

## Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable**.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

**\*Check payment type: Self Pay State Pay**

**A Reading Comprehension Exam will be automatically scheduled if you choose to take an oral version of the exam.**

<input checked="" type="checkbox"/>	<b>First-Time Tester</b>	<b>Fee</b>	<b>5% NM State Tax</b>	<b>Total Fee</b>	<b>Total</b>
	Clinical Skills and Written Test	\$102	\$5.10	\$107.10	\$
	Clinical Skills and Oral Test (English)	\$102	\$5.10	\$107.10	\$
	Clinical Skills and Oral Test (Spanish)	\$102	\$5.10	\$107.10	\$
<input checked="" type="checkbox"/>	<b>Re-tester<sup>1</sup></b>	<b>Fee</b>	<b>5% NM State Tax</b>		<b>Total</b>
	Clinical Skills Retest	\$65	\$3.25	\$68.25	\$
	Written Retest	\$37	\$1.85	\$38.85	\$
	Oral Retest (English)	\$37	\$1.85	\$38.85	\$
	Oral Retest (Spanish)	\$37	\$1.85	\$38.85	\$
		<b>Total Fee</b>			<b>\$</b>

<sup>1</sup> Retest fees are the candidate's responsibility and must be included with this application.

An additional rescheduling/no show fee may be required to reschedule an exam appointment with less than five business days' notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

## Applicant's Affidavit and Candidate Release Statement

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nursing assistant may be at risk.
- I understand if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the New Mexico Nursing Assistant Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, DOH, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

**\*Candidate Signature (in box below)**

**Date:**