KANSAS DEPARTMENT for AGING AND DISABILITY SERVICES

## RESCHEDULING FORM

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

* A non-refundable application **fee of $20.00 Payable to KDADS (check, money order, credit card-form attached)**
* **If name change**, submit required documentation **(i.e.: marriage license, divorce decree, new ss card).**

**Check Exam Type:**

90-Hour CNA Test OR 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 Social Security Number - - **Birth date** / / Sex Male Female

**Address**

Street City State Zip

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

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

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):

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | \_KC 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 and to send my test results to my instructor.

\_ Candidate's Signature Date

## Paying the $20.00 fee by Check or Money Order: Paying the $20.00 fee by Credit Card (Visa or MasterCard)

|  |  |  |
| --- | --- | --- |
| Mail this form, fee, and all required attachments to: Health Occupations Credentialing, KDADS | **OR** | Email this form, credit card form/fee, all required attachments to: [kimberly.garrett@ks.gov](mailto:kimberly.garrett@ks.gov) |
| 503 S Kansas Topeka KS 66603-3865 |  |  |

**KDADS USE ONLY:** Approval Date

Candidate Information:

1. If a special testing accommodation is needed, the candidate ***MUST*** submit the candidates Accommodation Request Evaluation Form with this application. The application can be accessed by clicking the following link: [https://www.kdads.ks.gov/docs/default-source/survey-certification-and-credentialing-commission/health- occupations-credentialing/certificattion-(cna-hha-cma)/certification-verification/forms/accommodation-request- form-(state-exam).pdf?sfvrsn=788005ee\_0](https://www.kdads.ks.gov/docs/default-source/survey-certification-and-credentialing-commission/health-occupations-credentialing/certificattion-(cna-hha-cma)/certification-verification/forms/accommodation-request-form-(state-exam).pdf?sfvrsn=788005ee_0) Please note: no oral tests are given for the home health aide test.
2. If eligible, the candidate will receive an Approval to Test notice which will provide the preferred testing site contact information. The candidate will be responsible in contacting the testing site to schedule for a KS CNA exam.
3. The candidate must present the required identification, with one being picture I.D., to be admitted to test. The testing center will advise what types of identification will be required or allowed.
4. **CANDIDATE MUST BE ON TIME.** If the candidate is late, or fail to appear for their scheduled test, email Kim Garrett at [kimberly.garrett@ks.gov t](mailto:kimberly.garrett@ks.gov)o request a rescheduling form which requires an additional fee of

$20.00.

1. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test. After 48hrs of receiving a passing score, a KS CNA certification will be available to view/print on the Kanas Nurse Aide Registry, [www.ksnurseaidregistry.org.](http://www.ksnurseaidregistry.org/)
2. Each candidate who have completed a KS CNA course has a total of three attempts per year from the beginning date of the course to successfully complete the written state test.
3. 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.

Web site: [www.kdads.ks.gov/hoc](http://www.kdads.ks.gov/hoc) Revised 03/09/2021

|  |
| --- |
| KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES |
| SURVEY, CERTIFICATION AND CREDENTIALING COMMISSION |
| HEALTH OCCUPATIONS CREDENTIALING |
| CREDIT CARD AUTHORIZATION FOR VISA OR MASTERCARD |

# This charge is for: Please Print Facility Name for CRC OR Name of individual for Certification/Licensing

As payment of fees for:

|  |  |
| --- | --- |
| Certification CNA/CMA/HHA ONLY | |
| Course # |  |
|  | Certified Nurse Aide |
|  | Interstate |
|  | Certified Home Health Aide |
|  | Certified Medication Aide |
|  | CMA Renewal |
| **x** | Reschedule State Test |
|  | Allied |
| $ 20.00 | Fee amount paid |

|  |  |  |
| --- | --- | --- |
| Licensing - SLP, Audiology, Diet, Admin, Operator | | |
| Circle Type to Select |  | enter credential number if known or X if new |
| Temporary | Speech Language Pathologist |
| Initial/Full | Audiologist |
| Reciprocal | Dietitian |
| Renewal | Adult Care Home Administrator |
| Reinstatement | Operator Registration |
| $ | Fee amount paid |

***Credit Card company service fee of 3.04% will be added to the total***

|  |  |
| --- | --- |
| Criminal Record Check - Facility Use Only | |
| Number of names checked: |  |
| $10.00 per name | |
| Total Paid $ |  |

# VISA Card number (required) Expiration Date (required)

OR

MASTERCARD Number (required) Expiration Date (required)

Name of Cardholder (required) Signature (required)

|  |  |
| --- | --- |
| *wj* | *4.9.21* |

|  |  |  |
| --- | --- | --- |
| FOR OFFICE USE ONLY:  AMOUNT: SERVICE FEE: | | TOTAL CHARGED |
|  |  |  |