



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH CARE FACILITIES
425 FIFTH AVENUE NORTH, 1ST FLOOR, CORDELL HULL BUILDING
NASHVILLE, TENNESSEE 37247-0508
www.state.tn.us/health

Procedures for Challenging The Tennessee Nurse Aide Training and Competency Evaluation

Candidates that have received training equal to that of a Nurse Aide Training and Competency Evaluation Program may request to test without completing additional training. This procedure is called Challenging the Test. The Attached is the application for challenging the Nurse Aide Training and Competency Evaluation. Please read the directions entirely prior to completing the application. **We cannot process this application if it is incomplete, illegible, or includes false statements.**

Please complete the application by either typing the information in, or using black or blue pen and printing the information. Attach a copy of your social security card and a copy of your photo identification (driver's license, passport, or other photo identification in the area indicated).

Candidates considered for challenge approval must provide documentation that the training received meets the requirements set forth in CFR § 483.152 of the regulations. The specific candidate requirements are set forth in each challenge category.

NOTE: Individuals currently certified in other states who wish to challenge the Nurse Aide Training and Competency Evaluation will only be required to complete the Out-of-State Nurse Aide Registration Form.

1. Challenge Candidates are:
 - a.) R.N. and L.P.N. students may be eligible.
 - b.) Military Trained candidates
 - c.) Licensed candidates from other countries
 - d.) Some candidates trained out of state
 - e.) Some candidates from other types of training
 - f.) Some candidates who are unable to register from their training facility

2. Information required to challenge the test
 - a.) Copy of college transcript
 - b.) Verification of Military Training and Experience Form or Army/American Council on Education Registry Transcript
 - c.) Copy of certificate or license indicating the area of certification and the completion date
 - d.) Certificate from the program the candidate completed which indicates the training completion date.
 - e.) Documentation indicating the curriculum taught and the equivalent of at least 75 hours of training in both classroom and clinical settings.
 - f.) Verification of training curriculum, i.e., copy of skills check list as well as training completion date, number of classroom and clinical hours documented on facility letterhead
 - g.) Include with the above information, the challenge application or letter requesting to challenge the test that includes the candidates name, address, social security number, daytime phone number copy of social security card and photo identification.

NOTE: Nurse Aide Training must have been completed within the last two years.

3. The Tennessee Department of Health Nurse Aide Programs will review each candidate's request to challenge the test respond in writing. If the challenge request is approved, the candidate will be provided information for test dates, times, and locations.



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**NURSE AIDE TRAINING AND COMPETENCY EVALUATION
 CHALLENGE APPLICATION**

SOCIAL SECURITY NUMBER _____ - _____ - _____ **BIRTH DATE** ____/____/____
 Month Day Year

SEX: Male Female **RACE:** White Black Hispanic
 American Indian/Alaskan Asian/Pacific Islander
 Other _____

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Street, PO Box, RR

 City State Zip Code

PHONE NUMBER: _____
 Area Code Number

HEIGHT: _____ **EYE COLOR:** _____

Are you currently working as a nurse aide? Yes No

Please indicate state(s) in which you are registered: _____

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 If yes, please explain.

Are you currently under investigation for abuse or neglect of a person, theft from a person or child abuse? Yes No If yes please explain.

Signature: _____

My signature certifies that the above information is correct.

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

Social Security Card	Photo Identification
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MAIL THIS FORM TO:

**Tennessee Department of Health
Nurse Aide Programs
1st Floor Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-0508**