



Wyoming Certified Nursing Assistant Examination Application

Instructions

- Please go to www.prometric.com/NurseAide/WY 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 Prometric, ATTN: WY Nursing Assistant Program, 7941
 Corporate Drive, Nottingham, MD 21236.



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 Prometric 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. Prometric 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.prometric.com/nurseaide to print the required ADA Accommodations Request Packet. This packet MUST be completed and submitted with this application.
- · Fill out the box below.

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				

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*Street Address (including Apt. number or P.O. Box, if applicable)					
*City *Sta	ate *ZIP Code				
* Phone Number (including area code)					
*Email Address (application will not be processed without	ut an email address)				
Ethnic Group (optional)(check one box)					
☐ American Indian or Alaskan Native ☐ Asian ☐ Mexican American ☐ Other Hispanic or La					
Gender (check one) □ Female □ Male					
Certification Option/Eligibility Please check a certification route. Certification Route					
	d training from an approved training program within the				
Training Information					
*Training Completion Date:	*Training Program Code (if available – see completion certificate)				
*Name of Training Program					
*Training Program Mailing Address (Street Address or P	.O. Box) Training Program Phone Number:				
*Training Program Instructor Name					
City 5	State ZIP Code ZIP Code				



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 their facility. I will give this application form to the facility coordinator. Do not send to Prometric.		
	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.prometric.com/NurseAide/WY	*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 Prometric. 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.

✓	Newly Trained Tester	Fee	Total
	Written (English) and Clinical	\$115	\$
	Written (Spanish) and Clinical	\$115	\$
	Oral (English) and Clinical	\$115	\$
	Oral (Spanish) and Clinical	\$115	\$
✓	Re-tester	Fee	
	Written Test (English) ONLY	\$30	\$
	Written Test (Spanish) ONLY	\$30	\$
	Oral Test (English) ONLY	\$30	\$
	Oral Test (Spanish) ONLY	\$30	\$
	Clinical Test ONLY	\$85	\$
		Total Fee	

An additional rescheduling fee of \$25 is required to reschedule an exam appointment with less than five business days' notice. Reschedule fees may apply to roster changes made by IFT testing locations.



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 information given is not true, my registration status as a nursing assistant may be at risk.
- I understand if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Wyoming Nursing Assistant 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 I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, WSBN, 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.

*Candidate Signature (in box below)		

Questions: For additional information, please visit our website at **www.prometric.com/nurseaide/wy.** Please make a copy of all completed forms for your personal records.

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Payment Form

*Candidate Name:		
Date of Birth:		
Credit Card Type (Check Or	e)	
■ MasterCard □ Visa	American Express	
Card Number		Expiration Date
Amount		C/C Security Code
\$		
Signature of Cardholder		
Certified Check or Money Or Certified Check	der Payments 3 rd Party/Facility Check	☐ Money Order
		·
Certified Check/Money Order/	3 rd Party/Facility Check Number (one numb	per or letter in each box):

Please mail completed forms, all supporting documentation and fees to:

Prometric

ATTN: WY Nursing Assistant Program 7941 Corporate Drive Nottingham, MD 21236

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