

# Instructions for Completing Registration Form 4655

**To prevent delays with processing your registration, read the instructions before you begin filling out your registration form (which begins on page 4). You will not be able to enter information online – print the registration form in order to complete it. Policies and procedures for testing, (i.e.: absences, cancellations, inclement weather) is available at the following website: <http://mats.dhhs.state.nc.us/>**

## **General Information**

### **EXAM FEES**

Type of Exam	Registration Fee	Pre-registration Required
1. Administrator	\$50.00	Yes
2. Alternative	No Charge	Yes

Payment must be made in the form of a money order or certified check payable to “DHSR”. **Checks (personal or company/agency) are not acceptable forms of payment.** Improper forms of payment will delay in registering for your preferred test site. Fees are non-refundable and non-transferrable once submitted to DHSR. Payment will NOT be accepted at testing locations. Administrator and Alternative registration forms must be mailed with appropriate testing fee(s).

- **Incorrect or incomplete entries or non-payment of registration fee(s) may cause delays with the scheduling of your written test.**
- Return form(s) along with your registration fee(s) to the address below in a long business envelope. You are responsible for postage to mail back your registration form(s) and fee(s) – Health Care Personnel Education and Credentialing Section (HCPEC) is not responsible for lost or misdirected mail. **Mail the completed form(s) to the following address:**

#### **REGULAR (USPS) Mail:**

NC Division of Health Service Regulation  
Health Care Personnel  
Education & Credentialing  
2709 Mail Service Center  
Raleigh, NC 27603

#### **OVERNIGHT: FedEx or UPS:**

NC Division of Health Service Regulation  
Health Care Personnel  
Education & Credentialing  
815 Palmer Drive  
Raleigh, NC 27699-2709

- **Please get someone to assist or fill out the form for you if you have problems completing the form.**
- **If you have special needs or require special assistance that we need to be aware of at the test site, this information is to be provided on a separate piece of paper and mailed with your registration form. We must be informed prior to the time of registration.**
- **Registration(s) and payment of exam fee(s) (by money order or certified check) may also be made at the Raleigh office, located on the Dorothea Dix Campus in the Dobbin Building, 815 Palmer Drive, Raleigh, NC 27603.**

## **Instructions for Items 1 through 12**

### **1) NAME FIELD**

- Print your **Last Name, First Name, and Middle Initial**. Use your legal name as listed on your Driver's License and/or Social Security card.

### **2) MAILING ADDRESS**

- Print your **complete Mailing Address** – where you receive your mail. (Street name, Apt. #, City, State, Zip Code. PO Boxes may also be used).

### **3) SOCIAL SECURITY NUMBER**

- Enter your **Social Security number**. The SS# is used to register you for an exam and to verify your test results. If not completed this may delay your registration for a preferred test site.

### **4) GENDER**

- Circle appropriate **gender**. **Male** (man) or **Female** (woman).

### **5) BIRTH DATE**

- Enter the **Month** and **Year** you were born.

### **6) PHONE NUMBER**

- Provide a phone number (including **Area Code**) where you can be contacted.

### **7) COUNTY CODE**

- Enter the county where you live (example: Cumberland). If you reside in a different state, you may leave this blank.

### **8) HIGHEST EDUCATION LEVEL**

- Circle the number that matches the highest education level you **finished**. (For example, if you completed high school, circle [2] HS Diploma)

**9) EXAM CODES (Please enter 2 choices)**

**Administrator & Alternative: website: [www.ncdhhs.gov/dhsr/acls/](http://www.ncdhhs.gov/dhsr/acls/)** (Administrator Certification & Forms)

- Failure to provide exam choices may result in possible delays with scheduling your exam.

**10) APPLICANT SIGNATURE**

- *This certifies that the information you have provided is true and correct to the best of your knowledge and you have read and understand the policies and procedures for testing.*
- The procedures for testing is available on the website: <http://mats.dhhs.state.nc.us/>
- Sign your name and enter the date you completed this form.

**11) E-MAIL ADDRESS (please print clearly)**

- Applicants should complete contact e-mail information in order to receive confirmation by e-mail if necessary. If you do not have e-mail access, a confirmation letter will be mailed.

**12) FACILITY NAME, PHONE AND FAX NUMBER (if applicable)**

- This is an alternate means of contact if we are unable to reach you with the phone number

# REGISTRATION FOR WRITTEN EXAMS

Administrator and  
Alternative registration forms must be  
mailed along with appropriate fee(s).

Exams are for the **Adult Care Licensure Section for staff or potential staff of family care homes and adult care homes (assisted living)**. Read instructions before completing the registration form. Complete pages 4 and 5. If you have any questions, you may contact the Health Care Personnel Education and Credentialing Section at (919) 855-3969. Failure to complete the registration form may cause delays with scheduling the exam(s) of your choice. **You will not be able to enter information online.**

**Please print the registration form in order to complete it. If you are registering for more than one exam, a registration form and payment of fee must be completed for EACH exam.**

**EXAM  
REQUESTED**



- 1. ADMINISTRATOR
- 2. ALTERNATIVE

**(Circle number {1 or 2} beside the exam you want to register for)**

### EXAM FEES

**(1) Administrator: \$50.00**

**(2) Alternative: No Charge**

Payment must be made in the form of a money order or certified check made payable to "DHSR". Personal or company/agency checks are not accepted forms of payment. Fees are non-refundable and non-transferable once submitted to DHSR. Payment will NOT be accepted at testing locations.

**PLEASE PRINT CLEARLY - ITEMS WITH AN \* MUST BE COMPLETED**

**\* (1) Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

(Use your legal name as listed on your driver's license and/or Social Security card.)

### \* (2) Your Complete Mailing Address:

**Street:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

**PO Box (if preferred):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\* (3) Social Security Number [\*\*Note]** \_\_\_\_\_ **\* (4) Gender (circle one):** Male - Female

[\*\*]The SS# is used to register you for an exam and to verify your test results. Incompletion of the SSN may delay your registration for a preferred test site.

**\* (5) Date of Birth:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

**\* (6) Phone Number (home or cell):** \_\_\_\_\_

**\* (7) County in which you reside:** \_\_\_\_\_ (Include your 3 digit area code)

If you reside in a different state, you may leave this blank.

**\* (8) Highest Education Level (circle one):** [1] Less than HS [2] HS Diploma [3] GED  
[4] Alternative Exam [5] Associates Degree [6] Bachelors Degree [7] Graduate Work

**\*(9) Exam Codes** (please enter 2 choices): Links are provided below for access to Exam Codes.  
 Administrator and Alternative: [www.ncdhhs.gov/dhsr/acls/](http://www.ncdhhs.gov/dhsr/acls/) (Administrator Certification & Forms)  
 Medication Aide: <https://mats.dhhs.state.nc.us:8598/testLocation.aspx>

<b>1st:</b>	<b>2nd:</b>
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**(Failure to complete exam choices may delay your registration for a preferred test site).**

**\*(10) Signature of Applicant:**

**I certify that this application is true and correct to the best of my knowledge. I have read and understand the policies and procedures for testing.**

<b>DATE:</b>
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**(11) Provide your Email Address, if applicable (please print clearly):**

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**(12) Provide facility name, phone and Fax number, if applicable:**

[Alternate means of contact if unable to reach you with the number listed in #6 or info in #16 ]

<b>Facility:</b>	<b>Contact:</b>
<b>Phone:</b>	<b>Fax:</b>

**ONCE YOU HAVE COMPLETED PAGES 4 AND 5, ENCLOSE YOUR TESTING FEE(S) WITH YOUR REGISTRATION(S) AND RETURN ALL TO ONE OF THE ADDRESSES LISTED BELOW:**

REGULAR (USPS) Mail	EXPRESS: FedEx or UPS
<b>NC Division of Health Service Regulation            Health Care Personnel            Education &amp; Credentialing            2709 Mail Service Center            Raleigh NC 27699-2722</b>	<b>NC Division of Health Service Regulation            Health Care Personnel            Education &amp; Credentialing            815 Palmer Drive            Raleigh NC 27603</b>

**(HCPEC is not responsible for lost or misdirected mail).**

<b>OFFICE USE ONLY</b>
Mailed: _____
Faxed: _____
Emailed: _____
Notes: _____