



D&S DIVERSIFIED TECHNOLOGIES (D&SDT)-HEADMASTER
TENNESSEE NURSING ASSISTANT EXAMINATION APPLICATION (FORM 1101TN)
A completed Form 1402TN with testing fees must accompany this form.

INSTRUCTIONS: THERE IS A FRONT AND BACK SIDE TO THIS APPLICATION – PLEASE COMPLETE BOTH SIDES.

- Complete this Tennessee NA Examination Application and attach the required documentation. *Completed paper applications must be received at D&SDT-HEADMASTER 10 business days prior to the testing day excluding Saturdays, Sundays & Holidays or express charges will occur.*
- Send this completed application, required documentation and a completed Scheduling and Payment Form 1402TN and payment to P.O. Box 6609, Helena, MT 59604. Your name will be placed on the Tennessee CNA Registry after successful completion of both components of the state approved competency evaluation exam. Nurse aide candidates with an offer of employment in a long-term care facility may not be charged for testing or training.

Check off and complete with only one of the following choices:

I have successfully completed a Tennessee Department of Health approved training program within the last two years.
You must attach a copy of the certificate from your training program.

Name of Training Program: _____ Training Code: _____

City: _____ State: _____ ZIP: _____ Date Completed: _____ | _____ | _____

I am enrolled in a Nursing Program and have satisfactorily completed a “Fundamentals of Basic Nursing” course with a clinical component, or I have a Military related nursing background.
You must attach your validated challenge approval letter issued by the Tennessee Department of Health. Call (615)741-7173 to obtain a challenge application or access the challenge application on the Tennessee NA webpage at www.hdmaster.com.

I am taking the examination because my CNA certification on the Tennessee Registry has lapsed (a previously certified Tennessee Nursing Assistant).
You must attach a copy of the certificate of completion from the training program you completed within the last two years.

I am currently certified in a state for which Tennessee does not accept reciprocity.
You must attach your validated challenge approval letter issued by the Tennessee Department of Health. Call (615)741-7173 to obtain a challenge application or access the challenge application on the Tennessee NA webpage at www.hdmaster.com.

APPLICATIONS WITH INCOMPLETE PROGRAM INFORMATION OR MISSING REQUIRED DOCUMENTATION WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Are you currently employed as a nurse aide, or do you have an offer of employment in a long-term care facility? YES | NO
(circle one)

Employed since date: _____ | _____ | _____ **or** Offer of employment issued: _____ | _____ | _____
(month) (day) (year) (month) (day) (year)

Facility Name: _____ Facility Address: _____

Facility Name: _____ Facility Address: _____

Signature of Nursing Supervisor if TDH Funded: _____ Date: _____ | _____ | _____
(Application will be returned if not signed by Nursing Supervisor)
If you have any questions about reimbursed facilities, please call the Tennessee Department of Health at (615) 532-5171.

Candidate Information: Print clearly (use ink) or type

Social Security No.: _____ | _____ | _____ (Your social security number will be used to locate your record in our database and provided only to Tennessee State Agencies.)

Applicant’s Name: _____
Last First MI Maiden/Former Name

Mailing Address: _____
(P.O. Box # -or- Street number and name, including Apartment # - if applicable)

City: _____ State: _____ Zip: _____

Cell Phone #: () _____ Home Phone #: () _____

Birth Date (Month/Day/Year): _____ | _____ | _____ E-Mail Address: _____
(month) (day) (year) (Providing your email address is your authorization for us to use it for test confirmation and results letters.)

Candidate Signature _____ Date: _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)



THE FOLLOWING INFORMATION IS REQUIRED BY THE TENNESSEE DEPARTMENT OF HEALTH – PLEASE CHECK THE CORRECT INFORMATION:

GENDER: Male Female | **RACE:** Asian Black Hispanic Native American White Other: _____

HEIGHT: _____ Feet _____ Inches | **EYE COLOR:** Brown Blue Green Hazel Black Other: _____

Have you ever been convicted of abuse or neglect of a person in your care, theft from a person in your care or child abuse? Yes No

Are you currently under investigation for abuse or neglect of a person, theft from a person or child abuse? Yes No

Explain: _____

❖ The knowledge test is also available orally. If you desire your knowledge test to also include an audio reading place an X in this box.

(With the ORAL version, only the first 65 questions will be read orally. The remaining ten questions will have to be answered without oral assistance to assess English reading comprehension.)

❖ The knowledge test is available in English or Spanish. Please select your language preference for your test. English Spanish

ADA ACCOMMODATIONS

If you need special accommodations under the Americans with Disabilities Act, please see form 1404TN on the Tennessee NA webpage at www.hdmaster.com.

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. If I do not have an offer of employment, I understand that by signing this application I will be scheduled for a test and responsible for all testing fees. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment. I will be responsible for any rescheduling, refund fees or dispute fees incurred as described in the Tennessee NA candidate handbook. Please call D&SDT at (877)201-0758 if you do not receive an email response within five days. Please refer to the Tennessee NA candidate handbook on the Tennessee NA webpage at www.hdmaster.com for testing policies and updates.