



Arkansas Nursing Assistant Examination Scheduling Form

All candidates must include this Scheduling Form with their Eligibility Screening Form.

Candidate Information

Last Name	First Name	Middle Initial
Social Security Number or Alien ID Number - - -		
<input type="checkbox"/> Check this box if Alien ID Number is used.		
Daytime Phone Number (including area code) ()	Email Address	
Training Facility	Training Program Code (if available – see completion certificate)	

Test Site Information

All candidates must choose either to take the Nursing Assistant Examination at their training site/employing nursing home or at a Regional Test Site. Please check one of the following options for testing.

<input type="checkbox"/>	In-facility Testing: My employer or training program is scheduling my testing and I will take the exam(s) at their location. I will give my Eligibility Screening Application form and the Examination Scheduling Form to my training coordinator (do not send it to Prometric). I will be scheduled for my exam(s) within 14 days of the approval of my Eligibility Screening Application.
<input type="checkbox"/>	Regional Test Site: I am applying to test at a Regional Test Site location. My choice of city and the test center code from Page 6 of this Bulletin are listed below. Once my Eligibility Screening Application is approved, Prometric will send me an Authorization to Test letter regarding my specific test date, time and location information.
Test Site Location	
First Choice	Test Site Code
Second Choice	

Testing/Retesting Fees

	First-Time Tester	Fee	Total
<input checked="" type="checkbox"/>	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Clinical Skills Retest	\$45	
	Written Retest	\$34	\$
	Oral Retest (<i>You may select this option even if you previously took the Written Test</i>)	\$34	\$
<input checked="" type="checkbox"/>	Rescheduling/No Show (if applicable, see Page 8)	Fee	
	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
		Total Fee	\$

Note: If this is your first time testing, please also refer to Section 5: Payment Information on the Eligibility Screening Form.

Questions: For assistance with any questions, please call Prometric at 800.818.8917.

If you chose In-facility Testing, give this completed form, along with all necessary documents (including the Eligibility Screening Application and training certification), and the appropriate fees to your training coordinator.

If testing at a Regional Test Site, mail this completed form, along with all necessary documents (including the Eligibility Screening Application and training certification), and the appropriate fees to: Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.