



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

NUA

FOR DIVISION USE ONLY

Nurse Aide Registry

550 West 7th Avenue, Suite 1500, Anchorage, AK 99501

Phone: (907) 269-8161

Website: ProfessionalLicense.Alaska.Gov/NurseAideRegistry

Certified Nurse Aide Exam Request

PART I Exam Information

You will need to re-register with Credentia Nurse Aide Credentialing Services to retake the Nurse Aide Exam. When your request has been approved and after you have re-registered with Credentia, the Board will then notify the testing company that you are eligible to retake the exam. Your Authorization to Test (ATT) from Credentia will be sent to you after the Board makes you eligible. The candidate website for the examinations is: <https://credentia.com/test-takers>

After you have passed the written and skills Nurse Aide examinations, your certificate will be issued. If you did not achieve a passing score, you will be notified.

SPECIAL ACCOMMODATIONS TO TAKE THE EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. To request an accommodation when taking the Nurse Aide Exam, please notify our testing company, Credentia, at the time of exam registration via CNA365.

- ☐ I failed the WRITTEN portion of the exam. I want to schedule a retest.
- ☐ I failed the SKILLS portion of the exam. I want to schedule a retest.
- ☐ I failed BOTH portions of the exam. I want to schedule a retest.

PART II Personal Information

Full Legal Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:			
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.			
Signature:		Date Signed:	