



Exam Application Form

For Washington State Home Care Aide Examinations

Please Print or Type Clearly and Neatly.

This application form must be completed and submitted with all required fees to Prometric so you may be scheduled to take the Washington State Home Care Aide Certification examination.

Candidate Information



Note: Before you enter your name below, check the government issued identification (see list on Page 10) that you will use for admission to testing. If the name you use below does not match the name on the identification you provide on the day of testing, you will not be allowed to test.

Last Name	First Name	Middle Name	Other/Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)			Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male
City	State	ZIP Code	Date of Birth - -
Phone Number (including area code) ()		Email Address	
Candidate ID Number: You must enter all 10 characters of your ID number (assigned by the Department of Health) ____ _			
<input type="checkbox"/> I am requesting Special Accommodations and have included the necessary documentation with this application.			

Eligibility Route

See further explanation of routes in this handbook beginning on Page 4.

<input checked="" type="checkbox"/>	Eligibility Route (Check only one)
<input type="checkbox"/>	Route 1. Home Care Aide hired on or after 01/07/2012 and have successfully taken 75 hours of required long term care worker training
<input type="checkbox"/>	Route 2. Exempt Home Care Aide working as a HCA at some time between 01/01/2011 and 01/06/2012 but would still like to be certified
<input type="checkbox"/>	Route 3. Exempt Home Care Aide holding another WA state credential License Type License Number

Training Information

This section must be completed if the applicant has selected Eligibility Route 1.

Name of School or Facility listed on your training certificate	
Address of School or Facility listed on your training certificate	
Training Completion Date: ____/____/____	Training Program Code: ____
Training Instructor Code: ____	

Test Site Information

Check one of the following options.	
<input type="checkbox"/>	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site is indicated to the right. However, I understand that I will be assigned to the first available testing appointment in my area.
<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 will give this application form to the facility coordinator (do not send it to Prometric).
	My Preferred Exam Site is: (see list online at www.prometric.com/wadoh)

Exam Selection and Fees

<input checked="" type="checkbox"/>	First-Time Tester	Fee	Total
	Written Exam and Skills Exam	\$115	\$
	Oral Exam and Skills Exam	\$125	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Skills Exam ONLY	\$75	\$
	Written Exam ONLY	\$40	\$
	Oral Exam ONLY	\$50	\$
<input checked="" type="checkbox"/>	Other	Fee	
	Rescheduling Fee	\$25	\$
	Exam Review Session	\$40	\$
	Duplicate Score Report	\$10	\$
		Total Fee	\$

If you would like to take an exam in a language other than English, please indicate below

Written Exam:	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Simplified Chinese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
Skills Evaluation:	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese

Payment: Fees may be paid by cashier's check, money order, MasterCard or Visa. Make cashiers checks payable to Prometric. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below.

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)	Signature of Cardholder	

Applicant's Affidavit

I understand I am responsible for making sure all of the information provided in this application form is completely true and correct. I understand if information given is not true, my status as a certified home care aide may be jeopardized. I understand I must pass both parts of the Washington Home Care Aide Certification exam and meet all other WA state requirements, to receive my certification.

Applicant's Signature

Date

Candidate Release Statement

I understand that I may be asked to play the part of the client for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a client. I hereby release Prometric, the Washington State Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Printed Name of Candidate

Signature

Date

If testing at a Facility: Provide this completed form, along with all necessary documents to your facility coordinator (do not send it to Prometric).

If testing at a Regional Test Site: Submit this completed form, along with all necessary documents and fees to:

By Mail: Prometric, Attn: Washington Home Care Aide Program, 1260 Energy Lane, St. Paul, MN 55108.

By Fax (if paying with credit card): 800.813.6670.