NA/HHA Test Registration Form

Registration available online for credit card payments and company billing. Go to: http://southcentral.edu/naregister

NAME: ________________________ SOCIAL SECURITY #: ________________________

HOME ADDRESS: ________________________________________________________________

CITY, STATE, ZIP: ________________________ E-MAIL: ________________________

HOME PHONE #: ________________________ WORK PHONE #: ________________________ BIRTHDATE: ________________________

COMPANY EMPLOYED AT: ________________________

TEST DATE: ________________________ COURSE ID#: ________________________

The first time you test, both the written and skills tests must be taken that day.

Test Fees: Check the examination(s) option you are applying to take

NA TEST: $200
RETEST: $120 (per test)

___ NA Written Exam & Skills Evaluation
___ NA Oral Exam & Skills Evaluation
___ RETAKE: NA Written Exam ONLY
___ RETAKE: NA Oral Exam ONLY
___ RETAKE: Skills Evaluation ONLY

Combination NA/HHA TEST: $200
(Prerequisite: Basic Nursing 101-75 Hr. Program)
RETEST: $120 (per test)

___ NA/HHA Written Exam & Skills Evaluation
___ NA/HHA Oral Exam & Skills Evaluation
___ RETAKE: NA/HHA Written Exam ONLY
___ RETAKE: NA/HHA Oral Exam ONLY
___ RETAKE: Skills Evaluation ONLY

Updated fee effective January 1, 2020

DATE OF COMPLETED NA or NA/HHA STATE-APPROVED TRAINING PROGRAM: ________________________

Return this form and payment to:
SCC Bookstore
1920 Lee Boulevard
P.O. Box 1920
North Mankato, MN 56002-1920

For questions please contact:
The Center for Business & Industry
Phone – 507-389-7203
Fax – 507-625-4868
Email – cbi@southcentral.edu

___ 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: ________________________

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 your 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 document is available in alternate formats to individuals with disabilities, consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

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