

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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:

- | | | |
|---|--|---|
| <input type="checkbox"/> No High School Diploma or GED | <input type="checkbox"/> Diploma RN | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School Diploma or GED | <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Education Specialist |
| <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> PhD |

Certification Information:

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

Check Test Site Preference:

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

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

Please return this form and attachments to:

Kansas Department of Health and Environment (KDHE), Health Occupations Credentialing (HOC)
Curtis State Office Bldg. 1000 SW Jackson, STE 200, Topeka, KS 66612-1365
www.kdheks.gov/hoc

KDHE 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) 296-1250 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.kdheks.gov/hoc/cna.html>
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, KDHE
Curtis State Office Bldg. 1000 SW Jackson, Ste 200
Topeka, Kansas 66612-1365
(785) 296-1250