

SPONSOR INFORMATION

PREPARING FOR THE

NURSING ASSISTANT CERTIFICATION EXAM

PROFESSIONAL HEALTHCARE DEVELOPMENT, LLC

P.O. BOX 399

ONA, WV

(304) 733-6145

FAX: (304) 733-6146

www.profhd.com

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9-9-09; 11-8-09

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GENERAL INFORMATION

The West Virginia Nursing Assistant Registration Evaluation is a measure of the nursing assistant candidate's related knowledge, skills, and abilities. Its purpose is to assess the competence of candidates to perform the job of nursing assistant safely and effectively. The evaluation is composed of a written (or oral) component and a skills task performance component.

This evaluation was developed to adhere to the requirements of federal and state laws. The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA), is designed to improve the quality of care in long-term health care facilities and to set training and registration standards for nursing assistants. The state of West Virginia Department of Health has approved the Nursing Assistant Evaluation as its instrument to ensure that the nurse aides in West Virginia meet these requirements.

“SPONSOR” DEFINITION

A sponsor for a nursing assistant exam candidate can be the facility where the nursing assistant is employed, has completed an approved training program, or in some cases, the candidate may act as a self sponsor. The sponsors take on the task of helping the nursing assistant exam candidates to complete the application process for the Nursing Assistant Evaluation.

The sponsors are very important to the nursing assistant exam candidates. They act as the candidate's link to a sometimes very confusing process. The sponsor should distribute copies of the Candidate Handbook to each exam candidate. All facilities may obtain copies of the above information to assist with the application process by visiting the web site www.profhd.com. If additional information is required, contact:

Professional Healthcare Development, LLC
P.O. Box 399
Ona, WV 25545
(304) 733-6145
info@profhd.com

MAJOR RESPONSIBILITIES

- ◆ Provide support and assistance to the candidate throughout the process
- ◆ Distribute copies of the Candidate Handbook-available through the web site
- ◆ Verify the candidate's eligibility to take the exam
- ◆ Include the proper fees and documentation with the applications
- ◆ Mail the completed applications and correct fees directly to PHD

For your convenience and to avoid confusion caused by handwriting, all of the necessary forms, including the application for testing may now be completed by typing directly on the form through PHD's web site and then printing. Once an application is completed, print the form, then just reset it and continue for the entire group. Make sure to have all candidates sign the completed applications.

Questions not addressed in this booklet regarding the registration process may be directed directly to the West Virginia Department of Health Facility License and Certification at (800) 442-2888 or (304) 558-0050. Questions regarding the evaluation may be directed to PHD at the above address/phone number or through the web site. As sponsors, you may copy this information as you need it, or you may print the most updated information from the web site.

ORAL VERSION OF THE WRITTEN PORTION

The written portion of the Certification Evaluation is also available in an oral form for an additional fee. The oral version will be made only by request and will be the exact questions the other candidates are answering in their test booklets. The oral version will be read to the candidate by a reader. Each question will be read twice. The candidate will answer the questions directly on the test booklet. The oral test will also include a portion in which the candidate must refer to a flow sheet commonly found in the long term care facility in answer questions related to resident's care, i.e., I & O Sheet, or Bladder Training Sheet.

To request an oral version for one or more of your candidates, complete the form at the back of this handbook. The request must be received by PHD two weeks prior to the requested test date.

ELIGIBILITY

Only those candidates who:

1. have successfully completed an approved West Virginia Nursing Assistant training program within the past two year period

OR

2. met the requirements by completing a refresher course after allowing their registration to lapse

OR

3. have been approved by the Nurse Aide Registry due to participation in a nursing program

The Department of Health will certify that each candidate has passed an approved program. Only when PHD can confirm through the West Virginia Nursing Assistant Registry web site that the candidate is eligible for testing will a candidate be issued an admission ticket for the evaluation. When submitting the listing for the candidates you are sponsoring for the evaluation, please complete the form called SPONSOR REGISTRATION FORM.

FEES

Evaluation fees must be received with the completed applications and required forms (sponsor request form, pg.6 medical releases as needed) two weeks prior to the requested test date. Payment will be accepted only by facility check, money order, or certified check. No cash, personal checks, credit or debit cards will be accepted.

The Criteria for Nurse Aide Training in West Virginia states in Section VIII “Charging for Nurse Aide Education”:

- A. The facility **cannot** charge their employees for any part of a training program, including testing or re-testing fees.
- B. The first facility to employ a nursing assistant within 12 months after completing a program for which the nursing assistant has paid a fee, must reimburse the employee for the cost of the training program and testing.
- C. If that nursing assistant has not yet taken the competency evaluation, the facility must pay for the test.
- D. If an employee is attending classes at a non-facility based program which charges a fee, the facility, not the employee, must pay the fee.

ADMITTANCE TO TEST SITE

Once all information has been verified through the Registry regarding the candidate, applications are processed, and fees are collected, the sponsor will be issued, from PHD, an admission ticket for each candidate. This ticket will contain the candidate's name, social security number, sponsor program number, and type of test the candidate is to take. The sponsor will receive the admission tickets about one week prior to the requested exam date. It is the sponsor's responsibility to ensure all of the information printed on the ticket is correct and distribute the tickets to the candidate.

Registered candidate's names now appear on PHD's web page with testing date and location. Check this information periodically as it may update daily.

Because PHD is concerned for the safety of the candidates testing, effective December 1, 2004, any candidate who is pregnant **MUST** submit to PHD with the initial application for testing, a signed release from her physician stating she is able to perform the skills portion of the exam without any restrictions. This release will be copied and forwarded to the site coordinator. The site coordinator will not allow any pregnant candidate to perform the skills portion of the exam without the release. The release **MUST** be received with the application prior to testing. **THERE WILL BE NO EXCEPTIONS.** If a pregnant candidate presents for testing without prior registration, the fee for the skills portion of the exam will be forfeited and that portion of the exam will have to be rescheduled at the full fee. On the same line, if a candidate is registered to test and for some reason is taken off work due to injury prior to testing, a physician's release to work form will also have to be sent to PHD prior to the candidate being permitted to test.

If the name or social security number on the admission ticket is incorrect, it is the sponsor's responsibility to call PHD with needed corrections. If no corrections are noted prior to testing and a certificate of completion is mailed to the nurse aide with an incorrect spelling, it is the sponsor's responsibility to pay a \$20 reprint fee for a certificate with the correct spelling.

Every candidate must present the admission ticket, a current photo ID, and their social security card at the test site or they will not be permitted to take the evaluation. If a candidate does not have a photo identification, the **SUBSTITUTE FOR PHOTO ID** form must be completed by the sponsor and the candidate will take that information along with their admission ticket and social security card for admittance to the test site. **Do not** send the substitute for photo ID form to PHD.

Please caution your candidates that if they do not have the proper identification when they present at the test site for the evaluation, they will be denied entrance and will have to reschedule the evaluation. No fees will be refunded should this occur.

A summary of all of the candidate's information will be sent to each test site. The test site coordinator will not admit any candidate who presents that is not pre-registered through PHD and not on their list of candidates.

If the site coordinator suspects that a candidate is under the influence of any substance, whether prescribed or otherwise, the candidate will be told to leave the test site. The decision of the site coordinator will be final. If this happens, the test fee will be forfeited and the candidate will have to go

through the application process again. This information will be forwarded to the Nursing Assistant Registry.

RESCHEDULING

A candidate who does not take the evaluation on the scheduled date may reschedule the evaluation by following the same procedure as above. When you as the sponsor complete the registration form that accompanies the applications, mark the appropriate box and enclose the appropriate fees.

If a candidate is aware in advance that he/she can not attend a scheduled evaluation, he/she must contact PHD as soon as possible. The candidate may request that the sponsor contact PHD, either way, PHD has to be notified. Depending on the reason for rescheduling, the rescheduling fees may be waived.

If a candidate does not present for the evaluation and has not contacted PHD, PHD will reschedule the evaluation only upon notification from the sponsor. PHD does not automatically re-register candidates to test. Each situation will be evaluated individually to determine the rescheduling fee. Excused reasons for not presenting at the scheduled site at the scheduled time would include, but are not limited to a debilitating automobile accident, an illness of the candidate or an immediate family member, jury duty, or military duty. A candidate that is absent will be required to present to PHD a written account, or proof, of an absence. For instance, if there was an automobile accident, a copy of the police report would be accepted. PHD, the West Virginia Nursing Assistant Registry, and the test sites will cooperate to insure all candidates are treated fairly.

AMERICANS WITH DISABILITIES ACT

PHD and the test sites will, to the best of our abilities, accommodate any candidate with special needs. **You, as sponsors, are responsible to make arrangements, in writing to PHD, for your candidates at least two weeks in advance of the requested test date.** If arrangements are not made in advance, the candidate will have to reschedule the evaluation and the fee for the evaluation will be forfeited.

If you have a pregnant candidate who is ready to test, you, as the sponsor, must send with the application, a release from the candidate's doctor stating that the candidate is healthy and will have no restrictions due to the pregnancy that would prohibit the candidate from performing the five skills required to successfully complete the exam. If the candidate goes to the test site and has not sent the release to PHD prior to testing, the candidate will not be able to take the skills performance portion of the exam and the fee for that portion (\$58) will be forfeited. **THERE WILL BE NO EXCEPTIONS TO THIS STIPULATION.**

GETTING THE RESULTS

About two weeks after taking the evaluation, the candidate, the sponsor, and the West Virginia Nursing Assistant Registry will be sent reports detailing the candidates' performance on the evaluation(s). These reports will indicate whether the candidate passed or failed both or one portion of the evaluation. When the candidate successfully passes both portions of the evaluation, a certificate will be sent to the sponsoring facility and a congratulatory letter verifying the accomplishment will be mailed directly to the candidate. The sponsor is responsible for presenting the certificate to the successful candidate.

Should a candidate fail the skills portion of the evaluation, a copy of the poorly performed skills evaluation will be sent to the instructor. Instructions will also be included to assist the candidate in rescheduling the needed portion(s) of the evaluation.

PLEASE, TELL THE STUDENTS NOT TO CALL ABOUT THEIR SCORES. PHD IS UNABLE TO GIVE SCORES OVER THE PHONE.

RETAKE THE EVALUATION

Any candidate who needs to retake a portion of the evaluation must complete a new application. The sponsor will have to indicate on the Registration form that accompanies the applications that the evaluation is a retake and include the correct fees.

GETTING A DUPLICATE REPORT OF SCORES

Duplicate scores may be requested directly from PHD for a cost of \$20.00. This report will also include a duplicate certificate. There is an order form in the back of the Candidate's Handbook for ordering. No scores will be given over the telephone.

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ORAL EVALUATION REQUEST FORM

Please register the following candidates for the oral version of the written exam:

Requested Date: _____

Site: _____

Name	SS No.	First Exam	Retake

Sponsoring facility _____

Sponsor signature _____

Fees enclosed _____

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FEE SCHEDULE

First time test takers:

Written and Skills	\$100.00
Oral	\$150.00

Retakes:

Written	\$42.00
Skills	\$58.00
Oral	\$92.00

Reschedules:

Written	\$42.00
Skills	\$58.00
Oral	\$92.00

Request for duplicate score:	\$20.00
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TEST SITES

BECKLEY	Academy of Careers and Technology 390 Stanaford Road Beckley, WV
BUCKHANNON	Fred W. Eberle Technical Center Route 5 Box 2 Buckhannon, WV
CHARLESTON	Charleston Job Corps 1000 Kennawa Drive Charleston, WV
KEYSER	Mineral County Vocational Technical Center 600 Harley O. Staggers, Sr. Drive Keyser, WV
MARTINSBURG	James Rumsey Technical Institute 3274 Hedgesville Road Martinsburg, WV
PARKERSBURG	Wood County Technical Center 1515 Blizzard Drive Parkersburg, WV
PETERSBURG	South Branch Vocational Technical Center 401 Pierpont Street Petersburg, WV
PRINCETON	Mercer County Technical Education Center 1397 Stafford Road Princeton, WV
WHEELING	Wheeling Park High School 1976 Park View Road Wheeling, WV
DELBARTON	Mingo County Vocational Technical Center Route 2 Box 52A Delbarton, WV
NEW CUMBERLAND	John D. Rockefeller IV Vo-Tech Center 95 Rockside Road New Cumberland, WV

2010
REGISTERED NURSING ASSISTANT APPLICATION
RECEIPT DEADLINES
PROFESSIONAL HEALTHCARE DEVELOPMENT, LLC

<u>TEST DATE</u>	<u>RECEIPT DEADLINE</u>
January 9, 2010.....	December 25, 2009
January 23, 2010.....	January 8, 2010
February 14, 2010.....	January 22, 2010
February 27, 2010.....	February 12, 2010
March 13, 2010.....	February 26, 2010
March 27, 2010.....	March 12, 2010
April 10, 2010.....	March 26, 2010
April 24, 2010.....	April 9, 2010
May 8, 2010.....	April 23, 2010
May 22, 2010.....	May 7, 2010
June 12, 2010.....	May 21, 2010
June 26, 2010.....	June 11, 2010
July 10, 2010.....	June 25, 2010
July 24, 2010.....	July 9, 2010
August 14, 2010.....	July 23, 2010
August 28, 2010.....	August 13, 2010
September 11, 2010.....	August 27, 2010
September 25, 2010.....	September 10, 2010
October 9, 2010.....	September 24, 2010

October 23, 2010.....October 8, 2010
 November 13, 2010.....October 22, 2010
 November 27, 2010*.....Call PHD*
 December 11, 2010.....November 26, 2010
 December 25, 2010*.....Call PHD*

Test dates are subject to change without prior notification. Should a test date be changed, PHD will make every effort to contact involved parties. On the four dates above with the “*”, because these dates fall around the Thanksgiving and Christmas holidays, each site has the option to change the date. Please call PHD to verify the date those sites that regularly hold testing on the fourth Saturday will test.

Sites that normally test on the second Saturday of each month are:

CHARLESTON	BUCKHANNON
PRINCETON	WHEELING
MARTINSBURG	

Sites that normally test on the fourth Saturday of each month are:

BECKLEY	PARKERSBURG
PETERSBURG	KEYSER
NEW CUMBERLAND	DELBARTON

**To contact PHD, LLC: P.O. Box 399
 Ona, WV 25545**

**Phone: (304) 733-6145
 Fax: (304) 733-6146
 E-mail: info@profhd.com**

The following sites normally test on the second Saturday of each month as listed*:

Buckhannon
Charleston
Martinsburg

Princeton
Wheeling

January 9, 2010
February 13, 2010
March 13, 2010
April 10, 2010
May 8, 2010
June 12, 2010**

July 10, 2010
August 14, 2010
September 11, 2010
October 9, 2010
November 13, 2010
December 11, 2010

The following sites normally test on the fourth Saturday of each month as listed*:

Beckley
Delbarton
Keyser

New Cumberland
Parkersburg
Petersburg

January 23, 2010
February 27, 2010
March 27, 2010
April 24, 2010
May 22, 2010
June 26, 2010

July 24, 2010
August 28, 2010
September 25, 2010
October 23, 2010
November 27, 2010*-call PHD
December 25, 2010*-call PHD

***Site dates may change without notice due to registration requests at each site or other conflicts, such as holidays. Any candidate that requests a site that for some reason will not be available will be contacted by PHD to make other testing arrangements.**

****For the month of *JUNE ONLY*, the Charleston test date will be June 19, 2010—all others are as above.**

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REQUEST FOR DUPLICATE SCORE REPORT

DIRECTIONS: You may use this form to ask PHD for a copy of your score report. Please print or type all information on the back of this form and include the correct fee, or your request will be returned.

FEE: \$20 Please include a certified check or money order made payable to "Professional Healthcare Development". Do not send cash or personal checks. Write your social security number on your payment.

SEND TO: Professional Healthcare Development, LLC
P.O. Box 399
Ona, WV 25545

Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. _____ Social Security Number _____

If the above information was different at the time you were tested, please indicate original information.

Name _____

Street _____

City _____ State _____ Zip _____

I hereby authorize PHD to send me at the address above a duplicate of my score report.

Your signature _____ Date _____

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SUBSTITUTE FOR PHOTO IDENTIFICATION

PART 1: TRAINING INSTRUCTOR SHOULD COMPLETE THIS PORTION

I have been authorized by PHD's application staff to prepare this Substitute for Government Issued Photo Identification

Training Instructor Name _____ Training Instructor Signature _____ Today's Date _____

Candidate Name _____ Test Site _____ Test Date _____

Eye Color _____ Hair Color _____ Height _____ Weight _____ Age _____

Sex _____ Race _____ Birthdate _____ Social Security Number _____

To be signed by candidate in presence of the training instructor:

Candidate Signature _____ Date _____

PART 2: NURSE AIDE CANDIDATE SHOULD SIGN THIS WHEN REPORTING TO THE TEST SITE.

I am the candidate named and described on the opposite side of this form and am signing this document in the presence of an Test Site Coordinator/Evaluator.

Candidate Signature _____ Date _____

PART 3: SITE COORDINATOR/EVALUATOR SHOULD SIGN BELOW:

The candidate named above and described on the opposite side of this form signed this document in my presence.

Signature of Test Site Staff _____ Date _____

Take this with you to the test site as a substitute for a photo ID. DO NOT send this form to PHD.

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**WEST VIRGINIA
REGISTERED NURSING ASSISTANT EVALUATION
APPLICATION**

Part 1: General Information

Name _____ Soc. Sec. No. _____
Last First Middle

Is there any other name(s) you may have used in the past? If so, please list here:

Home Address _____

Home phone: _____ Birth date _____

Part 2: Evaluation Choices

NEW CANDIDATE & RESCHEDULING NO SHOWS

RETAKES

_____ Written & Skills Exams \$100

_____ Written \$42

_____ Oral & Skills \$150

_____ Skills \$58

_____ Oral \$92

**NURSING ASSISTANT REFRESHER COURSE
CANDIDATE**

_____ Written & Skills Exams \$100

_____ Written & Skills \$100

_____ Oral & Skills \$150

_____ Oral & Skills \$150

***CORRECT FEES MUST ACCOMPANY THIS APPLICATION FOR CONSIDERATION**

PART 3: SPONSOR INFORMATION (WHO IS PAYING FOR YOUR EXAM)*

Sponsor Name _____ Sponsor Code _____

Address _____ Phone _____

***If you do not have a sponsor, write SELF in the blank and your admission ticket will be sent directly to your home address.**

PART 4: TRAINING PROGRAM (WHERE YOU TOOK YOUR TRAINING)

Training Program _____ Training Code _____

Address _____ Phone _____

When did you complete this training course _____

Part 5: Nursing Assistant Refresher Course Information (required as applicable)

Location of in-service _____ Date completed _____

Part 6: Location of Evaluation

First Choice _____ Date _____

Second Choice _____ Date _____

Part 7: Special Testing Needs

_____ I do not require special accommodations for the evaluation—*Sign the bottom of this page, then go to Part 8.*

_____ I DO require special accommodations for the evaluation*

Please explain _____

If an oral version is required, make sure your sponsor requests an oral version two weeks before you want to test.

*Please attach proof from a profession who treats or specializes in treating your condition. This proof must include:

- Diagnosis of physical/mental condition
- Changes the professional thinks are needed

PHD and/or the Department of Health are not responsible for any costs incurred by you in obtaining this information.

To the best of my knowledge, the above information is truthful. I have not deliberately misled PHD or the Department of Health in any way.

Candidate Signature

Date

Part 8: CHECKLIST

HAVE YOU:

- ✓ Filled out the application completely?
- ✓ Listed any other first, middle or last name you have used?
- ✓ Signed the application?
- ✓ Included the correct fee? (no personal checks or cash)
- ✓ Included the correct documentation for special needs?
- ✓ Included any medical releases that are necessary?

Then you're ready to mail this application* to:

Professional Healthcare Development, LLC
P.O. Box 399
Ona, WV 25545

If you have questions regarding this application or the Evaluation, call PHD directly at (304) 733-6145.

*You only need to mail Parts 1 – 7.