

S/STALA

FLORIDA CERTIFIED NURSING ASSISTANT APPLICATION

Complete this application, enclose the appropriate fees, and mail to Experior at the address below. Candidates will be scheduled for the next available test administration, after Experior has confirmed that the application is complete. Payment may be made by Visa or MasterCard, money order, cashier's check, certified check or company check made payable to Experior. **Personal checks and cash will NOT be accepted. All fees are nonrefundable and nontransferable.**

c/o Experior
2100 NW 53rd Avenue
Gainesville, FL 32653-8100
Toll Free: 888.277.3500
Fax: 352.336.4513

Below

1. Social Security Number: [Redacted]

2. Name: Terry Edward C
Last (include "Jr.," "Sr.," etc.) First Middle

Also Known As: Ted

3. Birthdate: 03 / 25 / 83

4. Daytime Telephone #(include area code): 850 - 567 - 8263

5. Mailing Address: 6209 Verdura Way
Street Address or P.O. Box
Tallahassee, FL, 32311
Apt. # (if applicable) City, State, ZIP code

6. Education: Do you have a High School diploma, or its equivalent? Yes No

7. Have you taken the CNA Written Exam or Skills Evaluation before? Yes No
If you respond "Yes," when was the last time you took the exam? _____
5/11/02 Credit card OK CL

8. Registration for examination and fees (check one of the following):

Note: All clinical skill exams are provided in English only.

Examination	Fee
<input checked="" type="checkbox"/> Written-English and Clinical Skills-English	\$82.00
<input type="checkbox"/> Written-English with Audio and Clinical Skills-English	\$87.00
<input type="checkbox"/> Written-Spanish and Clinical Skills-English	\$92.00
<input type="checkbox"/> Written-Spanish with Audio and Clinical Skills-English	\$97.00
<input type="checkbox"/> Written-English	\$35.00
<input type="checkbox"/> Written-English with Audio	\$40.00
<input type="checkbox"/> Written-Spanish	\$45.00
<input type="checkbox"/> Written-Spanish with Audio	\$50.00
<input type="checkbox"/> Clinical Skills-English	\$47.00

Payment: \$82.00
Edward C. Terry
[Redacted Signature Area]

9. Test Site Code: T A L A (see test site code list on Pages 13-14 of the Bulletin)

Rev. 4/29/02

10. Certification Training Route (See Page 1 of the Bulletin for explanation of routes. Mark one of the following which best describes your training.)

T1 Completed—State of Florida approved Nursing Assistant Training Program (requires Training Program Code)

Mark this block if you have completed or currently enrolled and will complete an approved training program by exam date.

T2 Challenger—Completed a Facility based test prep course curriculum developed under the Enterprise Florida Jobs and Education Partnership Grant (no training program code is required)

Mark this block if you have completed or currently enrolled and will complete this program by exam date.

T3 Challenger—Has not completed a state of Florida approved nursing assistant training program

May test IF: You are at least 18 years of age, Or have a high school diploma, Or its equivalent. This category may be used by all whose training does not fit in the above T1 or T2 routes.

11. To Training Program Coordinator or Instructor (To be completed ONLY if Training Route T1 was selected in Section 10)

- A. Training Program Code: _____ (provided by Training Program)
- B. Name of School or Facility: _____
- C. Address of School or Facility: _____
- D. Training/Proposed Completion Date: ____/____/____
- E. Signature of Training Program Coordinator: _____

(Signature required on initial application only AND when candidate has failed three times which requires training program completion in order to retest.)

12. APPLICANT'S AFFIDAVIT

I understand that I am responsible for making sure that all of the information provided in this application is complete, true and correct. I also understand that if any information is given that is not true and correct, my certification status as a certified nursing assistant may be jeopardized. Furthermore, I understand that if I pass both parts of the examination, I will be entered onto the Certified Nursing Assistant Registry for the State of Florida, and my pass/fail reports will be included on the Registry. I understand and agree to the use of all information for the purpose of background screening.


SIGNATURE OF APPLICANT

4/26/02
DATE

The following information is requested for statistical research purposes only. The information that you provide will not affect your eligibility to test, your score or your certification. Please mark your answer with an "X".

13. Is English your primary language?

Yes No

14. Gender?

Male Female

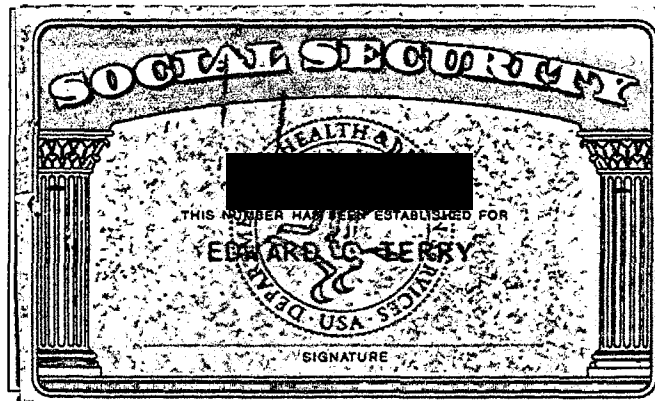
15. How would you describe yourself?

- American Indian/Alaskan Native
- Asian American/Pacific Islander
- African American/Black
- Hispanic
- Caucasian/White
- Other

ATTENTION CNA APPLICANT:

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 456.013(11), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

Attach a **copy** of Social Security Card Here:





2100 NW 53rd Avenue
Gainesville, FL 32653-8100

Voice: 800.280.3926
Fax: 352.336.4513

APPLICATION FOR CERTIFICATION BY EXAMINATION SUPPLEMENT

ATTESTATION OF RESIDENCY

The following information is provided to identify the individual attesting to the residency requirement for background screening pursuant to s.400.215, F.S.

NAME: Edward Terry

ADDRESS: 6209 Verdura Way

CITY: Tallahassee STATE: FL ZIP CODE: 32311

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 03/25/83 SEX: Male

WHEN DID YOU MOVE TO FLORIDA: Born here

ATTESTATION OF GOOD MORAL CHARACTER

Have you ever been convicted, or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which resulted in a misdemeanor or a felony? (Does not pertain to traffic violations.)

Yes _____ No X _____

Under penalty of perjury, I declare and certify that I have provided the information requested regarding my residency and good moral character. The information provided is true to the best of my knowledge and belief.

[Signature]
Applicant Signature

4/26/02
Date

Florida Department of Health - Board of Nursing

LICENSE RENEWAL NOTICE

Certified Nursing Assistant License/Certificate # CNA 9000003328 expires December 31, 2005.

The fee of **\$25.00** and the renewal notice must be postmarked on or before December 31, 2005. Renewal notices postmarked on or after January 01, 2006 require renewal and delinquent fees of **\$45.00**.

- NOTE:**
- You cannot work as a CNA after **January 1, 2006** if you do not renew by midnight **December 31, 2005**.
 - CNA licenses/certificates not renewed by **July 1, 2006** will become void. You will need to take the CNA examination in order to be certified in Florida.
 - If you have not worked as a CNA for pay during the past 24 months, you cannot renew this certificate and you must apply to take the CNA examination in order to be certified in Florida (call Expor at (888) 277-3500).
 - CNAs are required to obtain in-service hours (18 hours in calendar year 2004 and 12 hours in calendar year 2005) and to maintain records of attendance at in-service hours for a period of 4 years.

CURRENT MAILING ADDRESS:

EDWARD C TERRY
6209 VERDURA WAY
TALLAHSSEE, FL 32311

(850) 567-8263

This address will be used for all correspondence from the Department of Health.

CURRENT PRACTICE LOCATION:

6209 VERDURA WAY
TALLAHSSEE, FL 32311

(850) 567-8263

This address will be printed on your license and posted on the Internet.

Please provide/review the following data to verify that the information is correct. Please make any necessary corrections.

Description	Department Information	Information is Accurate	Correct Information
Social Security #		(fill in) _____ →	
Date of Birth		(fill in) _____ →	
Sex	MALE	<input type="radio"/> Yes <input type="radio"/> No	
Race	WHITE	<input type="radio"/> Yes <input type="radio"/> No	

Race Options: White, Black, Native, Asian, Other, Hispanic & not given

If you are renewing to active status, would you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes

THERE IS ONE RENEWAL METHOD AVAILABLE:

U.S. Mail: Mail completed form and fee payable to the Department of Health to the following address:

**Department of Health
Division of Medical Quality Assurance
PO Box 6320
Tallahassee, FL 32314-6320**

CHANGE OF MAILING ADDRESS:

CHANGE OF PRACTICE LOCATION (cannot be a PO BOX)

City State Zip Phone

City State Zip Phone

CHANGE OF NAME (Attach legal documentation):

Last First Middle Title Suffix Qualifier

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver's license or social security card is not considered legal documentation. **If the name change cannot be completed, your license will be renewed using the current name.**

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including in-service hour credits, and working for pay as a CNA in the last 24 months.

File Number: 314137 Sequence Number: 107 20
Profession Code: 4401 Rank Code: CNA 20

