

WEST VIRGINIA NURSING ASSISTANT EVALUATION APPLICATION

TO BE REGISTERED FOR TESTING, YOU MUST BE LISTED AS "TEST ELIGIBLE" ON THE WEST VIRGINIA NURSING ASSISTANT ONLINE VERIFICATION AT <https://ohflac.wvdhhr.org/Apps/Lookup/NAlookup> . ATTACH OFFICIAL VERIFICATION TO APPLICATION. Candidate must present Social Security card and Photo ID at test site. Temporary ID's, Social Security Cards or copies will not be accepted.

Part 1: General Information

Application and fees must arrive at PHD's office two weeks prior to test date

Name (legal name) _____ Soc. Sec. No. _____
(As on social security card) Last First Middle (XXX-XX-XXXX)

Name on application must exactly match admission ticket, photo ID and social security card (admission ticket, photo ID, & unaltered original non-laminated social security card required to enter test site)

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, or a delay in processing.

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

Mailing Address _____

Home phone:(xxx-xxx-xxxx) _____ Birth date (MM/DD/YYYY) _____

Part 2: Evaluation Choices

CORRECT FEES MUST ACCOMPANY THIS APPLICATION

NEW CANDIDATE, RESCHEDULING, & REFRESHER

_____ Written & Skills Exams(computer-based) \$125	_____ Written(computer-based) \$55
_____ Oral & Skills \$160	_____ Skills \$70
	_____ Oral \$95

PART 3: SPONSOR INFORMATION (WHO IS PAYING FOR YOUR EXAM)*

Sponsor Name _____

Address _____ Phone _____ Fax _____
_____ Email _____

Sponsoring Facility Contact _____ email _____

***If you do not have a sponsor, write SELF in the blank and the admission ticket will be sent to your home address.**

PART 4: TRAINING PROGRAM (WHERE YOU TOOK YOUR TRAINING PROGRAM)

Was this a refresher course? _____ YES _____ NO

Are you a RN/LPN challenge? _____ YES _____ NO (Must have approval letter from WV Nursing Assistant program)

Training Program _____ Training Code _____

Address _____ Phone _____

When did you complete this training course: Date (MM/DD/YYYY) _____

Instructor _____

Part 5: Location of Evaluation

Requested Test Site _____ Date (MM/DD/YYYY) _____

 SIGN HERE

 SIGN HERE

Candidate Signature

If Under 18, Parent/Guardian Signature

Date

Candidate must present Social Security card and Photo ID at test site. Temporary ID's, Social Security Cards or copies will not be accepted.

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Part 6: Special Testing Needs

_____ **I do not** require or _____ **I require** special accommodations for the evaluation.

Please explain _____

Rescheduling: You must notify PHD, LLC by noon at least five (5) days before the examination date to reschedule. If you do not call PHD, LLC at least five business days before your examination date to reschedule and do not show up on your scheduled examination date, your fee will NOT be refunded and cannot be transferred to a new examination date.

You must bring the following items with you to the test site:

Incorrect or improper documentation will result in not being admitted to test site and fees being forfeited.

- You must bring your admission ticket, current photo ID, and original unaltered Social Security card. Name and Social Security number on admission ticket must match photo ID and SS card (laminated social cards not accepted).
- If you arrive without the proper documentation, you will not be able to take the exam and you will lose your fees. You may use the substitute ID (in place of the photo ID only). Your instructor will fill out part of it and you take it to the test site with you. Take care of this **BEFORE** the day of your exam.
- Three (3) No. 2 pencils and eraser
- A watch with a second hand (no sharing of watches is permitted)

No other materials will be allowed.


Remember, all testing materials, test questions, etc., are the property of PHD and may not be copied or given to anyone other than the candidates the day of the exam. Giving anyone copies of the exam is prohibited. Anyone who takes test material or information from the test site will be reported to the Nursing Assistant Registry.

You **MUST** follow strict rules at the test site:

- If you are late for your scheduled exam, or do not bring all of your required items (see above) you may not be allowed to take the exam.
- If you help anyone take the exam or if anyone helps you, the exam will be stopped. Your exam will not be graded and you will be reported to the Nursing Assistant Registry.
- Cell phones, beepers, or any other electronic devices are not permitted at the test site. There will be no place to store personal items at the test site.
- No personal belongings will be permitted at the test site. No large bags, briefcases, study materials, books, etc. will be allowed. The proctor/monitor will collect these items and they will be returned to you after the test. The test site will not be responsible for any misplaced, lost, or stolen items.
- You may not eat, drink, or smoke during the exam.
- If you cause a disturbance, Unprofessional Behavior If you are asked to leave the test site, your test fee will be forfeited, your test will not be scored, and you will be reported to the Nursing Assistant Registry.
- You may not bring visitors, guests, pets, or children with you to the test site.
- If you come to the test site under the influence of any substance, whether prescribed by a physician or not, you will not be permitted to take the exam. The site coordinator will decide whether you will be permitted to take the exam and the site coordinator's decision will be final. If you are asked to leave the test site, your test fee will be forfeited.
- If you come to the test site, are pregnant or have an injury and have not submitted a doctor's release stating no restrictions to PHD's office prior to 2:00 pm Friday before test date, you will not be permitted to take the exam and the fee for the test will be forfeited.

By signing this application, I agree to abide by all policies and procedures of Professional Healthcare Development, LLC www.profhd.com. **Candidate must present Social Security card and Photo ID at test site. Temporary ID's, Social Security Cards or copies will not be accepted.**

Candidate Signature  _____
Date

If Under 18, Parent of Guardian Signature  _____
Date

NO PERSONAL CHECKS

Payment Options Certified Check Facility Check Money Order VISA MC Discover

Credit Card # _____ Expiration Date (MM/YYYY) _____ Security Code _____

Print/Type name as it appears on credit card _____

Amount to Charge Card \$ _____ Phone number (XXX-XXX-XXXX) _____

Credit Card Mailing Address Street _____

City _____ State _____ Zip Code _____

Authorized Card Holder Signature _____ Date _____

Mail application and correct fees to:

Professional Healthcare Development,
LLC P.O. Box 399
Ona, WV 25545
Phone 304-733-6145
Fax 304-733-6146