

Nurse Aide Skills Test Registration

To register for the skills competency test, please complete this registration form. You must register in advance of the test.

If you have questions, please call (712) 325-3255. **Form must be filled out completely.**

Iowa Western Community College, Continuing Education, Looft Hall, 2700 College Road, Council Bluffs, IA 51503

FAX: 712-325-3721 Email: ce@iwcc.edu

| PERSONAL INFORMATION | | | | |
|--|--------------------------------------|--|---------------------------------|---|
| NAME (Lastname, First name Middle Initial) | | DATE OF BIRTH (mm/dd/yyyy) | SSN: | |
| ADDRESS (Number, Street, City, State Zip Code) | | | | |
| TELEPHONE (Home) | TELEPHONE (Mobile) | EMAIL ADDRESS | | GENDER ___ Male ___ Female ___ Nonbinary |
| | | | Facility where employed: | |
| Testing History: Skills Competency test taken _____ times. | | | | |
| SKILLS TEST | | Date: | Time: | |
| Skills test fee: \$125 Testing fee due at time of registration | | | | |
| <ul style="list-style-type: none"> Fee must be paid EACH time the test is taken IMPORTANT NOTE: TEST FEES ARE NONREFUNDABLE Tests may be retaken ONCE with 24-hour advance notice. Money order. Credit cards, or cash only-no personal checks. | | | | |
| Training History (You must complete this portion of form) | | | | |
| <input type="checkbox"/> 75-hour nurse aide course Date: _____ Location: _____ Instructor: _____ | | | | |
| <input type="checkbox"/> Previous Nurse Aide training other than 76 hours (60 hours, LPN, Etc.): _____ a. | | | | |
| <input type="checkbox"/> No previous training | | | | |
| PAYMENT METHOD: CALL WITH PAYMENT or FILL OUT THE PORTION BELOW | | | | |
| <input type="checkbox"/> E2E | <input type="checkbox"/> Money Order | <input type="checkbox"/> Cashier's check | <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card |
| Credit/Debit Card #: | | Exp. Date: | 3 Digit Code: | |
| Name on Card: | | | | |
| Billing Address: | | | | |
| Payee Email: | | | | |
| Upon receipt of this registration form, IWCC will contact you for date and time. YOU MUST SHOW A PHOTO ID TO TEST. NO ONE WILL BE ALLOWED TO TEST WITHOUT A PHOTO ID My Signature on this form indicates that I understand that: <ul style="list-style-type: none"> I/my employer will be responsible for paying the fee if I do not show up for the test. If I reschedule the test with less than 24 hours before my test time, there is no refund for the original test <u>and I am responsible for the rescheduled test fee.</u> I MUST have a photo ID to be allowed into the testing area. | | | | |
| Signature of applicant: _____ | | | Date: _____ | |
| PLEASE NOTE: THIS FORM IS FOR THE SKILLS TEST ONLY- SEPERATE FORM REQUIRED FOR THE ONLINE TEST | | | | |