

DATE RECEIVED



OFFICE USE ONLY

Payment Code: _____

CERTIFIED NURSING ASSISTANT (CNA) EXAMINATION APPLICATION

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 PRE-TESTING INFORMATION

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)

Table with 2 columns: As Needed, and 4 rows of location options: 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.)

Fees: Self-Pay Skilled Nursing Facility Rate

Table with 4 columns: Exam Type, Retake, Self-Pay, Skilled Nursing Facility Rate. Rows include Written and Manual Skills Examination, Written Only, Manual Skills Only, Oral/Written (Spanish or English), and Oral/Written (Spanish or English) and Manual.

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