APPLICATION
APPROVED MEDICATION ADMINISTRATION PERSONNEL
(AMAP)

AMAP Application and Request for Exams must arrive at PHD's office with payment seven business days prior to requested test date

TEST TYPE ☐ **COMPUTER-BASED $35.00** ☐ **ORAL $35.00**
ADA PROVIDE PROOF OF DISABILITY

Name(**Legal Name**) _____ SS No. _____
(As on Social Security Card) **Last** **First** **Middle**

Maiden Name: _____
(If left blank, above name will be used)

Home Address _____

_____

Phone _____ Birth Date _____

Training Facility_____

Address _____ Phone _____

_____

Employer _____ Phone _____

Address _____ Fax Number_____

_____ Email _____

Position held _____ Date AMAP Course was completed _____

RN AMAP Instructor_____ RN License_____

_____ _____
Candidate Signature Date

_____ _____
AMAP RN Instructor Signature Date

SOCIAL SECURITY NUMBER DISCLOSURE: Disclosure of your social security number should only be made if obtained from you in accordance with Section 7 of the Privacy Act of 1974. Your disclosure is voluntary for the purpose of internal identification, and may be used to verify information on your application, (class admissions and completions, competency evaluation testing, re-registration and reciprocity applications, etc), to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.
In accordance to the 42CFR 483.156(c), failure to provide requested information may result in your application being returned, a delay in processing, or your name not being placed on the West Virginia Nursing Assistant Registry.

Candidate: Make certain your instructor has the verification of your WV CARES Check, Criminal Background Check, CPR Certification, and First Aid Certificate in the event it is requested.

Mail or fax with Request for Exams form to: PHD, LLC P.O. Box 399, Ona, WV 25545 fax 304-733-6146

REVISED 11/2016