



# Registered Nurse Assistant at Surgery - Certified (RNAS-C™) Exam Application

NASC reserves the right to verify with schools, employers and institutions all information provided herein.

Applicant's full name \_\_\_\_\_ Soc. Security # \_\_\_\_\_  
Nursing Title:  AD or Diploma RNFA Graduate  Advanced Practice RNFA Graduate  Other (explain on back)  
NASC Approved Program Applicant has graduated from: \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Employer's name \_\_\_\_\_ Specialty \_\_\_\_\_  
Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer's Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I am applying for (*check box*):

RNAS-C™ Exam fee \$399.00  Retake fee \$299.00  Recertification - \$249.00

I desire to sit for the RNAS-C™ Exam, # \_\_\_\_\_ in the city of \_\_\_\_\_ on the date of \_\_\_\_\_. They have indicated that I own an Exam fee of \$\_\_\_\_\_.

## Form of Payment (*If paying with credit card, write your billing address information in white space.*)

Enclosed is a check in the amount of \$\_\_\_\_\_ or; please charge my credit card for \$\_\_\_\_\_: (Visa, MasterCard or Discover)

Credit Card Number: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV number \_\_\_\_\_

- I have enclosed with my fee all documents proving my eligibility as found as found under 'Exam Eligibility'.
- I have attached one form of identification with this application (check one) Drivers License / Passport and understand that two forms of ID are required at the Exam Location. I have emailed NASC my digital photo

All of the information I have submitted in applying for the RNAS-C Exam is true to the best of my knowledge. I realize that if I submit any false or misleading statements/documentation, my application to test may be denied and be subject to disciplinary action.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Only send **original copies** of this Application and Documentation to NASC. Make copies for yourself. NASC will not accept faxes or copies. Incomplete Applications will not be accepted. If 'Retake', Applicant does not have to resubmit all Documentation, however, two forms of identification must be shown at Exam Location.

**IMPORTANT:** Applicant must sit for exam within 6 months from the date of this signed Application or he/she may forfeit their original exam fee and be subject to all current pre-requisites and new fee changes. RNAS-C™ title does not guarantee employment.