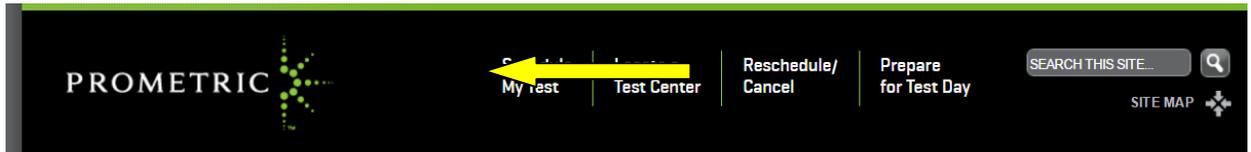


How to Access the Prometric CNA Exam Application

1. Go to <https://www.prometric.com/en-us/Pages/home.aspx>
2. Select 'Schedule My Test'



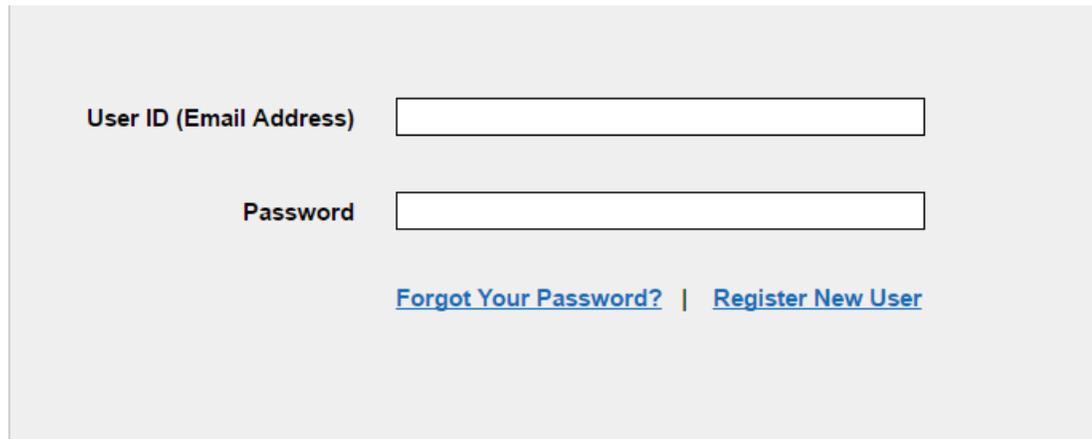
3. Type 'Florida Nurse Aide' in search directory box and select 'Florida Nurse Aide' from the options.

The image shows a search interface. At the top, there is a green icon of a calendar and the text 'Search or select from the directory.' Below this is a text input field with the placeholder text 'Enter Test Sponsor Name' and a 'SEARCH' button. Below the search bar is a list of categories: 'A - C', 'D - G', 'H - J', 'K - M', 'N - Q', 'R - T', 'U - Z', and 'Search'. Below these categories is a list of search results. The first result is 'Nurse Aide - State-based Nurse Aide and Nursing Assistant Programs'. Below this are several state-based results: 'Alabama Nurse Aide', 'Arkansas Nurse Aide', 'Connecticut Nurse Aide', 'Delaware Nurse Aide', and 'Florida Nurse Aide'. A yellow arrow points to the 'Florida Nurse Aide' result.

4. Type Select 'Online Application'



5. Click 'Register New User' and complete registration page. Once submitted, you'll receive an email. Open the email and click the activation link. It direct to the login page once more. Enter login credentials and click 'Login'.



User ID (Email Address)

Password

[Forgot Your Password?](#) | [Register New User](#)

Login

6. Click 'New Application' on right hand side of screen.



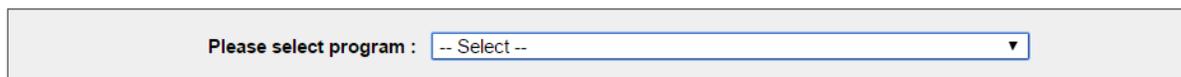
 Application Tracking

Application ID

[Submit New Application](#)

7. Select 'Florida Certified Nursing Assistant Application After 07-01-2012' from the drop down menu.

Select application



Please select program :

Submit

HOW TO SUBMIT THE PROMETRICS CNA APPLICATION

- 1. Candidate Information:** Complete section of form with your personal information. Be sure the name used matches your identification perfectly.



Note: Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not **EXACTLY** match the name on the identification you provide on the day of testing, you will not be allowed to test.

- 2. Challenger:** Select “ E3- Challenger”

Certification Option/Eligibility

Certification Training Route	
<input type="checkbox"/>	E1 - Completed a State- approved Nursing Assistant Training program.(Complete Training Info section below)
<input type="checkbox"/>	E2 - Enrolled in a State- approved Nursing Assistant Training Program.(Complete Training Info section below)
<input checked="" type="checkbox"/>	E3 - Challenger. You have never trained as a nursing assistant and have no nursing assistant experience.
<input type="checkbox"/>	E4 - Other Nursing Training.
<input type="checkbox"/>	E5 - Lapsed Nursing Assistant.

- 3. Training Information:** Skip Training Information Section

Training Information

(This section must be completed if the applicant has selected Training Route E1 or E2.)

Name of School or Facility	
Address of School or Facility	
Your exams will be scheduled after your training is completed.	Training Program Code:
Training Completion Date:	

4. Answer questions in **Disciplinary History** and **Criminal History** honestly.

Disciplinary History

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever been denied or is there now any proceeding to deny your application for any healthcare certification to practice in Florida or any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever had disciplinary action taken against your certification to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you ever surrendered a certification to practice any healthcare-related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Do you have any disciplinary actions pending against your certification?

Criminal History

All Supporting documentation **MUST** be sent to the Florida Department of Health. Do not include the documentation with this application.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you EVER had any records sealed pursuant to section 943.059, F.F., or other states applicable statute?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have you EVER been adjudicated delinquent or have had adjudication of delinquency withheld?

5. Select “Regional Test Site” and select your preferred location. (Most of our students use Nursing Unlimited in Miami Gardens.)

Test Site Information

Please check one of the following options for testing.

<input type="checkbox"/>	In-facility Site: My employer or training program is scheduling my testing and I will take the exams at their facility. I have entered the name of my facility. Facility Name Test Site Code City Test Date
<input checked="" type="checkbox"/>	Regional Test Site: I am applying to test at a Regional Test Site. I have selected my preferred test site. My Preferred Test Site is: Nursing Unlimited Miami Gardens

Testing/Retesting Fees: Select the type of exam you'd like.

- a. First-time test takers: Please select 'I am a First-time test taker' and 'Written Test and Clinical Skills. Total for the exam will be \$155.00 (Note: You have the option of taking the exam in English or Spanish)
- b. Retester: Please select the option 'I am a Retester.' (Retesting means you have taken a both portions of the CNA exam within the past 24 months and did not pass either the clinical skills or written exam.
 - a. If you only need to retake the written portion of the exam, please select 'Written Test' (select preferred testing language. Cost will be \$35.00.
 - b. If you only need to retake the clinical portion of the exam, please select 'Clinical Skills' (select preferred testing language. Cost will be \$120.00.
 - c. If you took the original CNA test more than 24 months ago, then you must repeat both portions of the exam. Cost will be \$155.00

Testing/Retesting Fees

I am a First-time test taker
 I am a Retester

Exam (Check all that apply)	Fee	Total
<input checked="" type="checkbox"/> Written Test (English)	\$ 35.00	\$ 35.00
<input type="checkbox"/> Written Test Audio (English)	\$ 35.00	\$
<input type="checkbox"/> Written Test (Spanish)	\$ 35.00	\$
<input type="checkbox"/> Written Test Audio (Spanish)	\$ 35.00	\$
<input type="checkbox"/> Written Test and Clinical Skills (both in English)	\$ 155.00	\$
<input type="checkbox"/> Written Audio and Clinical Skills (both in English)	\$ 155.00	\$
<input type="checkbox"/> Clinical Skills Test (English)	\$ 120.00	\$
<input type="checkbox"/> Written Test (Spanish) and Clinical Skills	\$ 155.00	\$
<input type="checkbox"/> Written Audio (Spanish) and Clinical Skills (English)	\$ 155.00	\$
	Total Fee	\$35.00

6. Payment: Enter your credit card details or select mailing payment in (mailing can delay processing)

Payment: Fees may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. **Personal checks and cash are not accepted. Fees are not refundable or transferrable.** Choose your **payment type** and complete the information below:

<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Cashier Check	<input type="checkbox"/> Company Check	<input type="checkbox"/> Money Order
Card Type <input type="checkbox"/> Master Card <input checked="" type="checkbox"/> Visa <input type="checkbox"/> American Express	Card Number		

7. Electronic Fingerprint: Check the box

Electronic Fingerprint*

Click [here](#) to read the Florida Department of Law Enforcement document.

Click [here](#) to read the Federal Bureau of Investigation document.

<https://oap.prometric.com/CandidateWeb/Forms/FLNURS/FloridaCertifiedNursingAssistantApplicationAfter07012012View.aspx?UserAppId=4f70a82d-5ab7-4d...> 2/3

2/21/2016

FloridaCertifiedNursingAssistantApplicationView

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.

You must indicate that you have been provided information on the FDLE and FBI background screening processes in order to submit your application to Prometric.

8. Submit application.