Exams are for the Adult Care Licensure Section for staff or potential staff of family care homes and adult care homes (assisted living). Read instructions before completing the registration form. Complete pages 5 & 6. If you have any questions, you may contact the Testing Unit at (919) 855-3793. Failure to complete the registration form may cause delays with scheduling the exam(s) of your choice. You will not be able to enter information online. Please print the registration form in order to complete it. If you are registering for more than one exam, a registration form and payment of fee must be completed for EACH exam.

A. EXAM REQUESTED

1. MEDICATION AIDE
2. ADMINISTRATOR
3. ALTERNATIVE

(Circle number {1,2,3} beside the exam you want to register for)

EXAM FEES

(1) Medication Aide: $25.00  (2) Administrator: $50.00  (3) Alternative: No Charge

Payment must be made in the form of a money order or certified check made payable to "DHSR". Personal or company/agency checks are not accepted forms of payment. Fees are non-refundable and non-transferable once submitted to DHSR. Payment will NOT be accepted at testing locations.

PLEASE PRINT CLEARLY - ITEMS WITH AN * MUST BE COMPLETED

*(1) Last Name
First Name
MI

(Use your legal name as listed on your driver’s license and/or Social Security card.)

*(2) Your Complete Mailing Address:

Street:

Apt. #:

PO Box (if preferred):

City: State: Zip:

*(3) Social Security Number [**Note]

[**]The SS# is used to register you for an exam and to verify your test results. Incompletion of the SSN may delay your registration for a preferred test site.

*(4) Gender (circle one): Male - Female

*(5) Date of Birth: Month:________ Year:_______

*(6) Phone Number (home or cell):

(Include your 3 digit area code)

(7) County in which you reside:

LEAVE BLANK


DHSR/AC 4655 NCDHHS

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7/19/2011 (Rev. 8/16/2016)
***(9) Aide Training (circle one):***
- [1] 20/25 hrs
- [2] 40/45 hrs
- [3] 75/80 hrs
- [4**] NA
- [5] Other
- [6] None

*(4) certified nursing assistant

***(10) Medication Training (circle one):***
- [1**] Class
- [2**] Study Guide
- [3] Both
- [4] None

***(9) Medication Training (circle one):***
- [1**] Class
- [2**] Study Guide
- [3] Both
- [4] None

***(11) Currently Employed in a Facility (circle one):***
- YES
- NO

**(12) Facility Employment (circle one):***
- [1] FCH
- [2] ACH
- [3] Aide
- [4] Other

Family Care Home
Adult Care Home (assisted living)
Nursing Homes

**(13) Job Title in Facility (circle one):***
- [1] Administrator
- [2] Supervisor
- [3] Aide
- [4] Other

**(14) Exam Codes (please enter 3 choices):***
Links are provided below for access to Exam Codes.
Adminstrator and Alternative: [www.ncdhhs.gov/dhsr/acls/](http://www.ncdhhs.gov/dhsr/acls/)
Medication Aide Testing website: [https://mats.dhhs.state.nc.us/](https://mats.dhhs.state.nc.us/)

1st: ____________________________ 2nd: ____________________________ 3rd: ____________________________

(Failure to complete exam choices may delay your registration for a preferred test site).

**(15) Signature of Applicant:**
I certify that this application is true and correct to the best of my knowledge. I have read and understand the policies and procedures for testing.

**DATE:**

**(16) Provide your Email Address, if applicable (please print clearly):**

**(17) Provide facility name, phone and Fax number, if applicable:**
[Alternate means of contact if unable to reach you with the number listed in #6 or info in #16 ]

<table>
<thead>
<tr>
<th>Facility</th>
<th>Contact</th>
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**Phone:** ____________________________  **Fax:** ____________________________

ONCE YOU HAVE COMPLETED PAGES 5 & 6, ENCLOSE YOUR TESTING FEE(S) WITH YOUR REGISTRATION(S) & RETURN ALL TO ONE OF THE ADDRESSES LISTED BELOW:

<table>
<thead>
<tr>
<th>REGULAR MAIL (USPS)</th>
<th>EXPRESS MAIL (FedEx or UPS)</th>
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<tbody>
<tr>
<td>NC Division of Health Service Regulation</td>
<td>NC Division of Health Service Regulation</td>
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<tr>
<td>Health Care Personnel Education &amp; Credentialing Section - Testing Unit</td>
<td>Health Care Personnel Education &amp; Credentialing Section - Testing Unit</td>
</tr>
<tr>
<td>2709 Mail Service Center</td>
<td>801 Biggs Drive - Brown Bldg.</td>
</tr>
<tr>
<td>Raleigh NC 27699-2709</td>
<td>Raleigh NC 27603</td>
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<tr>
<td>Mailed: ____________________________</td>
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<td>Faxed: ____________________________</td>
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<td>Emailed: ____________________________</td>
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<td>Notes: ____________________________</td>
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</tbody>
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(This agency is not responsible for lost, delayed or misdirected mail).

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