

# CNA EXAM REGISTRATION FORM

## SOUTHERN REGION

Mail application & 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](http://www.regionaltestingcenter.org)

LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE INITIAL  SUFFIX (Example: Jr., II, III)

BIRTHDATE       NOTE: USE MM/DD/YY FORMAT

SOCIAL SECURITY NUMBER

CA TRAINING PROGRAM ID # or SPONSOR ID FROM CDPH

END DATE OF CNA TRAINING or CDPH APPROVAL DATE       NOTE: USE MM/DD/YY FORMAT

**REQUESTED 1ST CHOICE:**

TEST LOCATION Critical Care Training Center, 6426 Bellingham Ave, North Hollywood, CA 91606

TEST SITE #  5  4  9  2

TEST DATE       NOTE: USE MM/DD/YY FORMAT

**REQUESTED 2ND CHOICE:**

TEST LOCATION \_\_\_\_\_

TEST SITE #

TEST DATE       NOTE: USE MM/DD/YY FORMAT

**CANDIDATE'S MAILING ADDRESS** **Apartment #**

ADDRESS

CITY  STATE

ZIPCODE  -  PHONE (  )

CANDIDATE'S EMAIL ADDRESS \_\_\_\_\_

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

ETHNICITY / RACE

  
  
  

WHITE  
AFRICAN AMERICAN  
NATIVE AMERICAN  
PACIFIC ISLANDER

  
  
  

ASIAN INDIAN  
OTHER ASIAN  
HISPANIC  
OTHER

GENDER M F

If you have tested for CNA with the Red Cross within last two years; indicated pass/fail information below.

Please attach copy of score report.

Copy of score report must be submitted with this application, and is also required at Test Site.

WRITTEN

Passed

Failed

MANUAL SKILLS

Passed

Failed

Written Exam Date: \_\_\_\_\_

(List exam date if you tested with Red Cross)

Manual Exam Date: \_\_\_\_\_

(List exam date if you tested with the Red Cross)

**PLEASE READ**

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

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

Please include in your envelope:

\*Completed Registration Form.

\*Cashiers check or money order, payable to Regional Testing Center (cash or personal checks will not be accepted).

\*If you were approved by the CA Department of Public Health (CDPH), please include a COPY of your approval letter (932 form), do not send your original.

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 applications will not be registered.

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

Registration materials are processed upon receipt, therefore there are NO REFUNDS.

Notification cards will be mailed to you, confirming exam date and location. Notification cards are not required. However, if you do not receive a card one week before your test, feel free to contact us to verify that we did receive your paperwork, and you have been registered.

The Regional Testing Center is not responsible for applications, fees, or notification cards 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 Pearson VUE, Inc. to release my evaluation results if requested by any agency that is authorized to receive this information.

I also authorize Pearson VUE, Inc. to use my evaluation results for research purposes.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_