

CNA EXAM REGISTRATION FORM SOUTHERN REGION

Mail registration form & 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

SUFFIX (Example: Jr., II, III)

LEGAL FIRST NAME

MIDDLE INITIAL

BIRTHDAY

NOTE: USE MM/DD/YY FORMAT

SOCIAL SECURITY # or ITIN #

CA TRAINING PROGRAM ID # or
 SPONSOR CODE FROM CDPH

END DATE OF CNA TRAINING or
 CDPH APPROVAL DATE

NOTE: USE MM/DD/YY FORMAT

REQUESTED 1ST CHOICE:

TEST LOCATION

TEST SITE #

TEST DATE

NOTE: USE MM/DD/YY FORMAT

REQUESTED 2ND CHOICE:

TEST LOCATION

TEST SITE #

TEST DATE

CANDIDATE'S MAILING ADDRESS

APARTMENT #

ADDRESS

CITY

STATE

ZIP CODE

PHONE

CANDIDATE'S EMAIL ADDRESS

EXAMINATION FEES

If testing before
 MARCH 1, 2022

If testing on or after
 MARCH 1, 2022

Take both the Written and Manual Skills Examination.....	\$100	\$120
Retake the Written Examination.....	\$35	\$40
Retake the Manual Skills Examination.....	\$65	\$80
Additional Fee for Oral Examination (Audio Recording—English Only).....	\$15	\$15
Reschedule Fee—(Flat rate applies for all Rescheduled/Cancelled/Missed Exams).....	\$25	\$35

Reschedule Written Exam

Reschedule Manual Exam

ETHNICITY / RACE	WHITE	ASIAN INDIAN
	AFRICAN AMERICAN	OTHER ASIAN
	NATIVE AMERICAN	HISPANIC
	PACIFIC ISLANDER	OTHER

GENDER **MALE** **FEMALE**

If you have tested for CNA with the Red Cross within the last two years; indicate pass/fail information below. Please attach copy of score report.

WRITTEN	Passed	Failed	MANUAL SKILLS	Passed	Failed
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Written Exam Date:

Manual Exam Date:

List exam date if you tested with Red Cross.

List exam date if you tested with Red Cross.

PLEASE READ

Registration forms and testing fees must be received in the office at least 10-15 business days prior to the testing date.

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

Please include in your envelope:

* Complete Registration Form

* Cashier's Check or money order, payable to Regional Testing Center (cash or personal checks will not be accepted)

* If you were approved by CA Department of Public Health(CDPH), please include a COPY of your approval letter (932 form).

DO NOT SEND YOUR ORIGINAL 283B FORM OR 932 FORM.

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 you will not be registered.

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

Registration materials are processed upon receipt, therefore NO REFUNDS.

Notification emails or letters will be sent to you, confirming exam date and location. Notification emails/letters are not required. However, if you do not receive notification one week before your test, feel free to contact us to verify that we receive your paperwork and you have been registered.

The Regional Testing Center is not responsible for applications, fee, or notification letters 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 Credentia to release my evaluation results if requested by any agency that is authorized to receive this information.

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

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

Sign:

Date: