KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
ALLIED HEALTH VERIFICATION
for 90-hour Kansas Nurse Aide Certification

Complete this form and attach the following:
< copy of identification with current name & social security number (such as driver’s license, social security card)
< an application fee of $20.00 (check or money order)
< an OFFICIAL transcript from current training (must be currently attending nursing program) or a copy of professional license (if expired, must be within the last 24 months)

All fees are NOT refundable

Candidate Information

Name: ____________________________________________
Last                  First                  MI                  Other (maiden/surname)
Social Security Number: _______ - _______ - _______
Birth date: ___/___/____  Sex: ___ Male ___ Female

Address: ____________________________________________
Street                    City                      State                   Zip
Phone Number: Home (     )________________________ Work (     )________________________
EMAIL:____________________________________________ Preferred Method of Approval Letter: ___Mail ___Email

Check which applies (a suspended or revoked licensure will make you ineligible for the test):
Training             Licensure
__ RN                    OR                     ___ RN State
__ LPN                     ___ LPN State
__ LMHT                   ___ LMHT State

Check Test Site Preference (please only select one location)
___Andover  ___Concordia  ___Hutchinson  ___Lawrence  ___Parsons  ___Winfield
___Atchison  ___Dodge City  ___Independence, KS  ___Lenexa  ___Pratt  ___
___Beloit     ___Emporia     ___Iola             ___Liberal  ___Salina
___Burlingame  ___Fort Scott  ___Junction City  ___Manhattan  ___Topeka
___Chanute  ___Garden City  __KC KS Community College  ___Merriam  ___Wichita/Allied
___Coffeyville  ___Great Bend  __KC KS Delores Homes  ___Olathe  ___Wichita/Bethel
___Colby  ___Hays  __KS KS Donnelly  ___Pittsburg  ___ Wichita/WSU Tech

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. I have attached a copy of an identification document with my current name, social security number, and an official transcript or copy of professional license.

__________________________________________
Candidate’s Signature       Date

Mail this form and attachments to: Health Occupations Credentialing, KDADS
                                 503 S Kansas
                                 Topeka KS 66603-3865

KDADS USE ONLY: Approval Date       Test Date
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) 296-1250 to request a rescheduling form which requires an additional fee of $20.00.

5. You will receive an Approval to Test notice that will allow a nursing facility to employ you as a Nurse Aide Trainee II for a single four month period beginning on the approval date.

6. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test.

7. The nurse aide test may be taken **only one time** based on training or licensure. 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 approval date designated above.

8. Test scores may be requested by writing to the address listed below.

Health Occupations Credentialing, KDADS  
503 S Kansas Ave  
Topeka, Kansas 66603-3856  
(785) 296-6958  
Web site: [www.kdads.ks.gov/hoc](http://www.kdads.ks.gov/hoc)