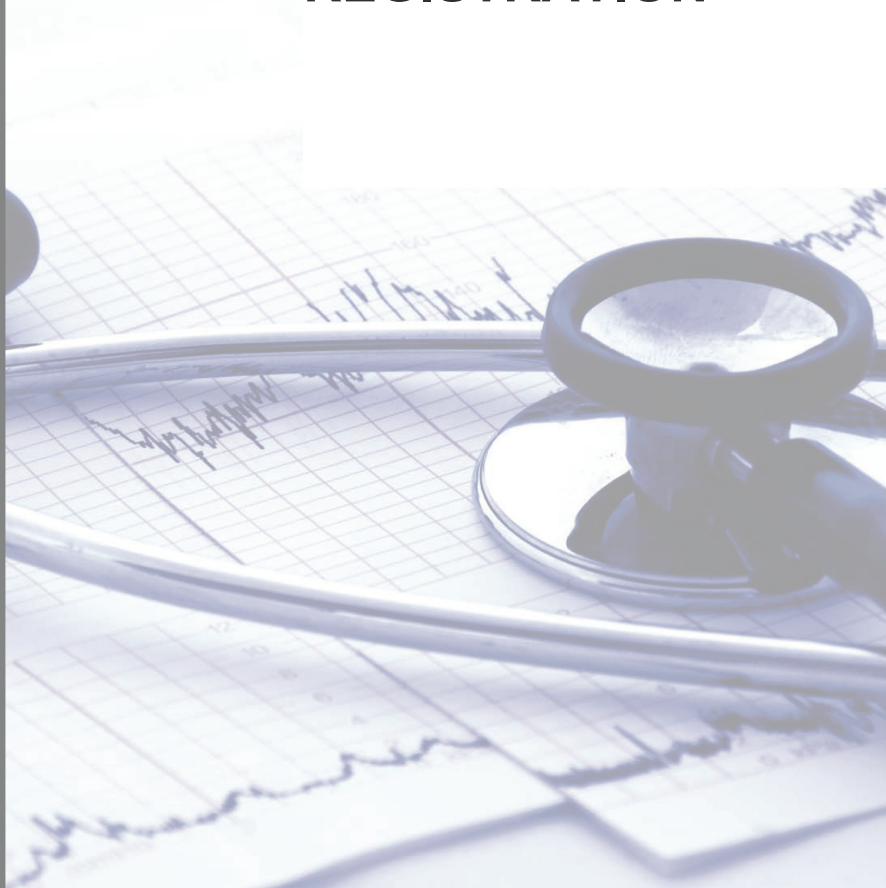


EXAM REGISTRATION

**GET NATIONALLY
CERTIFIED TODAY!**

NHCWA.com



NATIONAL HEALTHCARE WORKERS ASSOCIATION (NHCWA)

Exam Registration Form

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone Number: _____

E-mail: _____

School Name: _____

School Phone: _____ Date: _ _

Course: _____

Instructor: _____ Date Graduated: _____

Work Experience (if any): _____ How Long: _____

Employer: _____

I would like to register for the following exam:

- \$105 - Phlebotomy Technician
- \$105 - EKG Technician
- \$105 - Pharmacy Technician
- \$105 - Medical Assistant
- \$105 - Insurance Exam Tech
- \$105 - Medical Laboratory Assistant
- \$105 - Medical Billing & Coding
- \$105 - Patient Care Technician
- \$105 - Administrative Assistant
- \$299 - Combined CMA, phlebotomy & EKG
- \$105 - Residential Care Technician
- \$299 - Combined PCT, phlebotomy & EKG \$299
- \$250 - Healthcare Workers Certification Bridge Program
- \$49 - CPR
- \$299 - Preparation Workshop

Amount Enclosed: _____

Exam Requirements

One must demonstrate eligibility in order to sit for an NHCWA national certification exam. You will be asked to show proof that you fulfill one of the following requirements in order to register for the NHCWA exam.

Complete at least ONE of the following:

- Graduation from an allied health vocational training program
- One year of work experience in the field
- Military experience/training in the field
- Reciprocity from another certifying agency

Application Checklist

Before mailing your application, please be sure that the following have been included:

- A copy of documentation showing successful completion of a formal educational training program
- Verification of your work experience from your employer notarized on employer's letterhead, if applicable.
- If applicable provide proof of Continuing Education.

All applications denied due to not meeting the eligibility requirements or Incomplete applications, will receive a refund of the exam fee.

NOTE: Please retain a photocopy of your application. If any of the above-mentioned items are missing or incomplete, your application will not be processed. Mail (DO NOT FAX) your application to:

NHCWA PO BOX 5034 MILFORD CT 06460

Once your application is accepted, you will be assigned an exam date with-in 30-days. This exam date, along with information on your exam location, will be provided to you in a confirmation letter you will receive after your application is accepted.

For additional information you can visit <http://nationalhealthcareworkersassociation.com/>

Cancellations

Refunds will not be offered for examination fees unless the scheduled examination date is cancelled by NHCWA. In the event you decide for any reason to withdraw from participation in the exam, you must cancel your appointment with NHCWA and notify NHCWA in writing with signature no later than 48 hours prior to the exam. If a candidate does not cancel or reschedule their exam with NHCWA at least 48 hours prior to the scheduled time, the cost of the exam is forfeited and the candidate must re-register as well as repurchase the exam. In the event that severe weather or another emergency forces the closure of a NHCWA test site on a scheduled examination date, the examination will be rescheduled by NHCWA at no additional charge. NHCWA personnel will attempt to contact candidates who are in this situation. However, candidates may also check the status of their examination schedules by calling NHCWA at 1-855-378-3132. Every effort will be made to reschedule the examination at a convenient time.

No-Show

If you fail to cancel for any reason fail to appear at the exam site where you are registered to sit for the exam you will forfeit all fees paid and no refund will be provided. You are considered a "no- show Candidate" and forfeit all fees. If you arrive late you may not be permitted to sit for the exam; whether or not you will be allowed to sit is entirely at the discretion of the NHCWA test center and will depend on whether the site has availability to accommodate a late-arriving Candidate. Should the late-arriving Candidate not be permitted to test, he/she will forfeit all fees paid and no refund will be provided. If you cancel or fail to appear for the exam you will be required to file a new application, pay applicable fees and meet applicable eligibility criteria if you wish to sit for future exams.

Rescheduling

Exam appointments can be rescheduled if time slots are available.

To reschedule an exam appointment you must have your NHCWA confirmation number and you must reschedule by using the Reschedule option at www.nhcwa.com or by calling NHCWA's at 1-1855-378-3132.

****I certify that I have read and understand the above information and that I do meet the requirements listed above to sit for the NHCWA national Exam.**

National Healthcare Workers Association

Mailing Address:

378 Boston Post Road, Suite 1000 Orange CT, 06477

Mailing Address:

Po box 5034 Milford CT 06460

p: 202-800-0227

p: 855-378-3132

f: 877 560 9486