KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES

# 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 via email [KDADS.CERTIFICATION@ks.gov](mailto:KDADS.CERTIFICATION@ks.gov) or call 785-296-6877, for your Kansas certification status.

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 **and** social security card)
* A non-refundable application **fee of $20.00 payable to KDADS (check, money order, credit card-form attached)**

### Candidate Information, please print clearly

**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

# Military Affiliation (if applies to applicant): Service Member \_\_\_ Active-Duty Military Spouse \_\_\_

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

### Active or Current Certification Information

Original Certificate # \_ State Issued By

Date Issued / / Certificate Expiration Date / /

### Required - Check or Highlight One Test Site Preference:

\_\_ Andover \_\_Concordia \_\_Hutchinson \_\_ Lenexa \_\_Pittsburg

\_\_ Atchison \_\_Dodge City \_\_Independence, KS \_\_ Liberal \_\_Salina

\_\_ Beloit \_\_ Emporia \_\_ Iola \_\_ Manhattan \_\_Topeka

\_\_ Burlingame \_\_ Fort Scott \_\_ Junction City \_\_ Merriam \_\_Wichita/Allied

\_\_ Chanute \_\_Garden City \_\_ KC KS Comm College \_\_Olathe \_\_Wichita/Bethel

\_\_ Coffeyville \_\_ Great Bend \_\_ KC KS Delores Homes \_\_ Parsons \_\_ Wichita/WSU

\_\_ Colby \_\_ Hays \_\_ Lawrence \_\_ Pratt \_\_Winfield

**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

### 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)
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. At the bottom of the Approval to Test notice, if qualified, will mention being allowed to work 4 months as a Trainee II from the approval date. **That date will not be extended.** This allows a nursing facility to employ you as a Nurse Aide Trainee II for a single four-month period beginning on the approval date.
4. A candidate has one year from the Approval Date listed on the letter to sit for the exam, **once**. If a year has passed, and the candidate would still meet the qualification based on training or licensure, a required application, documentation, and fee will need to be resubmitted for consideration., If approved, this will allow for another year to be eligible to sit for the exam, **once**. Another Trainee II period will not be granted.
5. 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.
6. **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.
7. 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/)
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.**

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

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

Name of Applicant:

Name of individual for Certification

As payment of fees for:

|  |  |
| --- | --- |
| Certification CNA/CMA/HHA ONLY | |
| Course # |  |
|  | Certified Nurse Aide |
| **x** | Interstate |
|  | Certified Home Health Aide |
|  | Certified Medication Aide |
|  | CMA Renewal |
|  | 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.***

Visa **or** Mastercard Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Cardholder (required) Signature (required)

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