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
   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.
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.

<table>
<thead>
<tr>
<th>Social Security Card</th>
<th>Photo Identification</th>
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MAIL THIS FORM TO: Tennessee Department of Health  
Nurse Aide Programs  
665 Mainstream Drive  
Second Floor  
NASHVILLE, TENNESSEE 37243