

## Louisiana Certified Nurse Aide Examination Application

### Instructions

- Please go to [www.sowela.edu/NurseAide](http://www.sowela.edu/NurseAide) to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms **will not** be processed.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **SOWELA Technical Community College, ATTN: LA Nurse Aide Program, 3820 Sen. J. Bennett Johnston Ave. Lake Charles, LA 70615.**



The name you provide on this application **must** match **EXACTLY** the name on your government-issued identification you will provide on the day of testing. If the name does not match **EXACTLY**, you **will not** be permitted to take your exam and **will forfeit** any test fees.

If you have previously taken a nurse aide exam with SOWELA Technical Community College and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. SOWELA Technical Community College will be unable to process your application until the legal acceptable documents are received.

- **If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):**

- Please go to [www.sowela.edu/nurseaide](http://www.sowela.edu/nurseaide) to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
- Fill out the box below.

**Note:** Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations

I am applying for **Americans with Disabilities Act (ADA) accommodations**. I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not **all** accommodations can be approved.

**Yes**

**No**

### Candidate Information

All fields marked with \* are required. Print one number/letter in each box where required.

|  |                              |                             |
|--|------------------------------|-----------------------------|
| *Have you taken a Certified Nurse Aide exam with STCC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Are you a high school student?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| *Social Security Number                                |                              |                             |
| *First Name  |                              | Middle Initial              |
| *Last Name   |                              |                             |

|   |   |   |
|---|---|---|
| *Date of Birth (Month/Day/Year)   | Previous name (if applicable):                            |   |
| *Street Address (including Apt. number or P.O. Box, if applicable)                          |   |   |
| *City   | *State  | *ZIP Code                                       |
| Parish (first four letters only)  | * Phone Number (including area code)                      |   |
| *Email Address (application will not be processed without an email address)                 |   |   |
| Ethnic Group (optional) (check one box)   |   |   |
| <input type="checkbox"/> American Indian or Alaskan Native                                  | <input type="checkbox"/> Asian American/Pacific Islander  | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Mexican American   | <input type="checkbox"/> Other Hispanic or Latin American | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Other  |   |   |
| Gender (optional) (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male |   |   |

### Certification Option/Eligibility

Please check a certification route.

| ✓ | Certification Route  |
|---|--|
|   | <b>Route 1 New Nurse Aide:</b> Candidate has completed training from a Louisiana approved training program within the last 12 months.  |
|   | <b>Route 2 Lapsed less than 24 Months:</b> Candidate's Louisiana CNA certificate is lapsed less than 24 months and has one attempt to test and pass both parts of the exam.<br>Louisiana Certificate # <input type="text"/><br><br>Expiration Date |
|   | <b>Route 3 Lapsed and Re-trained:</b> Candidate has lapsed on the Louisiana Registry and has completed a Louisiana approved training program within the last 12 months.<br>Louisiana Certificate # _____   |
|   | <b>Route 4 Foreign Trained Nurse (RN/LPN):</b> Candidate is an RN or LPN who trained in a foreign country. Approval letter from LDH must be submitted with application.  |
|   | <b>Route 5 RN/LPN Student:</b> Candidate has completed sufficient RN/LPN course content within the last 3 years. Transcript must be submitted to LDH for approval; approval letter must be included with application.                              |
|   | <b>Route 6 Military Trained:</b> Candidate has submitted military transcript which verifies sufficient medical training or experience to LDH for approval; approval letter must be included with application.                                      |
|   | <b>Route 7 Licensed Nurse on Suspended or Probation Status:</b> Candidate has submitted documentation to LDH for approval; approval letter must be included with application.  |

|  |          |
|--|----------|
| <p><b>Route 8 Reciprocity:</b> Candidate is an active certified nurse aide in good standing in another state. Copy of SSN card and Louisiana government-issued ID or Military ID must be included with application. Please list all states that you are currently certified in and your certificate number(s):</p> |          |
| State 1:   | Cert No: |
| State 2:   | Cert No: |
| State 3:   | Cert No: |

**Training Information**

This section must be completed if the **Certification Route 1 or 3** is selected.

|   |   |                              |
|---|---|------------------------------|
| <p><b>*Current/Anticipated Training Completion</b></p>                |   | <p>Training Program Code</p> |
| <p><b>Date:</b></p>   | <p><b>NA</b></p>                        |                              |
| <p>*Name of Training Program</p>                                      |   |                              |
| <p>*Training Program Mailing Address (Street Address or P.O. Box)</p> |   |                              |
| <p>City</p>   | <p>State</p>                            | <p>ZIP Code</p>              |
| <p>Phone Number (including area code)</p>                             | <p>Fax Number (including area code)</p> |                              |
| <p>Name of RN Coordinator</p>   | <p>Date</p>                             |                              |

### Test Site Information

Please check one of the following options.

|   |   |                  |
|---|---|------------------|
| ✓ | <b>Test Site</b>  |                  |
|   | <b>Testing at your Facility:</b> My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator. <b>Do not send to SOWELA Technical Community College.</b>         |                  |
|   | <b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site code is listed.<br><i>A current list of Test Sites with codes can be found online at <a href="http://www.ladelta.edu/NurseAide">www.ladelta.edu/NurseAide</a>.</i> | *Test site code: |

### Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to SOWELA Technical Community College. **Personal checks and cash are not accepted.** Fees are **non-refundable and non-transferrable.**
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type.**

**NOTE: A Reading Comprehension Exam will be automatically scheduled if you choose to take an oral version of the exam.**

|   |   |            |   |
|---|---|------------|---|
| ✓ | <b>Newly Trained Tester</b>                                       | <b>Fee</b> | ✓ |
|   | Written and Clinical Skills                                       | \$100      |   |
|   | Oral and Clinical Skills<br>(includes Reading Comprehension Exam) | \$100      |   |
| ✓ | <b>Lapsed/Other Candidate</b>                                     | <b>Fee</b> | ✓ |
|   | Written and Clinical Skills                                       | \$100      |   |
|   | Oral and Clinical Skills<br>(includes Reading Comprehension Exam) | \$100      |   |
| ✓ | <b>Re-tester</b>  | <b>Fee</b> | ✓ |
|   | Written Test ONLY   | \$40       |   |
|   | Oral Test ONLY<br>(Oral includes Reading Comprehension Exam)      | \$40       |   |
|   | Clinical Skills Test ONLY   | \$60       |   |
| ✓ | <b>Rescheduling Fee</b>   | <b>Fee</b> | ✓ |
|   | Reciprocity Application Processing Fee                            | \$25       |   |

## **Applicant's Affidavit and Candidate Release Statement**

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nurse aide may be at risk.
- I understand if I pass both parts of the Nurse Aide Competency Exam, I will be placed on the Louisiana Nurse Aide Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release SOWELA Technical Community College, Louisiana Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

### **\*Candidate Signature (in box below)**

### **Date:**

If you **DO NOT** receive your emailed ATT letter from SOWELA Technical Community College within **10-14 business days** of receipt at SOWELA Technical Community College, please contact SOWELA Technical Community College.

**Questions:** For additional information, please visit our website at **[www.sowela.edu/nurseaide](http://www.sowela.edu/nurseaide)**.

Please make a copy of all completed forms for your personal records.