

KANSAS DEPARTMENT for AGING AND DISABILITY SERVICES

RESCHEDULING FORM

Check type of exam. Enclose non-refundable fee of \$20.00: Payable to KDADS (check or money order).

___ 90-Hour CNA Test

___ 20-Hour Home Health Aide Test

Candidate Information

A COPY OF IDENTIFICATION WITH YOUR SOCIAL SECURITY NUMBER MUST BE ON FILE.

Name

Last First MI Other Names Used

If name change, submit documentation (i.e.: marriage license, divorce decree, new ss card).

Social Security Number _____ - _____ - _____ Birth date ____/____/____ Sex ___ Male ___ Female

Address

Street City State Zip

Phone Number Home () _____ Cell () _____

Email Address

Retake (Failed the test one or more times): Yes No Do not use this form if currently enrolled in a course or if you have failed the state test three times within a year from the beginning date of your course.

TEST SITE PREFERENCE (Please check the appropriate site):

- Atchison Concordia Great Bend Kansas City ATS Olathe Wichita
- Beloit Dodge City Hays Kansas City CC Pittsburg Winfield
- Burlingame El Dorado Hutchinson Donnelly KC Parsons Overland Park
- Chanute Emporia Independence Liberal Pratt
- Coffeyville Fort Scott Iola Manhattan Salina
- Colby Garden City Junction City McPherson Topeka

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 and to send my test results to my instructor.

Candidate's Signature

Date

Return this form and attachments to:

Health Occupations Credentialing/KDADS
612 S Kansas Avenue
Topeka KS 66603-3404
Phone number: (785) 296-6958

Web site: www.kdads.ks.gov

Candidate, **PLEASE NOTE:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-6958 to request a rescheduling form which requires an additional fee of \$20.00.
5. Each candidate has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.
6. If the test is not passed within one year from the starting date of the initial course, the course must be retaken to be eligible to retake the test.
7. **ALL FEES ARE NOT REFUNDABLE**
8. The time limit is two hours unless other accommodations to address a disability are requested and approved (no oral tests are given for the home health aide test).
9. If a special accommodation is needed, you **MUST** submit the candidate=s "*Accommodation Request Evaluation Form*" with this application.
10. Certificates are mailed approximately 4 weeks after the test date.
11. To dispute a score, you must contact the department within six months from the test date.
12. To request a score, you must contact the department in writing at the address listed below.

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