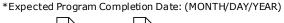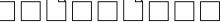# Excerpt from Prometric NYS CNA Exam Application, Page 3

New York Certified Nursing Assistant Examination Application

Training Information
This section must be completed by the Training Program Coordinator for any applicant who has checked Certification Routes **1, 3, 5** or **7**. *Training Program Code Number: TBD

*Expected Program Completion Date: (MONTH/DAY/YEAR)

☐ ☐ ⬜ ☐ ☐ ⬜ ☐ ☐ ☐

*Name of Training Program

*Training Program Mailing Address (Street Address or P.O. Box)

City State ☐☐ ZIP Code ☐☐☐☐☐

I certify that this applicant has successfully completed a state-approved nurse aide training program.

_____

Training Instructor's Name:

_____

Training Instructor Signature