MASSACHUSETTS NURSE AIDE TESTING AND REGISTRATION APPLICATION FORM

See page two for directions.

1. Candidate Information

Social Security Number | Maiden Name

Last Name (Family) | First Name | M.I.

Mailing Address | Apt. No.

City | State | Zip Code

Work Telephone Number | Home Telephone Number

Date of Birth (Mo/Day/Yr) | Email Address

2. Facility Information

Name of Your Employer

Vendor I.D. Number (7 Digits)

Location/City

Date of Hire (Month/Day/Year)

3. Training Program Information

Name of Training Program

Code (10 or 6 Digits)

Location/City

Date Completed Program (Month/Day/Year)

4. Testing Information

Please Note: The space provided is for listing specific dates you will be unable to test. (For example, vacation, medical appointment.) The American Red Cross makes every effort to meet your requests but they cannot be guaranteed.

Register me for: ☐ Knowledge Test

Type of Administration: (check one) ☐ Written ☐ Oral

Register me for: ☐ Clinical Skills Test

Location: (check one) ☐ In-facility ☐ Red Cross Site

If you checked a Red Cross site, please indicate your preference(s) below. You will be scheduled for the first available slot at the location you check. Please indicate any dates you are not available within the next 30 days.

I can take the test at any of the locations below:

☐ Brockton ☐ Cambridge ☐ Fall River ☐ Hyannis

☐ Leominster ☐ Lowell ☐ New Bedford ☐ Peabody

☐ Pittsfield ☐ Springfield ☐ Worcester

I am **NOT** available on the following dates: ____________________

5. Signature/Date

By signing this application, you agree and attest to the following:

I am the person whose name and personal information appears on this application. To the best of my knowledge, the information contained herein is true and accurate. I understand that if any of the information contained herein is not true, is misrepresented or is intentionally incomplete or inaccurate, any and all test scores shall be forfeit and any resulting registration as a certified nurse aide shall, automatically and without more, be rendered null and void.

Further, I give the American Red Cross authority to forward and/or transmit this data to the Massachusetts Department of Public Health (DPH) for inclusion on the Nurse Aide Registry. I understand that should there be any change to the personal information included herein, I am required to report those changes to the DPH within thirty days of the change.

Signature | Date

FOR RED CROSS TESTING OFFICE USE ONLY

Eligibility Code

Approved by

Date

Sponsor | Payment
☐ Written ☐ Oral
P/F/A | Date
Clinical Skills
P/F/A | Date
/ /
Signature | Social Security #

Sponsor | Payment
☐ Written ☐ Oral
P/F/A | Date
Clinical Skills
P/F/A | Date
/ /
Signature | Social Security #

Sponsor | Payment
☐ Written ☐ Oral
P/F/A | Date
Clinical Skills
P/F/A | Date
/ /
Signature | Social Security #

Sponsor | Payment
☐ Written ☐ Oral
P/F/A | Date
Clinical Skills
P/F/A | Date
/ /
Signature | Social Security #

Do not forget to send: Your Certificate from Training Program & Money Order for $93.00

This form is your application to take tests that admit you to the MA Nurse Aide Registry. Your Sponsor (employer, training program or staffing agency) will help you complete it. Print all entries in ink clearly, one letter or number to a box. Unreadable or incorrect information may delay scheduling you for your tests. The numbers for each section listed below match the numbers on the form.

1. CANDIDATE INFORMATION

Social Security Number:
Print your Social Security Number. It is the primary means of identifying you in the Massachusetts Nurse Aide Registry.

Name: Enter your name as you want it to appear on your certificate.
Last (Family): Print the first fifteen letters of your last, or family name. If you use more than one last name, leave a space empty between the names. **First:** Print the first ten letters of your first name. **M.I.:** Print the initial of your middle name. **Maiden:** Print the first fifteen letters of your maiden name after your Social Security Number.

Address: Enter your mailing address. This is the address to which your nurse aide certificate will be sent.
Street: Print your street address. Leave an empty space between a street number and name. **Apt. No.:** Print your apartment number, if you have one. **City:** Print the name of the city. If there are two words, leave a space between the words. **State:** Print the U.S. Postal Code abbreviation for your state (Massachusetts = MA). **Zip Code:** Print your 5-digit Zip Code.

Work Telephone Number:
Print the area code and telephone number where you can be reached at work.

Home Telephone Number:
Print your home telephone number here.

Date of Birth:
Print the numbers of the month, day and year of your birth in the spaces provided. If the number is one digit, place a 0 first.
Example: April 15, 1965 = 04-15-65.

Email Address:
Print your complete email address.
Example: jdoe@yourcompany.org

2. FACILITY INFORMATION
Print the name. Vendor I.D. number and city of the nursing facility or staffing agency where you work now. The facility will give you its 7-digit Vendor I.D. #. If you are not currently working for a facility or staffing agency, print "NOT EMPLOYED" on the top line, leaving the rest blank.

Date of Hire:
Print the number for the month, day and year of your date of hire.

3. TRAINING PROGRAM INFORMATION
Print the name, code and city of the state-approved training program you completed in the spaces provided. If you were trained at the facility where you now work, write "CURRENT EMPLOYER" on the top line and leave the City line blank. The training program will give you its 10 or 6-digit code.

Date Completed Training Program:
Print the numbers for the month, day and year you completed your training program.

4. TESTING INFORMATION

Knowledge Test:
You may take the Knowledge Test in one of two types of administration: written (paper and pencil), or oral administration. See the Candidate Information Booklet. Mark one choice only.

Clinical Skills Test:
Check this box for this test.

Location:
If your facility is arranging your testing at the facility, circle "IN-FACILITY". If you are going to a Red Cross site, mark "Red Cross site".

Identification Requirements:
Two forms of ID are required. One must be a current and clear photo ID and the other can be any form of ID. The only acceptable forms of photo IDs are a valid, current driver's license, a current passport, or a Registry of Motor Vehicle issued photo ID. No other forms of photo ID will be accepted. All information on your Application **MUST** match all information on both of your ID's.

5. SIGNATURE/DATE:
Read the statement and sign your name as you would sign a check and print the date you complete this form.

DO NOT ENTER ANY INFORMATION IN THE AREA MARKED "FOR RED CROSS USE ONLY."

Return the:
- ☑ Application Form
- ☑ Copy of Eligibility Documentation (see Candidate Guide)
- ☑ Fee Make **certified check or money order** Payable to: **ARC/Nurse Aide Program**

Mail to: **ARC/Nurse Aide Program**
85 Lowell Street
Peabody, MA 01960

AMERICAN RED CROSS TESTING OFFICE
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