



ARKANSAS NURSE AIDE

Nursing Student or RN Candidate Examination Application - Form 1101AR-Nursing Student or RN

If you are a Registered Nurse or student who has finished the basic nursing course (for example: Introduction to Nursing, or Fundamentals of Nursing), you may qualify to take the state competency exam. To qualify, you must provide a copy of your school transcript, or documentation showing successful completion of the basic nursing course.

INSTRUCTIONS:

1. Complete this Examination Application.
2. Provide a transcript or documentation from your school showing successful completion of the basic nursing course.
3. Email this completed application along with an image of your transcript or documentation to arkansas@hdmaster.com.

Upon submission and approval of this form, D&SDT-HEADMASTER will create an account for you in TMU© (the testing software platform used for Arkansas Nurse Aide). You will receive an email with your USERNAME and temporary PASSWORD to sign in to your account at <https://ar.tmuniverse.com>. You will complete your testing record. Please see instructions about testing in the Arkansas Nurse Aide Candidate Handbook (click link). After your record is complete, you will be able to contact an approved Arkansas NA testing site, pay your testing fees and be scheduled for your nurse aide exam.

If you have any questions, please contact D&SDT-HEADMASTER at (888)401-0462.

Military Member Status (IF APPLICABLE)

Are you a veteran, active duty or spouse of a veteran? YES | NO Check which one applies: Veteran Active Duty Spouse
IF YOU CHECKED YES, PLEASE FILL OUT AND SUBMIT THE AR MILITARY EXPEDITED LICENSURE FORM AVAILABLE AT WWW.HDMASTER.COM, CLICK ON ARKANSAS CNA

Check and complete the required fields below:

- I am a nursing student who is or has been enrolled in an approved pre-licensure program of Nursing Education and I have successfully completed courses that teach basic nursing skills (nursing fundamentals).
- **Include a transcript or documentation from your school indicating your successful completion of courses that teach basic nursing skills.**

CANDIDATE INFORMATION:

The following fields are required to create an account for you in TMU©:

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name, if applicable: _____

Birth Date (Month/Day/Year): _____ Phone #: _____

E-Mail: _____

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. Please refer to the Arkansas Nurse Aide candidate handbook on the Arkansas CNA webpage at www.hdmaster.com, click on Arkansas CNA, for testing policies and updates.

Candidate's Signature _____ Date: _____

Applications with incomplete information, missing signature or missing required documentation will not be accepted or processed.

ADA ACCOMMODATIONS

If you need special accommodations under the Americans with Disabilities Act, please see form 1404 on D&SDT's main webpage at www.hdmaster.com.