

3. ELIGIBILITY ROUTE INFORMATION (check only one box)

- H1 – I have completed an approved DC Home Health Aide training program within the last twenty-four (24) months.
 - I have enclosed a photocopy of my home health aide training completion certificate, issued within the last twenty-four (24) months by an approved DC home health aide training program.

HHA Training Program Code:

Date Completed Training : / /
M M D D Y Y Y Y

- H2 – I am a CNA and have completed the Home Health Aide bridge course.

CNA Registry Number:

CNA Expiration Date: / /
M M D D Y Y Y Y

HHA Training Program Code:

Date Completed Training : / /
M M D D Y Y Y Y

- H3 – I completed an approved Nursing Assistant course and a Home Health Aide bridge course but have not tested.

- I have enclosed a photocopy of my Nursing Assistant Training Program Certificate.
- I have enclosed a photocopy of my Home Health Aide Training Program Certificate.

- H4 – I am currently a Student Nurse

- I have enclosed a photocopy of my student nurse transcript showing Fundamentals of Nursing completed.

- H5 – I have trained as an RN and LPN outside the United States and have no United States nursing license.

- I have enclosed a copy of my foreign credentials certification.

PLEASE REVIEW YOUR APPLICATION. BE SURE IT IS CORRECT AND ACCURATE. IF YOUR FORM IS INCOMPLETE, OR YOU HAVE NOT ENCLOSED THE CORRECT EXAMINATION FEES, OR YOU HAVE NOT ATTACHED A COPY OF THE REQUIRED DOCUMENTATION, YOUR APPLICATION WILL BE RETURNED TO YOU. THIS WILL DELAY YOUR REGISTRATION. THE AMERICAN RED CROSS IS NOT RESPONSIBLE FOR MISDIRECTED MAIL.

6. REGISTRANT CERTIFICATION I hereby certify that the information provided on this registration form is true and accurate, and that I am the person whose name appears on the form.

SIGNATURE

DATE

Mail your completed application, including all required documentation and fees to:

American Red Cross
1804 North Sixth Street
Harrisburg, PA 17102

For test scheduling inquiries, please call: (888) 399-7729.