

NURSE AIDE SKILLS TEST REGISTRATION

To register for the skills competency test, please complete this registration form. You must register in advance of the testing. If you have questions, please call 712.325.3255. Form must be filled out completely.

Name: _____ SSN: _____ Birthdate: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Phone (h): _____ (w): _____

Male Female Facility where employed: _____

TRAINING HISTORY: (YOU MUST COMPLETE THIS PORTION OF FORM)

75 Hour Nurse Aide Course: Date: _____ Location: _____ Instructor: _____

Last clinical date: _____

Previous Nurse Aide training other than 75 hour (60 hour, LPN, etc.): _____

No previous training.

TESTING HISTORY: Skills competency test taken _____ time(s).

Please contact Iowa Western BEFORE scheduling a test date if you have questions.

SKILLS TEST Date: _____ Time: _____

Skills test fee: \$95 - Testing fee due at time of registration.

- Fee must be paid EACH time the test is taken.
- TEST FEES ARE NONREFUNDABLE - Tests may be rescheduled *once* with 24 hour advance notice.
- Money order, credit card or cash only - no personal checks accepted.

(Fill in ONLY if card is not available.)

Credit Card #: _____ Exp. Date: _____ 3-Digit Code: _____

Name on Card: _____ Billing Address: _____

Payee Email: _____

Mail, fax or email completed form **with your payment** to:

Iowa Western Community College, Continuing Education

2700 College Road, Council Bluffs, IA 51503

Fax: 712.325.3721 | **Email:** swiese@iwcc.edu

Upon receipt of this registration form, IWCC will send you an admission slip with the date and time of your test. You must show the admission slip and a photo ID to enter the testing area. **NO ONE WILL BE ADMITTED WITHOUT THESE TWO ITEMS.**

My signature on this form indicates that I understand that:

- I/my employer will be responsible for paying the testing fee if I do not show up for the test.
- If I reschedule the test less than 24 hours before my test time, there is no refund for the original test and *I am also responsible for the rescheduled test fee.*
- I **MUST** have a photo ID to be allowed into the testing area.

Signature of Applicant: _____ Date: _____

PLEASE NOTE: THIS FORM FOR SKILLS TEST ONLY - SEPARATE FORM REQUIRED FOR ONLINE TEST