SOUTH CENTRAL COLLEGE–NORTH MANKATO CAMPUS
NURSING ASSISTANT/HOME HEALTH AIDE
TEST OUT REGISTRATION FORM

1. Pre-registration is required. Registration deadline is the FRIDAY before the test date. No registrations accepted after the deadline!
2. PAYMENT REQUIRED WITH REGISTRATION except for company billings.
3. Requests for oral/tape or oral/read aloud exams must be made at least one week in advance of the test date.

NAME: _________________________________________   SOCIAL SECURITY #: ________________________
HOME ADDRESS:  ____________________________________ _________________________________________
CITY, STATE, ZIP:  ________________________________ ____________________________________________
HOME PHONE #: _____________________ WORK PHONE #: ___________________ BIRTHDATE:
COMPANY/AGENCY EMPLOYED AT:________________________ ____________________________________

Indicate the date you will be testing: (1st and 3rd Wednesday of each month from 12:00 p.m.-4:00 p.m.)
Date: ____________________  Course ID#: ____________________

The first time you test, both the written and skills tests must be taken that day.

Test Fees: Check the box(es) indicating the examination(s) you are applying to take.

<table>
<thead>
<tr>
<th>Examination Type</th>
<th>Fee</th>
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</thead>
<tbody>
<tr>
<td>NA TEST: $160.00 RETAKE: $80.00 (per test)</td>
<td></td>
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<tr>
<td>1. NA Written Exam and Skills Evaluation</td>
<td></td>
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<tr>
<td>2. NA Oral Exam and Skills Evaluation Circle one: Tape Read Aloud</td>
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<tr>
<td>3. RETAKE: NA Written Exam ONLY</td>
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<tr>
<td>4. RETAKE: NA Oral Exam ONLY Circle one: Tape Read Aloud</td>
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<tr>
<td>5. RETAKE: Skills Evaluation ONLY</td>
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Combination NA/HHA TEST: $160.00 (Prerequisite: Basic Nursing 101 Course-75 Hr. Program) RETAKE: $80.00 (per test)

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DATE OF COMPLETED NA or NA/HHA STATE-APPROVED TRAINING PROGRAM: __________

Return this form and payment to:
SCC Bookstore
1920 Lee Boulevard
P.O. Box 1920
North Mankato, MN 56002-1920
Fax registrations are accepted with CREDIT CARD & COMPANY BILLING OPTIONS ONLY.
Fax to 507-625-4868.

☐ COMPANY BILLING (please be sure to complete all information):
Company/Agency Name: __________________________________________________________
Company/Agency Address: _______________________________________________________
Work Phone: (______) _________________________  PO#: ____________________________
Authorized Company/Agency Signature: ____________________________________________

COMPANY BILLING REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE.

☐ CHECK (Make payable to South Central College)
☐ CASH
☐ CREDIT CARD
   VISA       MasterCard       Discover       American Express
   ________________________________ ________________________________
   CID # (3 or 4 digits): ________________________________
   Exp. date: ________________________________ Date: ________________________________

Please remember to bring two forms of identification (at least 1 picture), two No. 2 pencils, watch with second hand, and a completed application form (for new candidates). Please plan to arrive at least 15 minutes prior to testing to allow for the sign-in process. Testing will start at 12 noon.