIBLY — USE INK ONLY

PART I: REGISTRATION INFORMATION — must be filled out in its entirety or the application will be denied

1 Social Security Number: _____-____-____

2 Print Full Name
   Last: ____________________________ M.I. ____________________________
   First: ____________________________ Maiden: _______________________

3 Birth Date: ______/____/____

4 Daytime Telephone: _____-____-____

5 Mailing Address
   Street/PO Box: ____________________________
   City: ____________________________ State: _____
   Zip Code: _____

6 Education Level

   1 0–8 years of education 5 Associate Degree
   2 9–11 years of education 6 Bachelor’s Degree
   3 High School Diploma 7 Other
   4 GED

7 Nurse Aide Experience

   1 20–24 hours 5 3–6 months
   2 25–40 hours 6 6–12 months
   3 1–4 weeks 7 1–2 years
   4 1–3 months 8 More than 2 years

8 Agreement of Authorization and Confidentiality
   I agree that the information in this application is correct and may be investigated. I understand that if I have given false
   information in this application, I may not be allowed to take the test and could be prosecuted by the State of Texas.
   Also, I understand that if I cheat or engage in other prohibited behavior during the test, I may be disqualified from continu-
   ing to take the test or from receiving my test results. I understand that test results will be sent to my approved training pro-
   gram where applicable. I understand that a record of the successful completion of this competency evaluation will be includ-
   ed in the Texas Registry. I understand that I must inform the registry of current employment information every 24 months or
   my record will be removed from the registry.

   Test–Taker’s signature: ____________________________ Date: ______

9 Release
   I do not have any physical, medical, or other condition that would be in any way affected by my participation in the Examination.
   I hereby release Pearson VUE, NACES, the Texas Department of Aging and Disability Services, and their agents and assigns from
   any responsibility or liability for any claim or damages that may result from my participation in the Examination.

   Test–Taker’s signature: ____________________________ Date: ______
NOTE: Either Part II or Part III MUST be completed for test-taker to be eligible for testing.

PART II: TRAINING VERIFICATION — If applicable, Part II must be filled out in its entirety by the Program Director or the application will be denied

The test-taker must have the program director of his/her approved training program complete Part II in ORIGINAL INK. Photocopies, faxes or signature stamps will NOT be accepted. If the training program is closed and the program director is not available to complete Part II, the test-taker must contact the Department of Aging and Disability Services for approval.

10 Training Program Code: ____________________________

11A Training Start Date: ________________ month ___ day ____ year

11B Training Completion Date: ________________ month ___ day ____ year

12 Name of Approved Training Program: _____________________________________________

Address: _________________________________________________________________________

13 Phone Number: ____________________________ Area Code ________

14 Fax Number: ____________________________ Area Code ________

I, ____________________________ (Print Name of Program Director), verify that the test-taker has successfully completed the department-approved training program listed above and is eligible to register for the competency evaluation. I also ensure that the test-taker meets the requirements listed at 94.3(k)(2)&(3) of the Licensing Standards for Nurse Aides and is not deemed unemployable on the Employee Misconduct Registry (EMR) or has been found to have a conviction of a criminal offense listed in the Texas Health and Safety Code, 250.006.

Original Signature of Program Director: ____________________________ Date: ________________

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☐ Skills & Oral English—$106.00  ☐ Oral English Only—$71.00

☐ Skills & Oral Spanish—$106.00  ☐ Oral Spanish Only—$71.00

☐ Additional fee to switch from Written to Oral English—$13.00

☐ Additional fee to switch from Written to Oral Spanish—$13.00

17 Testing Facility Name: _____________________________________________ City: ____________________________

18 Vendor Number: ________________ 19 Test Date: ________________ month ___ day ____ year

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