

# American Red Cross State Testing Office

## VERMONT NURSE ASSISTANT TESTING APPLICATION FORM

Go online to [www.redcross.org](http://www.redcross.org) or call (800) Red Cross to register for your test then bring this completed form on your test day

1. Candidate Information										
Social Security Number										
Last Name				First Name				Middle Initial		
Address										Apt No
City						State		Zip		
Best Daytime Phone Number						Alternate Phone Number				
Date of Birth (Mo/Day/Year)						Email Address				

**Social Security Number:** Print your Social Security Number.

**Name:** Enter your current legal name as it appears on your State/Federal issued photo identification. If you use more than one last or first name, leave a space empty between the names.

**Address:** Enter your mailing address. This is the address to which your test results will be sent if you do not provide an email.

**Email Address:** Enter your email address. This is where your results will be sent. If left blank, your results will be mailed.

2. Eligibility Documentation (please check only one)			
You must be approved by the VT Board of Nursing to sit for the Nurse Assistant Exam in Vermont. You are required to present a copy of your approval letter with this test application on the day of your exam.			
	I have completed a Nurse Assistant Training Program in VT and have been approved to test.		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Training Program Name</td> <td style="width: 20%; padding: 5px;">Completion Date</td> </tr> </table>	Training Program Name	Completion Date
Training Program Name	Completion Date		
	I have completed a Nurse Assistant Training Program in another state and have been approved to test.		
	I am enrolled in an Accredited Nursing Program and been approved to test.		
	I was previously scheduled to test, but no longer have my retake form.		

2a. Test Administration (please check any that apply)	
	I have submitted my request for special accommodations to the VT Board of Nursing and have been approved to take my test with Special Accommodations and have notified the State Testing Office of my request.
	I would like to have the knowledge test administered orally and requested that option when scheduling my test.

3. Employment Information	
This section must be completed if you are currently employed, or have offer of employment at a Medicare/Medicaid Nursing Home	
Name of Facility	Phone number of facility
Signature of Employer	Date of Signature

4. Candidate Signature and 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.	
Further, I give the American Red Cross authority to forward and/or transmit this data to the Vermont Board of Nursing (BON) for inclusion on the Nurse Assistant Registry. I understand that should there be any change to the personal information included herein, I am required to report those changes within thirty days.	
<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Date