



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. **The 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

- 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 card, or cash only-no personal checks.

Training History (You must complete this portion of form)

75-hour nurse aide course Date: _____ Location: _____ Instructor: _____

Previous Nurse Aide training other than 76 hours (60 hours, LPN, Etc.): _____ a.

No previous training

PAYMENT METHOD: CALL FOR PAYMENT or COMPLETE THIS PORTION FOR PAYMENT

E2E Money Order Cashier's check Cash 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 testing date and time.

YOU MUST SHOW PHOTO ID TO TEST

NO ONE WILL BE ADMITTED WITHOUT A PHOTO ID

My Signature on this form indicates that I understand that:

- 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 **and I am 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 IS FOR THE SKILLS TEST ONLY- SEPARATE FORM REQUIRED FOR THE ONLINE TEST



Nurse Aide Written Online Test Registration

TMU/Headmaster

To register for the written competency test, complete this registration form **AND** register online. You must register in advance.

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

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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

WRITTEN TEST **Date:** _____ **Time:** _____

Written test fee: \$ 50.00 Testing fee due at time of registration

- Fee must be paid **EACH** time the test is taken
- **IMPORTANT NOTE: TEST FEES ARE NONREFUNDABLE**

TMU Student Handbook -We strongly recommend viewing prior to registration.

<https://www.hdmaster.com/testing/cnatesting/iowa/forms/IOWA%20CANDIDATE%20HANDBOOK%206.2025.pdf>

PAYMENT METHOD: You have two options for payment.

<p style="text-align: center;">Student Registration</p> <p><input type="checkbox"/> Student Self Pay with a credit card at the time of registration</p> <p><input type="checkbox"/> Employer/Sponsor Pay</p> <p>https://ia.tmutest.com/apply/9</p>	<p style="text-align: center;">Third Party Sponsor Application</p> <p><i>Sponsors required to set up an account with Headmaster/D & S Diversified Tech/TMU to be third party sponsor for your employees. Invoices will then be sent at the end of each month.</i></p> <p>https://ia.tmutest.com/apply/4</p>
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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:

- 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 **and I am 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 IS FOR THE WRITTEN TEST ONLY- SEPARATE FORM REQUIRED FOR THE SKILLS TEST