

## **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. Candidates may request to test without completing a traditional Nurse Aide Training and Competency Evaluation Program by completing the application herein. 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: Nurse Aides 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. (Reciprocity Candidate)**

### **1. Challenge Candidates are:**

- R.N. and L.P.N. students
- Military trained candidates
- Licensed candidates from other countries
- Qualified 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

### **2. Information required to challenge the test:**

- Official copy of college transcript (by mail or email to [cna.health@tn.gov](mailto:cna.health@tn.gov))
- 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
- Certificate from the program the candidate completed which indicates the training completion date.
- Documentation indicating the curriculum taught and the equivalent of at least 75 hours of training in both classroom and clinical settings.
- 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
- 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.**

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 receive an approval letter regarding additional information and an email and text notification from D&SDT Headmaster TMU to complete registration.



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

**SOCIAL SECURITY NUMBER** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**SEX:** \_\_ Male \_\_ Female

**RACE:** \_\_ White \_\_ Black \_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_ Native America/Alaskan \_\_ Other

**NAME:** \_\_\_\_\_  
Last First Middle Maiden

**ADDRESS:** \_\_\_\_\_  
Street, PO Box, RR  
\_\_\_\_\_  
City State Zip Code

**PHONE NUMBER:** ( ) \_\_\_\_\_ **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 or neglect of a person in your care, theft from a person in your care, or child abuse?** \_\_ Yes \_\_ No If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**My signature verifies that all information is correct.**



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

Social SecurityCard	Photo Identification
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**MAIL THIS FORM TO:**  
**Tennessee Department of Health**  
**Nurse Aide Registry**  
**665 Mainstream Drive, 2<sup>nd</sup> Floor**  
**Nashville, TN 37243**