

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Health Facility Administrator: Request for Authorization to Test

APPLICANT INFORMATION

Full Legal Name: _____
FirstMiddleLast

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ **Date of Birth:** _____ **Gender:** Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

CityStateZIP Code

Phone: _____ **Email:** _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License

or State ID Card: _____
State of IssueLicense NumberExpiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States

AFFIDAVIT

I certify that I meet the education or experience requirements outlined in 58-15-4, and further defined in R156-15-302a and 302b or 302c. I understand that submitting this form prior to meeting the requirements outlined above is considered Unprofessional Conduct (see U.C.A. 58-1-501 (1)(e)).

I further certify that this request is for authorization to take the exam, and does not imply eligibility for licensure or grant authority to practice in a regulated field. After passing the exam, I must submit a complete application for licensure.

I understand that I must be registered with the testing company prior to submitting this request.

Signature of Applicant: _____ Date: _____

Submit this form and the attached "Confidentiality and Attestation" to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

NOTE: A Candidate Information Bulletin can be found at http://www.nabweb.org/filebin/pdf/2015_CandHand-NHA.pdf

NAB NHA EXAMINATION CONFIDENTIALITY AND ATTESTATION

You have requested that the Division of Occupational and Professional Licensing approve you to sit for the NAB NHA Examination.

The NAB NHA Examination contains confidential information. Since some of the material contained on these examinations is used on future administrations of the examinations, you are hereby cautioned that you must not comment to other applicants, potential applicants, or any other person regarding the contents of these examinations.

Please read, sign and submit this form with your Request for Authorization to Test.

You will not be permitted to sit for the examination until this signed document is returned to the Board.

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I, _____ (*print name*), agree to not compromise or attempt to compromise the NAB NHA by disclosing any information, questions or answers on these examinations. Prohibited activities which might compromise these examinations include, but are not limited to:

- Reproducing or assisting another by any means to reproduce or attempt to reproduce any portion of the examination, by any means including electronic transmission or memorization;
- Having any person (whether paid or unpaid) take the examination on your behalf;
- Engaging in face-to-face, written or electronic discussions, including blogs, chatrooms, email or any social media application, concerning the content of the examination for personal, commercial or any other reasons;
- Selling, distributing, buying, receiving or having unauthorized possession of any portion of the examination, specifically any questions or answers.

With my signature below, I understand that failure to observe the confidentiality of the NAB NHA Examination may result in disciplinary action by the Board as outlined in UCA 58-1-501.

Signature of Applicant: _____ Date: _____