



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

APPLICATION FOR STATE TEST

Check the course you are currently enrolled in. If one of the following is not checked, this form will be rejected and the candidate will not be able to take the test.

- 90-Hour Certified Nurse Aide Course, 20-Hour Home Health Aide Course, Bridge Course for Nurse Aide Course

Complete this form, attach the following and return to instructor:

Copy of identification with current name & social security number (such as driver's license, social security card) Non-refundable application fee of \$20.00 (check or money order).

Course Information (The candidate must complete this part with instructions by the instructor.)

Instructor ID #, Course #, # of course hrs

Candidate Information (incomplete forms will result in test schedule delay)

Name Last, First, MI

Other Names Used

Social Security Number

Birth date, Sex: Male, Female

Address Street, City, State, Zip

Phone Number Home, Work

Please mark the highest level of education received:

- (N) No high school, (H) High school diploma or GED, (L) Licensed Practical Nurse, (D) Diploma Nurse(RN), (A) Associate Degree, (B) Bachelor's Degree, (M) Master's Degree, (E) Education Specialist, (P) PhD

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments and to send my test results to my instructor.

Candidate's Signature, Date

Candidate, **please note:**

1. You must present two forms of identification, one must be picture identification, to the proctor at the test site.
2. You must be able to provide your social security number on the test for identification..
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts within 12 months from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within 12 months from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. **ALL FEES ARE NONREFUNDABLE**
8. Certificates are issued 3-4 weeks after the test date.
9. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDHE
Curtis State Office Bldg. Ste 200
1000 SW Jackson
Topeka, Kansas 66612-1365
(785) 296-1250**

www.kdheks.gov/hoc