

**INTERSTATE APPLICATION**

**Please Note: DO NOT complete this form if you have previously been a Certified Nurse Aide in Kansas.** You may contact the Kansas Nurse Aide Registry at 785-296-6877 for your Kansas certification status.

In order to be eligible to sit for the Kansas Nurse Aide Test, the candidate must be listed as **current or active** on any other State's registry. Any potential candidate who is not sure of his/her status is advised to contact their State registry prior to applying for Kansas certification.

**Candidates for testing Must Complete this Form and Attach the following:**

- Copy of identification with current name & social security number (for example: driver's license, social security card)
- A non-refundable application fee of \$20.00 Payable to KDADS (check, money order or certified check).

**Candidate Information**

**Name** \_\_\_\_\_  
 Last First MI Other (maiden/surname)

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex** \_\_\_ Male \_\_\_ Female

**Home Address** \_\_\_\_\_  
 Street City State Zip code

**Phone Number:** Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Preferred Method of Approval Letter:** \_\_\_ Mail \_\_\_ Email

**List all states in which you have been employed as a nurse aide with the most recent first**

**Certification Information**

Original Certificate # \_\_\_\_\_ State Issued By \_\_\_\_\_

Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_ Certificate Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check Test Site Preference: (Please only select one location)**

- |                                      |                                      |  |                                    |   |   |
|--------------------------------------|--------------------------------------|--|------------------------------------|---|---|
| <input type="checkbox"/> Andover     | <input type="checkbox"/> Concordia   | <input type="checkbox"/> Hutchinson              | <input type="checkbox"/> Lawrence  | <input type="checkbox"/> Parsons        | <input type="checkbox"/> Wichita/WSU Tech |
| <input type="checkbox"/> Atchison    | <input type="checkbox"/> Dodge City  | <input type="checkbox"/> Independence, KS        | <input type="checkbox"/> Lenexa    | <input type="checkbox"/> Pratt          | <input type="checkbox"/> Winfield         |
| <input type="checkbox"/> Beloit      | <input type="checkbox"/> Emporia     | <input type="checkbox"/> Iola                    | <input type="checkbox"/> Liberal   | <input type="checkbox"/> Salina         |   |
| <input type="checkbox"/> Burlingame  | <input type="checkbox"/> Fort Scott  | <input type="checkbox"/> Junction City           | <input type="checkbox"/> Manhattan | <input type="checkbox"/> Topeka         |   |
| <input type="checkbox"/> Chanute     | <input type="checkbox"/> Garden City | <input type="checkbox"/> KC KS Community College | <input type="checkbox"/> Merriam   | <input type="checkbox"/> Wichita/Allied |   |
| <input type="checkbox"/> Coffeyville | <input type="checkbox"/> Great Bend  | <input type="checkbox"/> KC KS Delores Homes     | <input type="checkbox"/> Olathe    | <input type="checkbox"/> Wichita/Bethel |   |
| <input type="checkbox"/> Colby       | <input type="checkbox"/> Hays        | <input type="checkbox"/> KC KS Donnelly          | <input type="checkbox"/> Pittsburg | <input type="checkbox"/> Wichita/NAU    |   |

Candidate's Signature

I do hereby attest that the information supplied in this application and any attachments is accurate and complete to the best of my knowledge. I do hereby give permission to the department to verify any information provided in this application and any attachments. Attached is my \$20.00 certification application fee and copy of identification with my current name and social security number (such as, social security card, driver's license, W-2, etc.)

\_\_\_\_\_  
 Candidate's Signature Date

**Return this form and attachments to:**  
**KDADS/Health Occupations Credentialing**  
**612 S. Kansas Avenue**  
**Topeka KS 66603-3856** Web site: [www.kdads.ks.gov/hoc](http://www.kdads.ks.gov/hoc)

Revised 1/3/2018

<b>KDADS USE ONLY:</b> Approval Date
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CANDIDATES, Please Note:

1. You will receive an Approval to Test notice. This will allow a nursing facility to employ you as a Nurse Aide Trainee II for a **single** four month period beginning on the initial approval date on the bottom of your "Approval to Test" notice. The trainee II period is one time only, and the initial approval will not change
2. You must present two forms of Identification, with one being a picture I.D., to be admitted to test. **There will be an additional fee to be paid to the test site for testing.**
3. You must be able to provide your social security number on the test for identification.
4. **You must be on time.**
5. If you are late, or fail to appear at your scheduled test, you must call (785) 296-6958 to request a rescheduling form which requires an additional fee of \$20.00.
6. If a special accommodation is needed, you **MUST** submit the candidates Accommodation Request Evaluation Form with this application
7. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test, to obtain a copy of the certification you can go to [www.ksnurseaidregistry.org](http://www.ksnurseaidregistry.org).
8. The nurse aide test may be taken **only one time** based on certification in another state. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course**. You then have two remaining opportunities to pass the test within one year from the endorsement approval date designated above.