



Eligibility Verification Form

Certified Nurse Aide Testing

This form **must** be fully and accurately completed (by facility staff member if the employee is being tested by Avera Education & Staffing Solutions, **OR** by the Independent CNA Student that is being individually trained and tested by Avera Education & Staffing Solutions) **as soon as possible**.

All fields on this form must be complete. The student email (IT MUST BE THE STUDENT EMAIL) must be clearly printed and readable. Avera Education & Staffing Solutions will enter this information into the individual student **TMU©** account (TMU© is the CNA Testing company). NOTE: **The student will then receive an email from TMU© to verify further completion and accuracy of the information** (check spam or trash folder as TMU© may not be recognized and email may go to one of these folders). A USERNAME and temporary PASSWORD are provided in the email. The student is to sign in to their **TMU©** account, update their password and complete and verify their demographic information.

FORWARD THIS initial FORM **ASAP** TO start the process:

Avera Education & Staffing Solutions
1000 West 4th St., Suite 9
Yankton, SD 57078
Telephone: (605) 668-8475
Facsimile: (605) 668-8483
Email: averasolutions@avera.org

Please check all that apply below:

- Student has IEP
- Request ADA Accommodation
- Request Oral Test

Special Notes: _____

Candidate Information (PRINT OR TYPE NAME) _____

Facility: _____

First Name: _____ Middle: _____ Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Birthdate: ____/____/____

Male Female

Avera Education & Staffing Solutions CNA Training Program Start Date: ____/____/____

Email Address: _____

Student Signature: _____

Above student signature acknowledgment: I hereby agree to all terms set forth in this agreement. Furthermore, I certify that the above listed nurse aide has or will have completed an OBRA nurse aide training program of at least 75 hours approved by the South Dakota Board of Nursing by the date listed below.

Injury Disclaimer: (Candidate must sign) The South Dakota approved Certified Nurse Aide test you are applying to take will require you to demonstrate typical duties of a Certified Nurse Aide. During the test you may be required to lift and/or transfer a resident actor weighing up to 180 pounds. If you have a pre-existing condition or temporary disability, that may affect your ability to do this or other skills, you are advised to delay your testing. It is understood, in consideration of our performance of the service enumerated at the price stated, that South Dakota Health Care Association, its officers, agents and employees, and Independent Consultants administering this test will not be held responsible for any injuries or damages sustained during or as result of testing.