

Candidate Nurse Aide Testing Grievance Form

****Please note that all grievances must be submitted within 30 days of your exam date.****

Please complete this form and Email to: NAgrievances@getcredentia.com

Duplicate grievance form submissions are not accepted. This form cannot be submitted for test scheduling, written exam re-score requests, or authorization extensions. Please contact the appropriate department found in your state's Nurse Aide Candidate Handbook.

Section 1 - Please select your concern below and follow the instructions

- Skills Evaluation (complete Section 2 and 3 below)
- ADA Accommodation: concerning ADA proctors, or fulfillment of your accommodation during the testing day (complete Section 1a and 3 below)
- Turned Away From Testing by the Evaluator (complete Section 1a and 3 below)

Section 1a - Please be specific regarding your grievance with the ADA Accommodation experience or being turned away from testing by the Evaluator.

Section 2 - Select Unsatisfactory Skills Document up to 5 skills and grievances below.

*9 - digit Answer Sheet Serial Number (located at the upper left of your official score report).

*Skill grieved

*Skill steps grieved (Provide the numbers)

*Provide specific detail on why you are grieving the scoring of this Skill/Step(s)

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Section 3 - Candidate and Exam Information

Candidate Name

Exam State

Test Site Name

Evaluator's First Name

Training Program Name