

# WADOH Home Care Aide Certification Program

November 29, December 9 and 14  
2011



# Agenda

- + Website
- + Candidate Bulletin
- + Testing Application
- + Other Forms
  - + Skills Check List
  - + In-Facility Test Agreement
- + Contact Information

Prometric Services: Testing and Assessment - Windows Internet Explorer

http://www.prometric.com/WADOH/Default.htm

Windows Internet Explorer

Prometric Services: Testing and Assessment

experience quicker notification of your testing event date, time and location. Please remember to include your email address on your application when you submit it for registration.

### FIND ANSWERS TO YOUR QUESTIONS

Information Booklet contains fees, scheduling policies, scoring information and FAQs

**DOWNLOAD**

The candidate bulletin and the application to test is currently unavailable due to revisions being made by the Washington State Department of Health. Once they are revised the new versions will be posted.

On November 8, 2011, Washington State voters passed Initiative 1163. This initiative requires federal background checks, additional training, passing a written and skills examination, certification as a home care aide, and other requirements for long-term care workers and providers. Similar requirements contained within the provisions of Initiative 1029, passed by voters in 2008, were delayed until 2014 by legislation earlier this year.

Beginning January 7, 2012, most long-term care workers, must take 75 hours of training within 120 days of hire. Most long-term care workers must also become certified home care aides within 150 days of hire.

Certification requires the applicant to take the home care aide examination. This examination will be provided through Prometric. Application for the examination will require you to submit an application and fee directly to us. This is separate from the application and fee you submit the Department of Health for the home care aide certification. Our application will be available before January 7, 2011.

You can learn more about the home care aide certification at:  
<http://www.doh.wa.gov/hsqa/HCAides/default.htm>

Please direct any questions about the home care aide certification to the home care aide program at  
[Homecareaiders@doh.wa.gov](mailto:Homecareaiders@doh.wa.gov)

**Contact Info**

1260 Energy Lane  
St. Paul, MN 55108  
(800) 324-4689

email: [WAHCA@prometric.com](mailto:WAHCA@prometric.com)

[Click here](#) for an overview of the candidate life cycle

Done

Internet | Protected Mode: Off

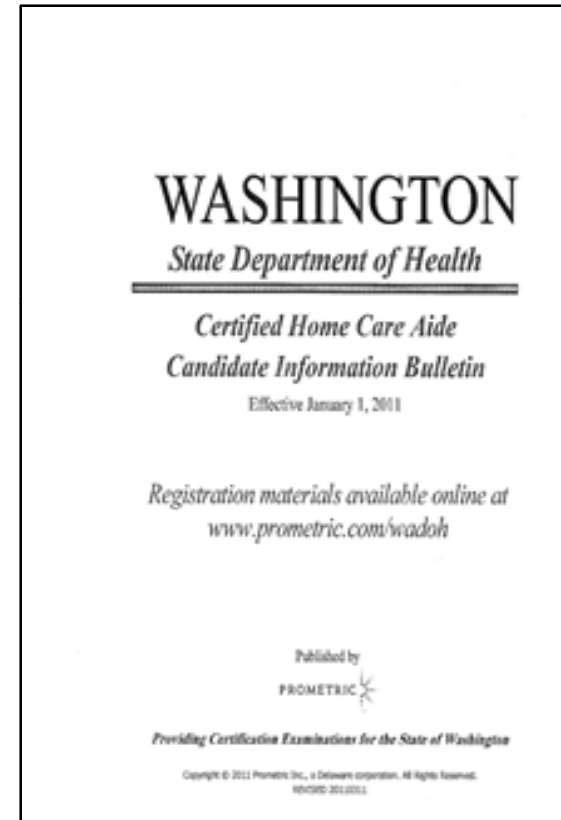
125%

2:38 PM  
11/18/2011

# Candidate Information Bulletin



- + Information Listed
  - + Exam application process
    - Eligibility Routes
      - Candidates select a route that applies to them (only 3 available)
      - Completing the application
      - Testing types
        - In-Facility vs. Regional
      - Fee information
      - Special test considerations
  - + Examination overview
    - Written Exam Content Outline
    - Listing of skills that candidates can be asked to perform on the exam
  - + What to expect on test day
    - What to bring
    - Results



# Exam Application




WAHCAAppForm20110311.pdf - Adobe Reader

File Edit View Window Help

1 / 2 139%

Comment Share

**PROMETRIC**  **Exam Application Form**  
**For Washington State Home Care Aide Examinations**

**Please Print or Type Clearly and Neatly.**

This application form must be completed and submitted with all required fees to Prometric so you may be scheduled to take the Washington State Home Care Aide Certification examination.

**Candidate Information**

**Please make sure the candidates read this note**

**STOP** **Note:** Before you enter your name below, check the government issued identification (see list on Page 10) that you will use for admission to testing. If the name you use below does not match the name on the identification you provide on the day of testing, you will not be allowed to test.

Last Name	First Name	Middle Name	Other/Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)			Gender (check one) <input type="checkbox"/> Female
City	State	ZIP Code	Date of Birth
Phone Number (including area code) (       )		Email Address	
Candidate ID Number: You must enter all 10 characters of your ID number (assigned by the Department of Health)			
<input type="checkbox"/> I am requesting Special Accommodations and have included the necessary documentation with			

**To get ATT's faster to candidates please make sure this is completed**

**Please make sure this is completed**

11/17/2011

# Exam Application



WAHCAAppForm20110311.pdf - Adobe Reader

File Edit View Window Help

1 / 2 139%

Comment Share

### Eligibility Route

See further explanation of routes in this handbook beginning on Page 4.

<input checked="" type="checkbox"/>	<b>Eligibility Route (Check only one)</b>
<input type="checkbox"/>	Route 1. Home Care Aide hired on or after 01/01/2011 and have successfully taken 75 hours of required long term care worker training
<input type="checkbox"/>	Route 2. Exempt Home Care Aide working as a HCA in 2010 but would still like to
<input type="checkbox"/>	Route 3. Exempt Home Care Aide holding another WA state credential License

### Training Information

This section must be completed if the applicant has selected Eligibility Route 1.

Name of School or Facility listed on your training certificate

Address of School or Facility listed on your training certificate

Training Completion Date: \_\_\_/\_\_\_/\_\_\_      Training Program Code: \_\_\_\_\_

Training Instructor Code: \_\_\_\_\_

### Test Site Information

Check **one** of the following options.

<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site is indicated to the right. However, I understand that I will be assigned to the <b>first available</b> testing appointment in my area.	<b>My Preferred Exam Site is:</b> (see list online at <a href="http://www.prometric.com/wadoh">www.prometric.com/wadoh</a> )
--------------------------	---	--

3:41 PM 11/17/2011

*Please remember to fill in the Training Program Code, Training Completion Date and Instructor Code*

# Exam Application



WAHCAAppForm20110311.pdf - Adobe Reader

File Edit View Window Help

2 / 2 139%

Comment

### Exam Selection and Fees

<input checked="" type="checkbox"/>	First-Time Tester	Fee	Total
	Written Exam and Skills Exam	\$115	\$
	Oral Exam and Skills Exam	\$125	\$
<input checked="" type="checkbox"/>	Retester	Fee	
	Skills Exam ONLY	\$75	\$
	Written Exam ONLY	\$40	\$
	Oral Exam ONLY	\$50	\$
<input checked="" type="checkbox"/>	Other	Fee	
	Rescheduling Fee	\$25	\$
	Exam Review Session	\$40	\$
	Duplicate Score Report	\$10	\$
		<b>Total Fee</b>	<b>\$</b>

**If you would like to take an exam in a language other than English, please indicate below**

<b>Written Exam:</b>	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Simplified Chinese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<b>Skills Evaluation:</b>	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese

**Payment:** Fees may be paid by cashier's check, money order,  card or Visa. Make cashiers checks payable to Prometric. **Personal c** y credit card, please complete the in

Card Type (Check One)

MasterCard  V

Please remember to select the appropriate fee and if you are taking the exam in a language other than English please select the language

Windows taskbar icons: Internet Explorer, File Explorer, VLC, Office, PowerPoint, Word, Adobe Reader

# Exam Application



WAHCAAppForm20110311.pdf - Adobe Reader

File Edit View Window Help

2 / 2 139%

Comment Share

### Applicant's Affidavit

I understand I am responsible for making sure all of the information provided in this application form is completely true and correct. I understand if information given is not true, my status as a certified home care aide may be jeopardized. I understand I must pass both parts of the Washington Home Care Aide Certification exam and meet all other WA state requirements, to receive my certification.

---

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

### Candidate Release Statement

I understand that I may be asked to play the part of the client for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a client. I hereby release Prometric, the Washington State Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

---

Printed Name of Candidate \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**If testing at a Facility:** Provide this completed form, along with all necessary documents to your facility coordinator (do not send it to Prometric).

**If testing at a Regional Test Site:** Submit this completed form, along with all necessary documents and fees to:

**By Mail:** Prometric, Attn: Washington Home Care Aide Program, 1260 Energy Lane, St. Paul, MN 55108.

3:44 PM 11/17/2011

# Other Forms Posted On Website



## + Skills Check List

- + Listing of check points candidates will need to achieve during testing of skills

- Candidates will need to pass all five skills when taking the skills portion of the exam which includes:

- Handwashing, Common Care Practices and any combination of three skills

- Can be used as a reference but not meant for teaching candidates

## + Regional Test Site Listing

## + In Facility Agreement

- + For training programs who would like to have their students/candidates tested at their training facility

# STEPS TO REMEMBER



- + **Step 1** Complete DOH application within 3 days of hire
- + **Step 2** Complete background check by DSHS beginning January 8, 2012
- + **Step 3** Complete Required 75 hour training course
- + **Step 4** Read Candidate Bulletin found on [www.prometric.com/wadoh](http://www.prometric.com/wadoh)
- + **Step 5** Complete exam registration application also found on [www.prometric.com/wadoh](http://www.prometric.com/wadoh)
- + **Step 6** Submit completed application with payment and copy of training program completion certificate or required documentation
- + **Step 7** Receive Admission To Test Letter (ATT Letter)
- + **Step 8** Take your exam

CANDIDATES WHO WISH TO TAKE THE SKILLS EXAM IN ANOTHER LANGUAGE LOCATION THEY CANNOT TAKE THE EXAM AT AN IFT LOCATION. THEY CAN ONLY TAKE THE EXAM AT A SPECIAL ADMINISTRATION ONCE A MONTH

# Contact Information



## + Contact Info

- + 1260 Energy Lane  
St. Paul, MN 55108  
(800) 324-4689
- + email: [WAHCA@prometric.com](mailto:WAHCA@prometric.com)