

# Minnesota Nursing Assistant Registry Test Registration Form



Register online with a credit card: [southeastmn.edu/continue\\_education/](https://southeastmn.edu/continue_education/)

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 - 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: \_\_\_\_\_

\*HOME ADDRESS: \_\_\_\_\_

\*CITY, STATE, ZIP: \_\_\_\_\_ \*STUDENT E-MAIL: \_\_\_\_\_

\*HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ \*BIRTHDATE: \_\_\_\_\_

☐ FULL TEST DATE (1<sup>ST</sup> CHOICE): \_\_\_\_\_ COURSE ID#: \_\_\_\_\_ FEE: \$240

☐ FULL TEST DATE (2<sup>ND</sup> CHOICE): \_\_\_\_\_ COURSE ID#: \_\_\_\_\_ FEE: \$240

☐ SKILLS RETEST DATE: \_\_\_\_\_ COURSE ID#: \_\_\_\_\_ FEE: \$200

☐ KNOWLEDGE RETEST DATE: \_\_\_\_\_ COURSE ID#: \_\_\_\_\_ FEE: \$135

**\*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 (You will receive an email from the testing database TMU with your login information)

Return this form and payment to:

Minnesota State College Southeast  
Attn: NA Test Coordinator  
1250 Homer Road  
Winona, MN 55987

For questions please contact:

Nursing Assistant Test Coordinator  
**Phone** 507-453-2740  
**Email** [registerme@southeastmn.edu](mailto:registerme@southeastmn.edu)

\_\_\_ CHECK # \_\_\_\_\_ (Make payable to MSCS)

\_\_\_ CASH

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

Company Name: \_\_\_\_\_ PO#: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail (required for invoicing): \_\_\_\_\_

Company Address: \_\_\_\_\_

Authorized Company Signature: \_\_\_\_\_

PRINT

SIGNATURE

**COMPANY BILLING REGISTRATIONS WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE**

CONFIDENTIAL INFORMATION Minnesota State College Southeast 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 507-453-2700.

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