

Iowa Western Continuing Education

NURSE AIDE ONLINE TEST REGISTRATION

To register for the written (online) 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 Email: _____
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: Written (online) competency test taken _____ time(s).

Provide Disability IEP paperwork and students have the option of having the written (online) exam read to them at no additional charge. Please contact Iowa Western Community College BEFORE scheduling a test date if you have questions.

ONLINE TEST Date: _____ Time: _____

Online test fee: \$60 - 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 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 of Card: _____ Phone: _____
Payee Email: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Please complete this form and mail **with your payment** to: Iowa Western Community College, Continuing Education
2700 College Road, Council Bluffs, IA 51503
OR Fax: (712) 325-3721 OR 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 ONLINE TEST ONLY - SEPARATE FORM REQUIRED FOR SKILLS TEST