

4. WISCONSIN NURSE AIDE TRAINING PROGRAM INFORMATION (to be completed ONLY by E-I applicants testing for the first time)

Name of Program:

Program Number (FOR WISCONSIN APPROVED PROGRAMS ONLY): -

Enrollment Date: / /
MM DD YYYY

Completion Date: / /
MM DD YYYY

I hereby certify that the applicant has successfully completed a nurse aide training program offered by the training program named above and on the completion date indicated above.

DATE

SIGNATURE OF NURSE AIDE PRIMARY INSTRUCTOR

5. TEST LOCATION:

At a Regional Test Site Provide the name and location of the test site in which *you prefer* to test. **Please list all of your choices. If none of your choices are available, you will be assigned the first available test site in your area.** Go to Pearson VUE's web site at www.pearsonvue.com/wi/nurseaides to view a listing of Regional Test Sites.

1st Choice Site:

2nd Choice Site:

3rd Choice Site:

At an In-Facility Test Site (Complete the information below):

Site Name:

6. REGISTRATION FOR EXAM & FEES

FEES ARE NOT REFUNDABLE. If you have any questions about your application, please call Credentia at 877-437-9587 prior to sending in fees. Application fees submitted are valid for one year from the date received. Candidates who do not attend their exam will need to reapply to test and submit new fees. Under Federal Law, the Nurse Aide employed by a federally certified nursing home may be eligible for competency testing fee reimbursement.

The registration fee must be paid in the form of a (1) **CERTIFIED CHECK OR COMPANY CHECK**, (2) money order, or (3) by credit card. **NO PERSONAL CHECKS OR CASH WILL BE ACCEPTED.** Payments must be made **payable to Pearson VUE.**

Select the exam type and total amount due. If applicable, provide credit card information below.

Credit Card Payment: MasterCard and Visa credit cards are accepted. The request for approval of credit card payments will be done only once. If card is declined, an alternate form of payment is required. **Print and sign** your name as it appears on your card. Indicate the credit card selection, credit card number, and expiration date.

Mastercard Visa Credit Card # Expiration Date /

Name (Print):

Signature:

Exam Type	Check/MO	Credit Card
<input type="checkbox"/> 1. Skills and Written Exams	\$ 115	\$ 118.75
<input type="checkbox"/> 2. Skills and Oral Exams	\$ 115	\$ 118.75
<input type="checkbox"/> 3. Skills ONLY (Attach your failing Skills score report.)	\$ 70	\$ 72.25
<input type="checkbox"/> 4. Written ONLY (Attach your failing Written score report.) ..	\$ 45	\$ 46.50
<input type="checkbox"/> 5. Oral ONLY (Attach your failing Oral score report.)	\$ 45	\$ 46.50

Total Amount Due:

\$.

7. SIGNATURE OF APPLICANT

- I understand that I am responsible for making sure all of the information provided in this application is completely true and correct.
- I understand that any information I gave that is not true may jeopardize my eligibility status as a nurse aide.
- I understand if I have not received a letter from Credentia confirming receipt of my application within 10 days after it was submitted, I must call Credentia at 877-437-9587 to check the status of my application.

REQUIRED

**Printed
Name:** _____

REQUIRED

Signature: _____

CHECK HERE IF YOU DO NOT WISH TO DISCLOSE YOUR NAME AND ADDRESS ON LISTS THAT ARE FURNISHED BY PEARSON VUE UPON REQUEST.

You must submit Documentation of Eligibility (see Section 2), a PHOTOCOPY of a document that provides your name, date of birth, and Social Security number (for example, a current (not expired) driver's license or passport, and Social Security card, employee check stub or Internal Revenue Service form) along with this application, correct fee, and a photocopy of your identification together in one envelope.

Note: Make your certified check, company check, or money order payable to "Pearson VUE."

MAIL TO:

**Pearson VUE
Attn: Nurse Aide Processing
3 Bala Plaza West
Suite 400A
Bala Cynwyd, PA 19004**

If paying by Credit Card, you may fax this application to (800) 838-2039.