

Nurse Aide Written Online Test Registration

To register for the skills competency test, please complete this registration form. You must register in advance of the test.

If you have questions, please call (712) 325-3255. **The form must be filled out completely.**

Iowa Western Community College, Continuing Education, Looft Hall, 2700 College Road, Council Bluffs, IA 51503

FAX: 712-325-3721 Email: ce@iwcc.edu

PERSONAL INFORMATION				
NAME (Lastname, First name Middle Initial)		DATE OF BIRTH (mm/dd/yyyy)	SSN:	
ADDRESS (Number, Street, City, State Zip Code)				
TELEPHONE (Home)	TELEPHONE (Mobile)	EMAIL ADDRESS		GENDER ___ Male ___ Female ___ Nonbinary
Testing History: Written Competency test taken _____ times.				
WRITTEN TEST		Date:	Time:	
Written test fee: \$65 Testing fee due at time of registration				
<ul style="list-style-type: none"> Fee must be paid EACH time the test is taken IMPORTANT NOTE: TEST FEES ARE NONREFUNDABLE Tests may be retaken ONCE with 24-hour advance notice. Money order. Credit cards, or cash only-no personal checks. 				
Training History (You must complete this portion of form)				
<input type="checkbox"/> 75-hour nurse aide course Date: _____ Location: _____ Instructor: _____				
<input type="checkbox"/> Previous Nurse Aide training other than 76 hours (60 hours, LPN, Etc.): _____ a.				
<input type="checkbox"/> No previous training				
PAYMENT METHOD: PHONE WITH PAYMENT INFORMATION or COMPLETE THIS PORTION				
<input type="checkbox"/> E2E	<input type="checkbox"/> Money Order	<input type="checkbox"/> Cashier's check	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
Credit/Debit Card #:		Exp. Date:	3 Digit Code:	
Name on Card:				
Billing Address:				
Payee Email:				
Upon receipt of this registration form, IWCC will contact you with a testing date and time. YOU MUST SHOW A PHOTO ID TO TEST. NO ONE WILL BE ALLOWED TO TEST WITHOUT A PHOTO ID. My Signature on this form indicates that I understand that: <ul style="list-style-type: none"> I/my employer will be responsible for paying the fee if I do not show up for the test. If I reschedule the test with less than 24 hours before my test time, there is no refund for the original test and I am responsible for the rescheduled test fee. I MUST have a photo ID to be allowed into the testing area. 				
Signature of applicant: _____			Date: _____	
PLEASE NOTE: THIS FORM IS FOR THE WRITTEN TEST ONLY- SEPARATE FORM REQUIRED FOR THE SKILLS TEST				