

# Iowa Western Continuing Education

## 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 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:** Skills competency test taken \_\_\_\_\_ time(s).

**SKILLS TEST Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Skills test fee: \$115 - 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 areas. 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**