

KANSAS DEPARTMENT OF HEALTH SERVICES / KANSAS NURSE AIDE REGISTRY

INTERSTATE APPLICATION

Please Note: DO NOT complete this form if you have previously been a Certified Nurse Aide in Kansas. You may contact the Kansas Nurse Aide Registry at 785-296-6877 for your Kansas certification status.

In order to be eligible to sit for the Kansas Nurse Aide Test, the candidate must be listed as current or active on any other State's registry. Any potential candidate who is not sure of his/her status is advised to contact their State registry prior to applying for Kansas certification at www.ncsbn.org/1511.htm

Candidates For Testing Must Complete This Form And Attach The Following:

- Copy of identification with current name and social security number (drivers license, social security card, picture ID)
Non-refundable application fee of \$20.00 (Check, money order or certified check)

Name _____

LAST FIRST MI List all OTHER Names: (MAIDEN/SURNAME)

Social Security Number # - - Birth Date / / Male Female

Home Address _____

STREET CITY STATE ZIP

Phone Number: Home () Work: () Cell: ()

Please Mark The Highest Level Of Education Completed:

- No High School Diploma or GED High School Diploma or GED Licensed Practical Nurse (LPN)
Diploma RN Associate Degree Bachelor's Degree
Master's Degree Education Specialist PhD

Certification Information:

Original Certificate # Issued by State of Date Issued / / Certificate Expiration Date / /

Check Test Site Preference:

- Atchison Beloit Burlingame Chanute Coffeyville Colby
Concordia Dodge City El Dorado Emporia Fort Scott Garden City
Great Bend Hays Hutchinson Independence, Ks lola Junction City
Kansas City, ATS Kansas City CC KC Donnelly Liberal Manhattan
Merriam Overland Park Pittsburg Parsons Pratt
Salina Topeka Wichita Winfield

Candidate's Signature:

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. Attached is my \$20.00 certification application fee and copy of identification with my current name and social security number (SS-Card, Drivers license, W-2).

Candidates Signature

Date

Email Address

Please return this form and attachments to:

Kansas Department for Aging and Disability Services (KDADS), Health Occupations Credentialing (HOC)
612 S Kansas Ave, Topeka, KS 66603-3404
www.kdcf ub mfl gx

KDADS USE ONLY: Approval Date:

Test Date:

Candidates Please Note:

1. Candidates will receive an “Approval to Test” letter in the mail. This will allow a nursing facility to employ you as a Nurse Aide Trainee II for a **single** four-month period beginning on the initial approval date on the bottom of your Approval to Test letter. The trainee II period is **one time only**, and the initial approval will not change. **There Will Be No Extensions.**
2. You must present two forms of Identification, with one being a picture I.D. to be admitted to test.
3. You must be able to provide your social security number on the test for identification.
4. **You must be on time.**
5. If you are late, or fail to appear at your scheduled test, you **MUST** call (785) 296-6958 to request a rescheduling form **which requires an additional fee of \$20.00.**
6. If special accommodations are needed, you **MUST** submit the candidates “Accommodation Request Evaluation Form” with this application. The form can be obtained from our website: <http://www.kdads.ks.gov>
7. Nurse aide certificates are issued three to four weeks after the test date to those who achieve a score of seventy-five percent (75%) or higher on the nurse aide test.
8. The Kansas nurse aide test may be taken **only one time** based on certification in another state. Any candidate who fails the test on the first attempt **must enroll in a Kansas state-approved nurse aide training course.** You then have two remaining opportunities to pass the test within one year from the endorsement approval date designated on your approval letter.
9. Test scores may be requested by writing to the address listed below.

Health Occupations Credentialing, KDADS
612 S Kansas Ave
Topeka, Kansas 66603-3404
(785) 296-1240