

NURSE AIDE ONLINE TEST REGISTRATION

To register for the written (online) competency test, please complete this registration form. You must register in advance of the testing. If you have questions, please call 712/325-3344 or 800/432-5852, ext. 3344. **Form must be filled out completely.**

Name _____ Social Security # _____ Birthdate _____

Address _____ City _____

State _____ Zip _____ Phone (h) _____ (w) _____

Facility where employed _____

Signature of DON, ADON or In-service Director required if billed to facility: _____

TRAINING HISTORY (Please fill in the information that applies to you)

- 75 Hour Nurse Aide Course: Date _____ Location _____ Instructor _____
Last clinical date: _____
- Previous Nurse Aide training other than 75 hour (60 hour, LPN, etc.) _____
- No previous training

TESTING HISTORY Written (online) competency test taken _____ time(s)

All students have the option of having the written (online) exam read to them at no additional charge. Please contact Iowa Western Community College **BEFORE** scheduling a test date if you have questions about this.

ONLINE TEST

 Date _____ Time _____

Written/online test fee: \$45* (Fee must be paid **EACH** time the test is taken)

IMPORTANT NOTE: TEST FEES ARE NONREFUNDABLE—Tests may be rescheduled once with 24 hour advance notice.

***Money order, credit card or cash only—no personal checks accepted.**

(To be filled in only if card is not available) Credit Card # _____ Exp. Date _____ V-Code _____

Name on Credit Card _____ Billing Address _____

Please complete this form and mail **with your payment** to: Iowa Western Community College
Continuing Health Education
2700 College Road
Council Bluffs IA 51503

Upon receipt of this registration form, Iowa Western Community College will send you an admission slip with the date and time of your test. **You must show the admission slip and a photo ID to enter the testing areas. NO ONE WILL BE ADMITTED WITHOUT THESE TWO ITEMS.**

My signature on this form indicates that I understand that:

- ◆ I/my employer will be responsible for paying the testing fee if I do not show up for the test.
- ◆ I **MUST** have a photo ID to be allowed into the testing area.

Signature of applicant

Date

PLEASE NOTE: THIS FORM FOR ONLINE TEST ONLY—SEPARATE FORM REQUIRED FOR SKILLS TEST