Print (Use Ink) or Type Clearly

Applicant's Name: ________________________________________________________________________________________
Last First MI

Mailing Address: (Street) _______________________________________________________Apt. #______________________
City: _________________________________________________ State: _______ County: ____________ Zip: _____________
Home Telephone: (_______)________-_______________          Message/Work: (_______) _________-______________
Social Security No.: __________-_________-_____________ Birth date (Month/Day/Year)______/_______/______
(Mandatory)  (Mandatory)

Employment: Are you working as a nursing assistant now? Yes __________ No __________
If yes, name of employer: _____________________________________________________________________________________

Training: Name of Facility where you were trained? _______________________________________________________________
If High School, Vocational School or College, please list name of the Campus: ___________________________________________
Training Facility Code: ______________________________________________________________________________________
Training Completion Date: (Month/Day/Year)____________________________________________________________________
Who is paying your test fee? Self __________ (or) Facility __________
Facility Name: ________________________________________________________________________________

TESTING SITE
Check the site where you would like to test. (You will receive written notice and a Candidate Information Bulletin two weeks before the exam.)

_____ Tempe  _____ Tucson  _____ Yuma  _____ Kingman (Quarterly)
As Needed  _____ Prescott  _____ Globe  _____ Show Low  _____ Nogales
                      _____ Thatcher  _____ Sierra Vista  _____ Flagstaff
IF YOU PICKED A SITE WHERE WE TEST QUARTERLY OR AS NEEDED, YOU WILL HAVE TO WAIT UNTIL WE ARE IN YOUR AREA. IF YOU CANNOT WAIT AND NEED TO TEST NOW, YOU WILL BE SCHEDULED AT THE SITE NEAREST YOU.

I Can Wait __________ OR    Test Now __________

Comments: ____________________________________________________________________________________________

EXAM TYPES AND FEE PAYMENT
Mark the box(s) next to the exam(s) you wish to take: (For Certification you need both the Written and Manual exam.)

<table>
<thead>
<tr>
<th>Exam Type</th>
<th>Self-Pay</th>
<th>Skilled Nursing Facility Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written and Manual Skills Examination</td>
<td>$90.00</td>
<td>$50.58</td>
</tr>
<tr>
<td>Written Only</td>
<td>$40.00</td>
<td>$22.48</td>
</tr>
<tr>
<td>Manual Skills Only</td>
<td>$50.00</td>
<td>$28.10</td>
</tr>
<tr>
<td>Oral/Written (Spanish or English)(Circle one)</td>
<td>$65.00</td>
<td>$47.48</td>
</tr>
<tr>
<td>Oral/Written (Spanish or English)(Circle one) and Manual</td>
<td>$115.00</td>
<td>$75.58</td>
</tr>
</tbody>
</table>

(Manual exams are not offered in Spanish)

Method of Payment: __ Cash  __ Check  __ Money Order  __ Visa  __ MasterCard
Card # __________________________________ Exp. Date ____________ Signature ______________________________
(Required for Credit Card Payments)
ADA ACCOMMODATION

_______ (I need special accommodation under the Americans with Disabilities Act).

To qualify for special accommodations, you must provide written documentation of your disability along with your application. Disability forms are available from Experior by calling 888-300-2949.

INSTRUCTIONS:

1. DO NOT mail the Experior CNA Examination Application to the State Board of Nursing.

2. Complete the Experior CNA Examination Application according to the instructions listed on the form.

3. Send: A) Experior CNA Examination Application. B) Proof of completion of State board-approved training program. C) Exam fee to:

   Experior
   Arizona Certified Nursing Assistant Program
   PO Box 6535
   Princeton, NJ 08541
   Phone: (888) 300-2949

NOTE: MAKE ALL CHECKS PAYABLE TO EXPERIOR.

Before submitting the testing application, please check the following:

☐ The application is filled out completely and signed according to the instructions.

☐ Exam fee(s) are included with the testing application.

☐ I have also completed the Arizona State Board of Nursing Application and submitted (sent) that application to the board.

☐ I have attached proof of my CNA training to this application.

***I hereby certify that the information on this form is true and correct to the best of my knowledge***

Signature ____________________________ Date ____________________

(Signature and date must be original)

YOU MUST FILL OUT THE APPLICATION COMPLETELY