

CNA EXAM REGISTRATION FORM

SOUTHERN REGION

Mail application & fees to:
 Regional Testing Center
 Golden West College
 15744 Golden West Street - Forum I, Room 112A
 Huntington Beach, CA 92647
 Ph (714) 895-8708 — Fax (714) 895-8994
 Website: www.regionaltestingcenter.org

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE INITIAL SUFFIX (Example: Jr., II, III)

BIRTHDATE NOTE: USE MM/DD/YY FORMAT

SOCIAL SECURITY NUMBER

CA TRAINING PROGRAM ID # or SPONSOR ID FROM CDPH S

END DATE OF CNA TRAINING or CDPH APPROVAL DATE NOTE: USE MM/DD/YY FORMAT

REQUESTED 1ST CHOICE:

TEST LOCATION Eastlake Medical College

TEST SITE #

TEST DATE NOTE: USE MM/DD/YY FORMAT

REQUESTED 2ND CHOICE:

TEST LOCATION _____

TEST SITE #

TEST DATE NOTE: USE MM/DD/YY FORMAT

CANDIDATE'S MAILING ADDRESS **Apartment #**

ADDRESS

CITY STATE

ZIPCODE - PHONE ()

CANDIDATE'S EMAIL ADDRESS _____

- Take both the Written and Manual Skills Examination \$ 100
- Retake the Written Examination\$ 35
- Retake the Manual Skills Examination\$ 65
- Additional Fee for Oral Examination (Audio Recording—English Only).....\$ 15
- Reschedule Fee—(Flat rate applies for all Rescheduled/Cancelled/Missed Exams) \$ 25
- Reschedule Written/Oral Exam
- Reschedule Manual Exam

ETHNICITY / RACE

WHITE
AFRICAN AMERICAN
NATIVE AMERICAN
PACIFIC ISLANDER

ASIAN INDIAN
OTHER ASIAN
HISPANIC
OTHER

GENDER M F

If you have tested for CNA with the Red Cross within last two years; indicated pass/fail information below.

Please attach copy of score report.

Copy of score report must be submitted with this application, and is also required at Test Site.

WRITTEN

Passed

Failed

MANUAL SKILLS

Passed

Failed

Written Exam Date: _____

(List exam date if you tested with Red Cross)

Manual Exam Date: _____

(List exam date if you tested with the Red Cross)

PLEASE READ

Registration forms and testing fees must be received in the office at least 10 business days prior to the testing date.

*Note: weekends and holidays do not count as business days.

Please include in your envelope:

*Completed Registration Form.

*Cashiers check or money order, payable to Regional Testing Center (cash or personal checks will not be accepted).

*If you were approved by the CA Department of Public Health (CDPH), please include a COPY of your approval letter (932 form), do not send your original.

Information will be entered as you have provided it, so please double check before submitting your form.

Incomplete forms will be returned to sender, and applications will not be registered.

Rescheduling fees are required for ALL rescheduled, cancelled or missed exams.

Registration materials are processed upon receipt, therefore there are NO REFUNDS.

Notification cards will be mailed to you, confirming exam date and location. Notification cards are not required. However, if you do not receive a card one week before your test, feel free to contact us to verify that we did receive your paperwork, and you have been registered.

The Regional Testing Center is not responsible for applications, fees, or notification cards that are lost in the mail.

On the day of the exam you must bring: original social security card (cannot be laminated), current government issued photo identification, and either your original CDPH 932 approval letter or 283b form (from your school). Failure to bring any of the above documents will prevent you from testing.

By signing this form, I declare that the information I have provided is true and accurate to the best of my knowledge. I understand that any false information or misrepresentation of facts may be cause for voiding my evaluation.

I understand that the name on this form must match exactly the name on my social security card, my government issued photo Identification, and either my CNA/HHA Initial Application (283b) or CDPH 932 approval letter. If the names do not match on all three items, I will not be tested.

I authorize Pearson VUE, Inc. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Pearson VUE, Inc. to use my evaluation results for research purposes.

I have read and agree to the terms of this application.

Signed: _____

Date: _____