District of Columbia
NNAAP™

# APPLICATION FOR NURSE AIDE CERTIFICATION BY ENDORSEMENT

**1.** Mail this application and a $15 money order made payable to Pearson VUE, along with copies of your social security card, your current out-of-state nurse aide certificate/license, and signature-bearing photo identification, to:

**Pearson VUE**
**DC Nurse Aide Endorsement**
**PO Box 13785**
**Philadelphia, PA 19101-3785**

## 2. PERSONAL INFORMATION

LAST NAME

FIRST NAME MI

MAIDEN NAME

SOCIAL SECURITY NUMBER ___-___-___ DATE OF BIRTH MONTH ___-___ DAY ___-___ YEAR ___ DAYTIME PHONE NUMBER ___-___-___

## 2a. NAME AS IT APPEARS ON YOUR ORIGINAL CERTIFICATE, *if different than above*

LAST NAME

FIRST NAME MI

## 3. CURRENT MAILING ADDRESS

STREET

CITY STATE ZIP CODE

## 4. CONVICTION INFORMATION

Have you ever been convicted of, pled guilty to, or pled no contest to a violation of any federal, state, or other law constituting a felony or misdemeanor, including convictions for driving under the influence (DWI) but excluding traffic violations?

☐ **YES** ☐ **NO** If "YES", explain in detail on the back of this form and include a copy of the court order.

Have you ever had any action taken against you or been denied a license or certificate in a health-related field?

☐ **YES** ☐ **NO** If "YES", explain in detail on the back of this form.

## 5. EDUCATIONAL INFORMATION

**NAME OF NURSE AIDE EDUCATION PROGRAM**

STREET

CITY STATE ZIP CODE

**DATE OF COMPLETION** MONTH ___-___ DAY ___-___ YEAR

## 6. EXAMINATION INFORMATION

**EXAMINATION TAKEN:** ☐ NACEP ☐ Pearson VUE ☐ ETS

**EXAMINATION COMPLETION DATE:** MONTH ___-___ DAY ___-___ YEAR

**NOTE***: The District of Columbia only recognizes the Nurse Aide Competency Evaluation Program (NACEP), Pearson VUE, and Educational Testing Services (ETS) certification examinations.*

## 7. PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the appropriate certifying agency or registry in the state of _____ to release information to Peason VUE for the purpose of certificate verification.

*State in which you are currently certified*

Signature of Applicant Date

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