

MILITARY HEALTH CARE TRAINING
Request for Waiver
Nursing Assistant Certification Education

Complete this form, AR Military Education Waiver, and submit required documentation (listed below) to qualify to waive nursing assistant certification education.

Please read these directions completely prior to completing this form online. Your request for a military education waiver cannot be processed if it is incomplete, illegible, missing documentation or includes false statements.

To qualify for this waiver to be eligible to apply to take the Arkansas nursing assistant competency exam for certification as a nursing assistant in Arkansas, you must be an active duty or retired military (veteran) member with military occupational training or education in a nursing-related capacity, or a service-issued credential toward nurse aide qualifications, (i.e.: Medical Specialist, Healthcare Specialist, Hospital Corpsman).

You are required to provide documentation that you have completed at least 90 hours of military health care training, as evidenced by military records. You will be required to take both the knowledge and the skills exam.

Upon completion of this form, be sure to attach an image/copy showing proof of service and proof of at least 90 hours of military health care training. Proof of service documentation includes:

- Department of Defense Identification Card (active, retired or TDRL).
- DD214 Military Discharge Certificate indicating disposition of discharge.
- Report of Separation from the national archives at the National Personnel Records Center (NPRC) in St. Louis, Missouri.
- Veterans Identification Card from the Department of Veterans Affairs.

Documentation of military health care training includes:

- Official military health care education, training or service-issued credential toward nurse aide qualifications or requirements documents.

Please complete the following:

SOCIAL SECURITY NUMBER: _____ **BIRTH DATE:** _____

LAST NAME: _____ **FIRST NAME:** _____ **MIDDLE INITIAL:** _____ **MAIDEN:** _____
(Maiden Name, if applicable)

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____ **PHONE #:** _____

My signature certifies that the information provided herein is true and correct.

SIGNATURE: _____ **DATE:** _____

If you need assistance, call (888)401-0462 during regular business hours,
Monday through Friday, 7:00AM to 7:00PM (CST).

After submitting this form, remember to attach an image of your proof of service and documentation of military occupational training or education in a nursing-related capacity, or a service-issued credential toward nurse aide qualifications.