## Procedures for Challenging

## Tennessee Nurse Aide Training and Competency Evaluation

Qualified candidates may challenge the Nurse Aide competency exam if they have received training equal to that of a Nurse Aide Training and Competency Evaluation Program (NATCEP). Challenging allows a qualified candidate to request to take both the knowledge and skills exams without completing a traditional NATCEP. To challenge, the candidate must read and follow the below instructions for completing the application. Further, the candidate must submit the required testing fee to the testing vendor once notification is received to set a test date.

Candidates considered for challenge approval must provide documentation that the training received meets the requirements set forth in CFR § 483.152 of the federal regulations. Specific candidate requirements are outlined below for each challenge candidate type. Please note: only complete and accurate applications containing all necessary information will be processed.

### Candidates able to challenge the exam include:

* Registered and licensed practical nursing students
* Military trained candidates
* Licensed candidates from other countries
* Qualified reciprocity candidates (trained out of state in similar programs)
* Qualified candidates who have received medical training
* Qualified candidates who are unable to register from their training facility

Documentation that must be submitted for all challenge types includes:

1. Complete and accurate challenge application;
2. Copy of Social Security card; and
3. Copy of state or federal issued current photo identification.

Additional documentation needed for all challenge types:

* Official college transcript; or
* Completed Verification of Military Training and Experience Form (DD Form 2586) or Army or American Council on Education Registry transcript; or
* Copy of certificate /license indicating the area of certification and completion date; AND
* Verification of training on facility letterhead which includes:
  + Certificate of completion with completion date;
  + Completed skills check list;
  + Training completion date;
  + Number of classroom and clinical hours;
  + Documentation indicating curriculum taught; and,
  + Documentation indicating training of at least 75 hours occurred in both classroom and clinical settings.
  + This documentation must be signed by either the Director of Nursing or Administrator of the facility confirming that the training was completed.

#### NOTE: For all challenge candidates, Nurse Aide Training must have been completed within the last two years and submitted transcripts must be within the last 24 months

All documentation and applications are to be submitted in their entirety to the following:

**Via email:**

[cna.health@tn.gov](mailto:cna.health@tn.gov)

**or via postal mail:**

Health Facilities Commission

ATTN: Nurse Aide Registry

665 Mainstream Drive, 2nd Floor

Nashville, TN 37243

## **The Health Facilities Commission Nurse Aide Program will review each candidate's request to challenge the exam. If the challenge request is approved, the candidate will receive notification from D&S Diversified Technologies Headmaster TMU or another qualified vendor to complete registration for the exam.**

## **NURSE AIDE TRAINING AND**

## **COMPETENCY EVALUATION CHALLENGE**

## **APPLICATION**

# \*Complete by typing in responses or with black or blue ink.

# NAME:

Last First Middle (Maiden)

**SOCIAL SECURITY NUMBER:**   **- -**

**BIRTH DATE: / /**

Month Day Year

**SEX:** Male

Female

**RACE:**

|  |  |
| --- | --- |
| American Indian or Alaska Native | Hispanic or Latino |
| Asian | Native Hawaiian or other Pacific Islander |
| Black or African American | White or Caucasian |
|  | Race unknown |

# ADDRESS:

# 

Street, PO Box, RR

City State Zip Code

**PHONE NUMBER: ( )**  **May we text using this number?** **Yes**  **No**

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEIGHT: EYE COLOR:**

**Are you currently working as a nurse aide?** Yes  No

**Please indicate state(s) in which you are registered: If employed in Tennessee, please indicate facility name:**

**Have you received a letter of intent to hire from a Tennessee licensed healthcare facility?** Yes

No

**If yes, please indicate facility name:**

**Have you ever been convicted of abuse, neglect, or theft from a person in your care?**

Yes  No

If yes, please explain below:

**Have you ever been convicted of child abuse or neglect?**

Yes No

If yes, please explain below:

**Signature:** **Date:** / /

My signature verifies, to the best of my knowledge, that all above information is correct. I understand and authorize this information to be shared with D&S Diversified Technologies Headmaster TMU or other testing vendor for both skills and knowledge testing and Nurse Aide registry purposes.

**PLEASE ATTACH A COPY OF YOUR SOCIAL SECURITY CARD AND PHOTO IDENTIFICATION HERE.**

|  |  |
| --- | --- |
| Social Security Card | Photo Identification |