

NURSE ASSISTANT  
CERTIFICATION EXAM  
REGISTRATION APPLICATION

**Mail application & fees to:**  
Southern Regional Testing Center  
Golden West College  
15744 Goldenwest Street  
Forum I, Room 112A  
Huntington Beach, CA 92647

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security Number or TIN \_\_\_\_\_

Training Program Code or CDPH Approval/Sponsor Code \_\_\_\_\_

Course Completion Date or CDPH Approval Date \_\_\_\_\_

Note: USE MM/DD/YY FORMAT

Test Location 1<sup>st</sup> choice: \_\_\_\_\_

Test Site Code \_\_\_\_\_ Requested Test Date \_\_\_\_\_

Note: USE MM/DD/YY FORMAT

Test Location 2<sup>nd</sup> choice: \_\_\_\_\_

Test Site Code \_\_\_\_\_ Requested Test Date \_\_\_\_\_

Note: USE MM/DD/YY FORMAT

Candidate Mailing Address:

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Email address required \_\_\_\_\_

\_\_\_\_\_ Manual and Written Examination \$120

\_\_\_\_\_ Retake Manual Examination \$80

\_\_\_\_\_ Retake Written Examination \$40

\_\_\_\_\_ Written Oral Examination (Audio-English Only) \$55

**(Note: Rescheduling fees are required for all rescheduled, cancelled or missed exams)**

\_\_\_\_\_ Reschedule Manual Examination \$25

\_\_\_\_\_ Reschedule Written Examination \$25

**Please Note:**

Registration forms and testing fees must be received in the office at least 15 business days or 21 calendar days prior to the testing date (weekends and holidays do not count as business days). The Regional Testing Center is not responsible for late, missing or lost applications,

Please submit the following:

- Completed and signed Registration Application Form
- Cashier's check or money order, payable to Regional Testing Center (cash or checks will not be accepted)
- COPY of your 283B form or your CA Department of Public Health approval letter (CDPH 932 form)

Registration materials are processed upon receipt, therefore **NO REFUNDS**

Incomplete registration applications or registration applications submitted with personal checks or cash will be returned to sender, and the registration application will **NOT** be processed.

Notification emails or letters will be sent to you, confirming the exam date and location. Notification emails/letters are not required.

On the day of the exam you must bring:

- Original Social Security card (cannot be laminated)
- Current government issued photo identification
- Original 283B or original CDPH 932 approval letter
- **Note: 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 cause invalidation of my testing results.

I understand that my name must be exactly the same on the registration application, my social security card, my government issued photo identification, and 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 allowed to take the CNA tests.

I authorize Credentia Nurse Aide LLC. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Credentia Nurse Aide LLC. to use my evaluation results for research purposes.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_