

8. ELIGIBILITY ROUTES (You MUST SELECT ONE of the following Eligibility Routes:)

- NEW NURSE AIDE (Must complete section 9 of this application)** — All applicants who have successfully completed a Texas state-approved nurse aide training program within the past twenty-four (24) months.

If you check any of the boxes below, you MUST enclose an original Competency Evaluation Program Eligibility letter issued by the Texas Department of Aging and Disability Services (DADS) stating that you are eligible to take the examination based on Section 94.11 of the Licensing Standards for Nurse Aides.

- OUT-OF-STATE TRAINING (5010)** — All applicants who have completed an approved nurse aide training program in another state within the past twenty-four (24) months.
- MILITARY TRAINING (5011)** — All applicants who have completed military training of 100 hours or more on or after July 1, 1989, equivalent to civilian nurse aide training.
- RN/LVN GRADUATE (5512)** — All applicants who have completed a state-accredited school of nursing in any state within the past twenty-four (24) months.
- RN/LVN STUDENT (5513)** — All applicants who have completed basic nurse training within the past twenty-four (24) months.
- EXPIRED CERTIFICATE (5528)** — All applicants who have NOT performed nursing or nursing related duties in a health care setting during the twenty-four (24) months since registration or re-registration, or if the nurse aide registration has expired.
- TRAINING PROGRAM CLOSED (5525)** — All applicants who have completed an approved nurse aide training program that is closed within the past twenty-four (24) months.

9. TEXAS TRAINING PROGRAM INFORMATION (Complete this section only if you are applying as a new nurse aide)

Training Program Name _____ Training Program Code:

Training Start Date: / / Training Completion Date: / /
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I, _____ (Print Name of Program Director), verify that the test-taker has successfully completed the department-approved training program listed above and is eligible to register for the competency evaluation. I also ensure that the test-taker meets the requirements listed at 94.3(1)(1-3) of the Licensing Standards for Nurse Aides and is not listed on the NAR in revoked status; and is not deemed unemployable on the Employee Misconduct Registry (EMR) or has been found to have a conviction of a criminal offense listed in the Texas Health and Safety Code, 250.006.

SIGNATURE OF PROGRAM DIRECTOR

DATE

10. AGREEMENT OF AUTHORIZATION AND CONFIDENTIALITY

• By signing below, I agree that the information in this application is correct and may be investigated. I understand that if I have given false information in this application, I may not be allowed to take the test and could be prosecuted by the State of Texas. Also, I understand that if I cheat or engage in other prohibited behavior during the test, I may be disqualified from continuing to take the test or from receiving my test results. I understand that test results will be sent to my approved training program where applicable. I understand that a record of the successful completion of this competency evaluation will be included in the Texas Nurse Aide Registry (NAR). I understand that I must inform the registry of current employment information every 24 months or my record will be changed to expired status.

• By signing below, I verify that I understand in order to maintain active status on the NAR I must complete 24 hours of in-service education every 2 years or my record will be changed to expired status.

• By signing below, I verify that I do not have any physical, medical, or other condition that would be in any way affected by my participation in the Examination. **I hereby release Pearson VUE, NACES, the Texas Department of Aging and Disability Services, and their agents and assigns from any responsibility or liability for any claim or damages that may result from my participation in the Examination.**

APPLICANT SIGNATURE

DATE

MAILING INFORMATION

You must mail together in one envelope:

1. COMPLETED APPLICATION with

- ELIGIBILITY LETTER ISSUED BY DADS (IF APPLICABLE)
- CORRECT EXAM FEES

FEES MUST BE PAID BY MONEY ORDER, CERTIFIED CHECK, OR COMPANY CHECK, PAYABLE TO NACES PLUS FOUNDATION. PERSONAL CHECKS OR CASH WILL NOT BE ACCEPTED.

Completed application packets and fees must be received at NACES at least twelve (12) business days prior to the examination start date. For assistance in completing the application, call NACES at 1-800-444-5178, Monday through Friday 8:30 a.m. – 5:30 p.m. (Central Standard Time). All completed applications must be mailed to: **NACES Plus Foundation, Inc. • 8501 North Mopac Expressway, Suite 400 • Austin, TX 78759**

If you do not receive an Authorization to Test Notice within ten (10) business days of mailing your application, call NACES at (800) 444-5178.

NACES is not responsible for lost, misdirected, or delayed mail delivery. If you cannot attend your scheduled exam date, you **MUST** call NACES by noon CST at least five (5) business days before the test date to reschedule or you will forfeit your exam fees.

The first and last name on the photo ID and Social Security Cards you present at the test site must be the same as the name you used on the application to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test site. **If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.**

For acceptable IDs see “PROPER IDENTIFICATION” in the Texas Nurse Aide Candidate Handbook.