

Minnesota Nursing Assistant Registry Test Registration Form



Customized
Workforce
Education

Register online with a credit card: southcentral.edu/natest

Fields marked with an asterisk (*) are required

You must register for and pass both parts of the Nursing Assistant Certification Exam - the Knowledge Test and the Skills Test - in order to be certified and listed on the Minnesota Nursing Assistant Registry. If you need to retest after a failed test, you must register again and pay the full fee for the part(s) of the test you failed.

*NAME: _____ *SOCIAL SECURITY #: _____

*HOME ADDRESS: _____

*CITY, STATE, ZIP: _____ STUDENT E-MAIL: _____

*HOME PHONE #: _____ CELL PHONE #: _____ *BIRTHDATE: _____

SKILLS TEST DATE (1ST CHOICE): _____ COURSE ID#: _____ FEE: **\$160/test**

KNOWLEDGE TEST DATE/TIME (1ST CHOICE): _____ COURSE ID#: _____ FEE: **\$110/test**

SKILLS TEST DATE (2ND CHOICE): _____ COURSE ID#: _____ FEE: **\$160/test**

KNOWLEDGE TEST DATE/TIME (2ND CHOICE): _____ COURSE ID#: _____ FEE: **\$110/test**

A wi-fi enabled laptop/tablet AND a smart phone/mobile device are REQUIRED for the Virtual Knowledge Test. If you do not have the correct equipment, please contact the CWE Office immediately upon registering at cwe@southcentral.edu or 507-389-7203.

***CANDIDATE TYPE:**

I have completed a state-approved training program within the last 2 years.

(Provide the information below and verify with your training site that your training program is entered and completed in the testing database TMU.)

Training Program Name, City and State: _____ Completion Date: _____

OR

I am a Test Out/Challenge Candidate

Return this form and payment to:

SCC Bookstore
1920 Lee Boulevard
P.O. Box 1920
North Mankato, MN 56002-1920

For questions please contact:

Customized Workforce Education
Phone 507-389-7203
Fax 507-625-4868
Email cwe@southcentral.edu

NOTE: A \$15 fee will be charged for each cancellation or transfer. You must cancel at least 5 business days before the test in order to get a refund or transfer, less the \$15 fee.

___ **CHECK #** _____ (Make payable to South Central College) ___ **CASH**

___ **COMPANY BILLING** (please be sure to complete all information):

Company Name: _____ PO#: _____

Phone: (____) _____ E-mail: _____

Company Address: _____

Authorized Company Signature: _____

PRINT

SIGNATURE

COMPANY BILLING REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE

CONFIDENTIAL INFORMATION: South Central College is asking you to provide information in order to process our registration form. This information will be used to update your academic record with our college. You are not legally required to provide anything more than your name; however, we may not be able to effectively process your registration for this course if you do not provide sufficient information. Access to this data is limited to school officials and faculty who have legitimate educational interests. Under certain circumstances, federal and state laws authorize release of private data without your consent to other schools in which you seek to enroll or are enrolled, to federal, state, or local officials for purposes such as program compliance, audit, evaluation; if information is sought with a court order or subpoena; or as otherwise permitted by other state or federal laws.

An affirmative action, equal opportunity employer and educator. This material can be made available in alternative formats by contacting the Academic Support Center at 507-389-7222 or ds@southcentral.edu.

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