

HCA
Certification Packet
As of
February 12, 2013

ATTACHMENT A

IP's Background Check, Training and Certification Requirements

Home Care Aide Certification Checklist for Individual Providers

Requirements Under the Law:

You must complete **75** hours of training (Includes 5 hours of orientation and safety) within **120** days of your hire date and become a certified Home Care Aide within **150** days of hire. If you do not meet these deadlines you cannot continue to be paid. Use the following RECOMMENDED timelines and checklist for the best chance of meeting these deadlines.

You will work with staff to begin the process to be hired as a Home Care Aide



**Check each Box
after completing
a step**

- ☐ Complete a Name and Date of Birth background check. An originating case agency number (OCA#) is generated from this background check. Write it here. _____
 - ☐ Complete a Fingerprint Appointment form and schedule a fingerprint appointment. The OCA # will go on this form.
 - ☐ Fingerprint appointment time: _____
 - ☐ **Before you provide care:** Watch the 5 hour DVD, *Orientation & Safety Training*, confirm by calling 1-866-483-1397 automated system. Have ready last 4 digits of your SSN and your confirmation code from the Training Partnership.
- ⇒ *The service begin date on the service authorization notice you receive from SSPS is the first day you are hired to provide care. The **120 days to complete basic training** starts from this service begin date .*



Step 1: You submit a Department of Health (DOH) application

- ☐ **Complete by 14 days from hire:** Apply to the DOH for certification. Submit a DOH [HCA Certification Application](#). The OCA # must be on the DOH form. *Mail \$60 fee by check or money order with your application.*
 - ⇒ *You are assigned a 10 digit DOH credential # (begins with HM). You need this # for your Prometric application. Find your DOH credential number on the DOH website by clicking on "[Provider Credential Search](#)".*
- ☐ Write your DOH HM# here. _____



Step 2: You register for Training with the NW Training Partnership

- ☐ **Do this by 14 days from hire:** Register for the 70 hour basic training through the NW Training Partnership website (www.myseiubenefits.org) or call the Membership Resource Center at 1-866-371-3200.
- ☐ **Recommend you complete by 60 days from hire:** Complete your training as soon as possible to ensure you get classes in the area where you live and in time to meet testing and certification deadlines.
- ☐ Once 75 hours of training is complete, print your Certificate of Completion from the Training Partnership website or call Membership Resource Center to obtain it, then mail it to DOH. See back of flyer for the web address or phone #.



Step 3: You submit a Prometric Candidate Application to schedule your test

- ☐ **Once training is scheduled:** Apply to Prometric to take the HCA written and skills certification exam. Submit a [Application Form For WA State HCA Examinations](#) and \$115. Pay the fee by cashier's check, money order, MasterCard or Visa.
 - ⇒ *Use the above DOH assigned 10 digit credential # as the candidate ID # requested on this form.*
 - ⇒ *The HCA skills exam can be taken in **Spanish, Russian, Vietnamese, Korean or Chinese**. The written exam can be taken **orally in English or in any of these languages**. See back of flyer for instructions . Additional fee of \$10.*



Step 4: Complete training and testing then DOH will determine Home Care Aide Certification

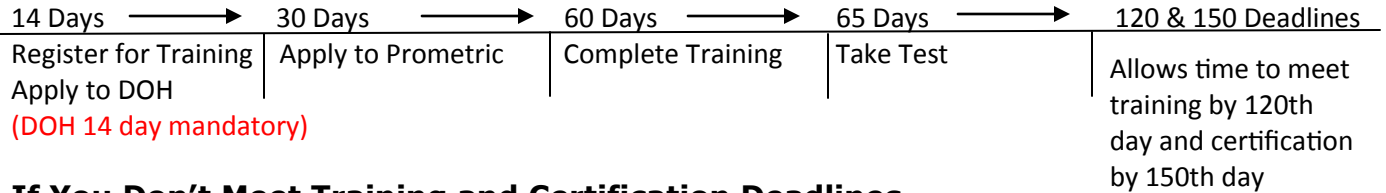
- ☐ Once you complete training take your test as scheduled. Write date here. _____
 - ⇒ *You must complete 75 hours of training to take the exam. Reschedule your exam before your scheduled exam date if you have NOT completed the training by the expected training end date to avoid new exam fees.*
 - ⇒ *If you fail the exam, reapply immediately to Prometric to retest. You can take the portion failed twice. You must pay a fee for each retest. See the Prometric website listed on back of flyer for fee schedule.*
- ☐ If DOH has issued your credential the DOH website will show you as "Active". See back of flyer for website address.

See back of flyer for websites, mailing addresses, contact information and helpful tips ➡

Give yourself the best chance of meeting mandatory deadlines!

Recommended

Mandatory Deadline



If You Don't Meet Training and Certification Deadlines

- You **CANNOT** be paid to provide care.
- You **MUST** pay for any remaining training yourself.

How to Take the HCA Exam in Other Languages

To take the HCA exam in Spanish, Russian, Vietnamese, Korean or Chinese, check the language desired on page 2 of the Prometric HCA Exam Application. To take the written test orally in English or one of these languages, check "Oral Exam and Skills exam" under "First Time Tester" on page 2 of the HCA Application. If you choose an oral test, the computer reads the question and answer choices out loud to you. A written **oral** test is an additional \$10 exam fee.

HCA Credentialing Contact Information

Who	Telephone and Fax	Mailing Address	Email
DOH	HCA Credentialing Coordinator (360) 236-2700 DOH Customer Service (360) 236-4700	Mail application with fee to: DOH Home Care Aide Credentialing P.O. Box 1099 Olympia, WA 98507 Mail 75 Hour certificate or other documents NOT sent with initial application to: DOH Home Care Aide Credentialing P.O. Box 47877 Olympia, WA 98504	Homecareaiders@doh.wa.gov
Prometric	Telephone 1-800-324-4689 Fax 1-800-813-6670 Faxing gets you a test appointment faster. If faxed, fee must be paid by credit card.	Mail application and fee to: Prometric Attn: WA Home Care Aide Program 1260 Energy Lane St. Paul MN 55108	WAHCA@prometric.com



HCA Quick Links

Find these links in one location at www.adsa.dshs.wa.gov/professional/training/links

Background Checks

- [Background Check Authorization Form](#)
- [Fingerprint Appointment Form](#)
- [BCCU website](#)
- [MorphoTrust Website](#)

Training

- [Find a Class/Instructor](#)

Certification—DOH

- [Main Website](#)
- [HCA Certification Application](#)
- [Provider Credential Search](#)

NW Training Partnership MRC

1-866-371-3200
[SEIU Healthcare NW Training Partnership](#)

Certification Exam—Prometric

- [Main Website](#)
- [WA State HCA Examinations Application Form](#)
- [HCA Test Information Bulletin](#)

ATTACHMENT B

Home Care Aide Certification Application Packet

Home Care Aide Certification Application Packet

Contents:

1. 675-002 Contents List/SSN Information/Mailing Information 1 page
2. 675-004 Certification Requirements..... 4 pages
3. 675-003 Application Instructions Checklist..... 2 pages
4. 675-005 Home Care Aide Certification Application 5 pages
5. 675-007 Out-of-State Credential Verification Form 2 pages
6. RCW/WAC and Online Website Links..... 1 page

Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360-236-4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
Home Care Aide Credentialing
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Home Care Aide Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-2700
Home Care Aide Credentialing
360-236-4700
Customer Service Center

This page intentionally left blank.

Certification Requirements

You must be certified as a home care aide if you are:

- An individual provider of home care services who is reimbursed by the state;
- A direct care employee of a home care agency;
- A provider of home care services to persons with developmental disabilities under [Title 71 RCW](#), paid by Department of Social and Health Services (DSHS);
- A direct care worker in a state licensed assisted living facility and adult family home;
- A respite care provider;
- A direct care worker providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

Apply for certification by completing the following requirements:

1. Fill out and submit the original application, signed and dated, and [fee](#);
2. Complete a fingerprint-based background check. You must contact DSHS to get a fingerprint-based background OCA #. If you are not employed as a long-term care worker and you do not have an OCA # from DSHS, please submit your application to us and contact us when you receive your OCA #.

For DSHS background check process, go to their [website](#).

An employer must use the [Fingerprint Appointment form](#) to schedule a DSHS fingerprint appointment.

An applicant must use the [Background Authorization form](#).

If you are not required to get an OCA #, indicate this in section 3 of this application.

3. Provide your date of hire.
4. Complete a 75-hour basic training course approved by DSHS before taking the home care aide state certification examinations.
5. Complete four hours of AIDS education and training. You may have completed or will complete the AIDS training through the 75-hour basic training course or through your employer.
6. Pass the state home care aide written or oral, and skills certification examinations. See examination information.
7. If you worked as a healthcare provider in another state, submit a copy of the attached verification form to each state you hold or have held a credential. The state will complete its portion of the form and mail it directly to us.

Effective January 7, 2012, the law allows long-term care workers to work for 150 days

while in the process of applying for home care aide certification. You may provide care if you complete the following:

- Fill out and submit the original application, signed and dated, and fee within 14 days of your date of hire;
- Complete the training required by [RCW 74.39A.073\(4\)\(a\) and \(b\)](#).

You must complete the training within 120 calendar days of the date of hire. If you have not completed the training within this time frame, you are no longer eligible to provide care. You must stop working until you receive a home care aide certification.

Examination Information

You must have a credential number from the Department of Health in order to apply directly to Prometric, the testing company, to take the examination. You can find your credential number on our [website](#). Search by your name, use Home Care Aide as the credential type, use your last name and first name, and select “Search.”

Prometric

Attn: Washington Home Care Aide Program

1260 Energy Lane

St Paul, MN 55108

Phone: 800-324-4689

Website: <https://www.prometric.com/en-us/clients/wadoh/Pages/landing.aspx>

Submit to Prometric: examination application and fee as soon as you complete your training. Use your credential number as the Prometric candidate ID # that starts with HM and ends with eight numbers. Prometric will send you the date, time, and place of the examination. Prometric will also send you and the department your examination results.

Additional Information

There are three categories where you are not required to have a home care aide certification. The categories are below. Follow the instructions if you choose to apply for home care aide certification:

A. You may apply for a home care aide certification if one of the following applies:

- You already hold an active healthcare credential as an advanced registered nurse practitioner, registered nurse, licensed practical nurse, nursing assistant certified, certified counselor, certified adviser, speech-language pathologist assistant, audiologist, occupational therapist, or physical therapy assistant.
- You are employed by a Medicare certified home health agency and have met the requirements of [42 CFR, Part 484.36](#);
- You have special education training and have an endorsement granted by the Office of Superintendent of Public Instruction;
- You are a supported living provider, unless you are also licensed as an assisted living facility or adult family home provider.

Complete the following requirements to apply for certification:

1. Fill out and submit the original application, signed and dated, and [fee](#);
2. Complete a fingerprint-based background check. You must contact DSHS to get a fingerprint-based background OCA #. If you do not have an OCA # when you submit your application to the department, please contact us when you receive your OCA # from DSHS.

For DSHS background check process, go to their [website](#).

An employer must use the [Fingerprint Appointment form](#) to schedule a DSHS fingerprint appointment.

An applicant must use the [Background Authorization form](#).

If you are not required to get an OCA #, indicate this in section three of this application.

3. Provide your date of hire.
4. Complete four hours of AIDS education and training.
5. Pass the state home care aide written or oral, and skills certification examinations. See examination information.
6. If you worked as a healthcare provider in another state, submit a copy of the attached verification form to each state you hold or have held a credential. The state will complete its portion of the form and mail it directly to us.

B. You may apply for a home care aide certification if one of the following applies:

- You are an individual provider caring only for your biological, step, or adoptive child or parent.
- You are an individual provider hired before June 30, 2014, who provides 20 hours or less of care for one person in any calendar month.

Complete the following requirements to apply for certification:

1. Fill out and submit the original application, signed and dated, and [fee](#);
2. Complete a fingerprint-based background check. You must contact DSHS to get a fingerprint-based background OCA #. If you do not have an OCA # when you submit your application to the department, please contact us when you receive your OCA # from DSHS.

For DSHS background check process, go to their [website](#).

An employer must use the [Fingerprint Appointment form](#) to schedule a DSHS fingerprint appointment.

An applicant must use the [Background Authorization form](#).

If you are not required to get an OCA #, indicate this in section three of this application.

3. Provide your date of hire.
4. Complete a 75-hour basic training course approved by DSHS before taking the home care aide state certification examinations.

5. Complete four hours of AIDS education and training. You may have completed or will complete the AIDS training through the 75-hour basic training course or through your employer.
 6. Pass the state home care aide written or oral, and skills certification examinations. See examination information.
 7. If you worked as a healthcare provider in another state, submit a copy of the attached verification form to each state you hold or have held a credential. The state will complete its portion of the form and mail it directly to us.
- C. You may apply for a home care aide certification if the following applies:**
- If you were employed during 2011, or between January 1, 2012 and January 6, 2012, and you completed all the training requirements in effect as of the date of hire.

Complete the following requirements to apply for certification:

1. Fill out and submit the original application, signed and dated, and [fee](#);
2. Complete a fingerprint-based background check. You must contact DSHS to get fingerprint-based background OCA #. If you do not have an OCA # when you submit your application to the department, please contact us when you receive your OCA # from DSHS.

For DSHS background check process, go to their [website](#).

An employer must use the [Fingerprint Appointment form](#) to schedule a DSHS fingerprint appointment.

An applicant must use the [Background Authorization form](#).

If you are not required to get an OCA #, indicate this in section three of this application.

3. Submit the proof of employment which may include a letter or the [Employment Verification form](#) from the employer that hired you or for whom you worked during 2011, and or between January 1, 2012 and January 6, 2012;
4. Submit proof of completion of the training requirements that were in place on your date of hire with that employer. See the [Employment Verification form](#).
5. Provide your date of hire.
6. Complete four hours of AIDS education and training.
7. Pass the state home care aide written or oral, and skills certification examinations. See examination information.
8. If you worked as a healthcare provider in another state, submit a copy of the attached verification form to each state you hold or have held a credential. The state will complete its portion of the form and mail it directly to us.

Application Instructions Checklist

You must type or print all information clearly in blue or black ink. It is your responsibility to submit the required forms to the Department of Health.

- ☐ **Application Fee.** This fee is **non-refundable**. You can check the online [fee page](#) for current fees.
- ☐ **Fingerprint-based Background OCA #:** You may have requested background checks from the Department of Social and Health Services in the past. If so, you may have received prior OCA #s. The Department of Health will only accept the most recent fingerprint-based background OCA #.
- ☐ **Date of Hire:** Provide the date of hire.
- ☐ **1: Demographic Information:**
 - Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state, and country where you were born.

Address: List the address we should use to send you any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until you notify us of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known by any other names. If you have a name change after obtaining a credential, you must notify the Department of Health in writing. You must include legal proof of this change. See [WAC 246-12-300](#).

- ☐ **2: Personal Data Questions:**
 - All applicants must answer the same personal data questions on the application. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide a complete and accurate explanation. You must submit the appropriate documentation as noted in the personal data questions. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 refers to misdemeanors, gross misdemeanors and felonies. You do not have to answer “yes” if you have been cited for traffic infractions. You can get copies of your court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority in which convictions may have occurred.

☐ **3: Type of Services Provided:**
Check all that apply:

- Long-term care workers who must become certified home care aides.
- Individuals, who are not required to apply for a home care aide, but choose to apply.

☐ **4: Training and Education:**
List your training and education.

☐ **5: Work Experience:**
List your professional work experience.

☐ **6: Other License, Certification, or Registration:**
List all states where you hold or have held a credential.

☐ **7: AIDS Education and Training Attestation:**
Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. You can find course content in [WAC 246-12-270](#).

☐ **8: Living Within or Outside of Washington State Attestation:**
You must attest to living within or outside of this state. Choose one.

☐ **9: Applicant’s Attestation:**
You must sign and date this for us to process the application.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at [the military resources page](#) and include supporting documentation with your application.

Background
Check
Stamp
Here

Date
Stamp
Here

Revenue 0299100001

Home Care Aide Certification Application

Fingerprint-based background OCA #: _____
(If you do not have a fingerprint-based background OCA #, be sure to complete section 3 of the application form.)

Date of hire: _____

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

☐ Male
☐ Female

Name: First Middle Last

Birth date (mm/dd/yyyy)

Place of birth

City

State

Country

Address

City

State

Zip Code

County

Country

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address:

Mailing address if different from above address of record:

City

State

Zip Code

County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No

If yes, list name(s):

For Office Use Only

Certification # _____ Date Issued _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation..... ☐ ☐

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed healthcare practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? .. ☐ ☐

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction ☐ ☐

Note: If you answered “yes” to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered “yes” to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? ☐ ☐
- b. Diverted controlled substances or legend drugs? ☐ ☐
- c. Violated any drug law? ☐ ☐
- d. Prescribed controlled substances for yourself? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a healthcare profession? If “yes”, please attach an explanation and provide copies of all judgments, decisions, and agreements? ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a healthcare profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? ☐ ☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? ☐ ☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a healthcare profession? ☐ ☐
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? ☐ ☐

3. Type of Services Provided

Long-term care workers who must become certified home care aides.

Check all that apply:

- ☐ Home care services
- ☐ Adult family home
- ☐ Assisted living facility
- ☐ Respite care
- ☐ Contracted individual provider
- ☐ Direct care employee of home care agency
- ☐ Any other direct care worker providing home or community based services to the elderly or persons with functional or developmental disabilities.

Individuals, who are not required to apply for a home care aide, but choose to apply.

Check all that apply:

- ☐ Currently unemployed, no OCA #
- ☐ Any other care worker who is not paid by the state or by a private agency, or facility licensed by the state.
- ☐ An individual provider caring only for his or her biological, step, or adoptive child or parent.
- ☐ A person hired as an individual provider who provides twenty hours or less of care for one person in any calendar month.
- ☐ Has a credential as a registered nurse, licensed nurse, nursing assistant-certified or similar health credential that exempts you from having home care aide certification.
- ☐ A home health aide who is employed by a medicare certified home health agency and has met the training requirements of federal law.
- ☐ Has special education training and an endorsement granted by the Superintendent of Public Instruction.
- ☐ Worked as a long-term care worker at some time between January 1, 2011 and January 6, 2012 and completed the training required of you on your date of hire.
- ☐ Employed by community residential service business.

4. Training and Education

List your training and education. Attach additional completed pages if you need more space.

Full Name, City and State/Schools Attended	Degree Earned	Attendance	
		Entrance Date	Ending Date

5. Work Experience

List your work experience. Attach additional completed pages if you need more space.

Name and Location of Institution	From (mm/dd/yy)	To (mm/dd/yy)	Type of Experience or Speciality

6. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional completed pages if you need more space.

State	License/Certification/Registration Type	License/Certification/Registration		Method of Licensure		
		Year Issued	Number	Exam	Endorse	Grand Fathered

7. Aids Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.**

☐ School curriculum

☐ Employer/Other

Applicant's Initials	Date

8. Living Within or Outside of Washington State Attestation

Please check the box that applies:

- ☐ I certify I have lived for the last two years within Washington State.
- ☐ I certify I have lived within the last two years outside of Washington State.

Applicant's Initials	Date

9. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print name of applicant clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality healthcare. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, state)

by: _____
(Original signature of applicant)

Out-of-State Credential Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. Instruct them to return the form directly to the address listed below. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name:	Last	First	Middle
Mailing Address			
City	State	Zip Code	
Any other names used:			
Type of healthcare license, certification, or registration:			
License, Certification, or Registration Number		Date Issued	

Have the licensing agency return this completed form to the address listed above.

If you have any questions, please call 360-236-4700.

(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Applicant was credentialed by: <input type="checkbox"/> Written Examination	Date:	Score:
Name of examination:		
<input type="checkbox"/> Other Examination	Date:	Score:
Name of examination:		
Is credential current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please attach explanation.		
Has this credential ever been denied? Suspended? Revoked? Surrendered? Reinstated?		
<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
If "yes," please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(SEAL)

Signature: _____

Title: _____

Date: _____



RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Home Care Aide Law.....	<u>RCW 18.88B</u>
Home Care Aide Rules	<u>WAC 246-980</u>

On-line

AIDS Training Resources	<u>Reference Page</u>
Department of Social and Health Services, Aging and Disability Services Administration	<u>http://www.adsa.dshs.wa.gov/professional/training</u>
Home Care Aide Program	<u>Web Page</u>
Prometric	<u>http://www.prometric.com/default.htm</u>

List-Serv

To receive emails regarding important home care aide information,
please join our interested parties at..... [List-Serv](#)

ATTACHMENT C

WAHCA Exam Application Form



Exam Application Form

For Washington State Home Care Aide Examinations

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. Candidates can apply to take the exam before completing the 75 hours of training, if training is required, but cannot take the exam until after they have completed training so your examination date will be after your anticipated training completion date.

Candidate Information



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 <input type="checkbox"/> Male
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 this application.			

Eligibility Route

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

<input checked="" type="checkbox"/>	Eligibility Route (Check only one)
<input type="checkbox"/>	Route 1. Home Care Aide hired on or after 01/07/2012 will have successfully taken 75 hours of required long term care worker training before taking the exam
<input type="checkbox"/>	Route 2. Exempt Home Care Aide working as a HCA at some time between 01/01/2011 and 01/06/2012 but would still like to be certified
<input type="checkbox"/>	Route 3. Exempt Home Care Aide holding another WA state credential License Type License Number

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 on your training certificate	
City	State ZIP Code
Training Instructor Code	Training Program Code
Anticipated Training Completion Date:	

Test Site Information

Check one of the following options.	
<input type="checkbox"/>	Regional Test Site: 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 first available testing appointment in my area.
<input type="checkbox"/>	In-facility Site: My employer or training program is scheduling my testing and I will take the exams at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).

My Preferred Exam Site is: (see list online at www.prometric.com/wadoh)

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	\$
		Total Fee	\$

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

Written Exam:	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Simplified Chinese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
Skills Evaluation:	<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, MasterCard or Visa. Make cashiers checks payable to Prometric. **Personal checks and cash are not accepted. Registration fees are not refundable.** To pay by credit card, please complete the information below.

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder

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.

By Fax (if paying with credit card): 800.813.6670.

ATTACHMENT D

WAHCA Information Booklet with Sample Tests (Written and Reading)

WASHINGTON

State Department of Health

*Certified Home Care Aide
Candidate Information Bulletin*

Effective January 7, 2012

*Registration materials available online at
www.prometric.com/wadoh*

Published by



Providing Certification Examinations for the State of Washington

Copyright © 2012 Prometric Inc., a Delaware corporation. All Rights Reserved.
REVISED 20121215

Contents

Introduction	3
A message from the DOH.....	3
At a glance	3
Exam application process	4
Eligibility to test	4
Route 1—Home Care Aide hired on or after 01/07/2012 or expired three years or more	4
Route 2—Exempt Home Care Aide working during 2011 or between 01/01/2012 and 01/06/2012	4
Route 3—Exempt Home Care Aide holding another WA state credential	5
Completing the application form	5
Testing: In-Facility or Regional Test Site	5
In-facility test site	5
Regional test site	6
Authorization to Test letter.....	6
Fee information	6
Special test considerations	7
Rescheduling an appointment.....	7

Examination overview	8
Written (Knowledge) exam.....	8
Written (Knowledge) Exam Content Outline	8
Oral exam	9
Skills exam	9
Candidates playing the role of the client.....	9
Taking your examination	10
What to bring to the exam	10
Test site regulations.....	11
Your exam results.....	12
Written or Oral (Knowledge) exam	12
Skills exam.....	13
Appeals process	13
Practice questions for the Written exam	14
Reading assessment	15
Exam Application Form	17

Introduction

A message from the DOH

Beginning January 1, 2011, Washington state law requires certain long-term care workers to get a home care aide certification. The Washington State Department of Health (DOH) is responsible for overseeing the exam administration and issuing certifications to those who pass the exam.

The DOH contracted with Prometric Inc., to administer the Washington State Home Care Aide (HCA) Certification examination. This bulletin describes the procedures for registering and taking the HCA exam.

At a glance



Follow these steps if you want to take the HCA exam.

To take a HCA exam and receive your certification

- 1** Review this bulletin thoroughly to understand exam application, registration, expiration and rescheduling requirements.
- 2** Send a complete Home Care Aide Exam Application form with a copy of required documentation to Prometric. (Page 17)
The application form is also online at www.prometric.com/wadoh.
- 3** Use the content outlines in this guide to prepare for your exam. (Page 8)
- 4** Take the scheduled exam. Make sure you bring the necessary identification to the test site. (Page 10)
- 5** If you pass the exam and meet all other licensing requirements, the DOH will provide you with your certification.



To get answers not provided in this bulletin

Contact Prometric for all questions and requests for information about the examination:

Prometric

1260 Energy Lane
St. Paul, MN 55108
Phone: 800.324.4689
Fax: 800.813.6670
E-mail: WAHCA@prometric.com
Web site: www.prometric.com/wadoh

Contact the DOH for questions about certification:

Washington State Department of Health Health Systems Quality Assurance Division Customer Service Office

310 Israel Road SE
PO Box 47877
Olympia, WA 98504-7877
Phone: 360.236.4700
Fax: 360.236.4818
E-mail: Homecareaidess@doh.wa.gov
Web site: www.doh.wa.gov/hsqa/HCAides

Exam application process

This section describes:

- Requirements to be eligible to take the HCA Certification exam.
- Information on how to complete the application form.
- Information on how to reschedule an exam appointment.

Eligibility to test

State law requires that you must meet specific requirements in order to be eligible to take the HCA Certification exam. Please review the following eligibility route options to determine the one that best fits your situation.



Important Once you determine which eligibility route you should use, be sure to select that option during the online exam registration process. Make sure you have chosen the correct route **before** you arrive to take your exam.

Route 1—Home Care Aide hired on or after 01/07/2012 or expired three years or more

This route applies to all applicants who do not meet the exemptions below.

To be eligible to test under this route you must have successfully completed a 75 hour Department of Social Health Services (DSHS) basic training program.

In order to receive your certification, you must then successfully pass both the Written (Oral) exam and the Skills exam within two years of completing your 75 hours of basic training. You are allowed three attempts to pass the Written (Oral) exam and the Skills exam. If you fail either exam, you only have to retake the portion that you failed.



Note If you are unsuccessful at completing either exam after three attempts, you must repeat an approved OSHS basic training program prior to any further testing attempts.

Route 2—Exempt Home Care Aide working during 2011 or between 01/01/2012 and 01/06/2012

If you are exempt from obtaining the home care aide credential because you were working as a home care aide at some time between 01/01/2011 and 01/06/2012 and successfully completed all training requirements but would still like to get the certification, you are exempt from training before taking the exam. You must submit a letter (form) from your employer indicating your hire date and, if applicable, the last day worked, your job title and job description. You must also submit proof of completing the training requirements in effect on your date of hire.

Route 3—Exempt Home Care Aide holding another WA state credential

Some long term care workers are exempt and do not have to become certified home care aides because they already have a valid WA State credential. If you have one of the following credentials but wish to become certified as a home care aide anyway, you are exempt from the training requirement before taking the exam.

- Registered nurses.
- Licensed practical nurses.
- Certified nursing assistants.
- Certified counselor or advisor.
- Speech language pathologist or audiologist.
- Occupational therapist.
- Physical therapist.

Certain people with special education training and endorsements granted by the superintendent of public instruction or home health aides who are employed by a Medicare home health agency and have met the federal requirements (42 CFR, Part 483.35) may be exempt. Please contact the DOH Customer Service Office for questions and requests (see Page 3 for contact information).

Completing the application form

Once you determine your eligibility route, you must complete the application form found online at www.prometric.com/wadoh. (see Page 17). Mail the completed form, along with required exam fees, a copy of your DSHS 75 hour training certificate or other required documentation to Prometric. You cannot be scheduled or seated for the exam without submitting the required documentation.

Complete the form clearly and accurately. Prometric will return incomplete, illegible and/or unsigned applications. Returned applications will delay your exam date. If you do not understand any part of the application form, please call 800.324.4689.

Your application to Prometric requires a Credential Number. You will receive a Credential Number when you submit your Certification application. To find your Credential Number go to the following Web site:

<https://fortress.wa.gov/doh/providercredentialsearch/SearchCriteria.aspx>. Search by your last name, use Home Care Aide as the credential type, and click on "Search."

Testing: In-Facility or Regional Test Site

There are two possible locations where candidates may take the exam. If the Training Program where you took your training has signed up to be an in-facility test site, you will take the exam there. If not, you will take the exam at a regional test center.

In-facility test site

In order to test at an in-facility site, you are required to complete your training in that facility. Your instructor will collect your exam application and send it to Prometric. A representative from the facility will notify you of the scheduled time and date of your exam.

Regional test site

If you cannot take the exam at your training program location, you may take it at a regional test site. If you are taking your exam at a regional test site, send your application form, DSHS 75 hour training certificate or other required documentation, and exam fees to Prometric.

Be sure to list the city where you would like to take your exam on the application form. Prometric will make every effort to schedule you in the location of your choice or in a location within a 50-mile radius of your selected site.

A list of current regional test site locations is available online at

www.prometric.com/wadoh.



Important Regional test site locations are subject to change. If you need to verify a location, please call 800.324.4689.

Authorization to Test letter

Once Prometric has scheduled your exam, you will receive an Authorization to Test letter. This letter will list the time, date and specific location of your exam appointment. If the scheduled exam date will not work for you, call 800.324.4689 **immediately** to have your exam rescheduled.

In order to get your Authorization to Test letter as fast as possible, please provide your email address on the application form. Prometric will then send your letter to that email address. If you do not have an email address, your letter will be sent by mail, which will take longer to arrive.

Fee information

Exam fees are **nonrefundable and nontransferable**. Fees will be returned to you only if you are found ineligible to test. Fees must be included with the application form. **Applications received without proper payment will be returned.**

Fees must be paid in the following manner:

- Prometric accepts only money orders or cashier's checks made payable to Prometric. **Personal checks and cash are not accepted.**
- Payment may also be made by using a valid VISA or MasterCard credit card. Prometric will verify credit cards before processing registrations. Delays may be encountered if credit cards cannot be verified. The request for approval of credit card payments will be processed once; if declined, another form of payment will be required.

Refund policy. If you are found to be ineligible to test, your exam fee will be returned. If you were not eligible then reapply, you must pay all exam fees again.

Special test considerations

ADA accommodation. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA) an opportunity to demonstrate their skills and knowledge.

If you require testing accommodations under the ADA, you must submit documentation from a professional describing your disability and the accommodations you require. This documentation must be included with your application form to help us determine the necessary testing arrangements. Thirty days' advance notice is required for all special testing arrangements. You will be notified before testing is scheduled as to the outcome of the review. There is no additional charge for these accommodations.

English as a Second Language (ESL) accommodation. If English is your second language, a language barrier is not considered a disability. However, you can choose to take the exams in Korean, Russian, Simplified Chinese, Spanish, or Vietnamese. This option **must** be marked on the application form and **cannot** be changed later. You **cannot** request to take the exam in another language on the day of testing.

Rescheduling an appointment

To reschedule your appointment, you must contact Prometric at 800.324.4689. Rescheduling fees are as follows:

- **\$25 fee** to reschedule **up to six full working days** before your exam.
- A full exam fee if you reschedule less than five full working days before your exam, or if you are denied admission into a test site for any reason.

If absent or late. If you miss your appointment or arrive late and are not allowed to test, you will lose your fees and must pay another exam fee to test. If you miss your appointment due to illness or emergency, call Prometric. The rescheduling fee may be waived with proof of your illness or emergency.

Emergency closing. Severe weather or an emergency could require cancellation of scheduled exams. If this occurs, Prometric will attempt to contact you by phone. You may also call 800.324.4689 to see if a site is closed. If the site is closed, your exam will be rescheduled without a rescheduling fee.

Retesting. You must take and pass both the Skills exam and Written exam within three attempts in a two-year eligibility period. A fee is required each time you take an exam. You are only required to retake the exam you failed.



Note If you are unsuccessful at passing either exam after three attempts, you will need to retrain with an approved home care aide training program before you can take either exam again.

Examination overview

The Washington State Home Care Aide Certification Examination consists of a **Written (Knowledge) exam** and a hands-on demonstration referred to as the **Skills exam**.

You must pass both the Skills and Written or Oral exams within two years of completing your home care aide training program and within three attempts. If you fail either the Skills exam or Written or Oral exam three times, you will be required to retrain.

Written (Knowledge) exam

The Written (Knowledge) exam consists of 60 multiple-choice questions that test your overall knowledge of information required as a home care aide. You will have 90 minutes to complete the exam.

The Written exam is given on a computer. You do not need computer experience to use this system. You will use a computer mouse to select answers. A Demo Test is available at www.prometric.com/wadoh to practice using the computer functions.

The areas of home care aide knowledge covered in the exam are listed below. Practice questions written in a similar style to the actual exam questions are included in this bulletin on Page 14.

Written (Knowledge) Exam Content Outline
60 questions—90-minute time limit

Note: Ten questions on this exam are used for statistical purposes only and will not be included in the scoring process.

Domain I:

Roles and Responsibilities of the Home Care Aide — 38% [19 questions]

- A. Worker roles and boundaries
- B. Consumer rights and dignity
- C. Abuse and mandatory reporting
- D. Observation and reporting
- E. Communication skills
- F. Problem solving
- G. Worker self-care

Domain II:

Supporting Physical and Psychosocial Well-being — 44% [22 questions]

- A. Support activities of daily living (ADL)
- B. Skin care
- C. Nutrition and hydration
- D. Medication assistance
- E. Cultural sensitivity
- F. Health and well-being
- G. Grief and loss

Domain III:

Promoting Safety — 18% [9 questions]

- A. Infection Control
- B. Blood borne pathogens and HIV/AIDs
- C. Fall Prevention
- D. Food preparation and handling

Oral exam

The Written (Knowledge) exam is also offered in an oral version referred to as the Oral exam. The oral administration may be helpful to candidates who have a reading disability, limited reading skills or for those candidates who consider English their second language. Candidates who would like to take the Oral exam **must** select this option when completing application form. This request **cannot** be made on the day of testing.

The reading assessment on Page 15 may help candidates determine if they should consider taking the Written exam by oral administration.



Note If you decide to take the Oral exam, please be aware that the fee for this exam is more than the fee for taking the Written version of the exam. The additional fee is waived for candidates approved to take the Oral exam based on ADA accommodations.

During the Oral exam, you will be able to hear the questions read to you while reading and answering questions on the computer. You may replay questions as many times as needed during the exam.

Skills exam

The Skills exam is a timed exam. You will be scored on five skills. While performing three assigned skills, you will also be scored on two additional skills — Handwashing and Common Care Practices. Common Care Practices are practices that are part of every skill, such as client rights, communication with the client, client safety and comfort, and infection control. To pass the Skills exam, you must pass all five skills.

A Home Care Aide Skills Checklist is available online at www.prometric.com/wadoh. At the beginning of the Skills exam, the evaluator will give you instructions to perform three skills for a client. The evaluator will tell you how much time you have for your exam based on which skills you are asked to perform. To pass a skill, you are not required to perform the skill perfectly, but you are required to demonstrate competency of the skill. The evaluator will watch you perform the skill and compare your performance to the checkpoints for the skill.

The rules for the Skills exam allow you to make corrections while performing a skill. You must tell the evaluator that you are making a correction during the skill. Once you have completed a skill and have indicated to the evaluator that you are done with the skill, you may not go back to correct a previous skill. You are not given additional time for correcting a skill.

Because this is a state certification exam, the evaluator is not permitted to help, teach or give you hints on how to perform skills. The evaluator is also not allowed to discuss your results or performance with you.

Candidates playing the role of the client

You will use a mannequin if you need to demonstrate perineal care and/or catheter care skills. For the remaining skills, other candidates will play the role of the client. You are expected to play the role of the client for another candidate testing on the same day. The evaluator will read instructions explaining the role of the client actor before the exam begins.

TAKING YOUR EXAMINATION

If you have a medical condition that affects your ability to play the role of the client for a skill, such as if you are a diabetic and cannot eat fruit cocktail, please let the evaluator know when you sign in on the day of testing.

Below is a brief description of what will be expected when playing the client.

Skill to be performed	Playing the role of the client, you will
Range of Motion	lay in bed and have exercise provided to one shoulder, knee and ankle.
Foot Care	sit in a chair and have one foot washed, toenails shaped with an emery board, and lotion applied to foot.
Assist to dress	sit in a chair and have a shirt, pants, socks and shoes put on over your clothes.
Feed a client	sit in a chair and be fed fruit cocktail and given water to drink.
Help to walk	have a gait belt placed around your waist and be walked about 20 steps.
Turn and reposition	lay in bed and be turned onto your side, and have padding placed behind your back and between your legs to support your position.
Clean and store dentures	be given a denture cup that already has a denture in it. You will hand this cup to the candidate. The denture will not be placed in your mouth.
Put knee-high elastic stocking on client	lay in bed while the candidate puts a knee-high stocking onto one leg.
Transfer from bed to wheelchair	lay in bed and be assisted to sit up on the bed, stand and turn into a wheelchair.
Provide mouth care	sit in a chair and have your teeth brushed.
Provide fingernail and hand care	sit in a chair and have your fingernails soaked, under the nail tips cleaned, and the nails shaped using an emery board. Skin lotion is also applied to the hands.
Help a client to take medication	be given candy that for testing purposes is being used as pretend medication. You are allowed to chew or swallow the candy. Candies used are the same shape and size as medications. You are allowed to inspect the medication bottles before the exam begins.

Taking your examination

Knowing what to expect when taking your examination may help you prepare for it. This section contains:

- A list of what to bring to the test site.
- Regulations that will be enforced at the test site.
- A guide to understanding your examination results.
- Information about appeals.

What to bring to the exam

You should arrive at least **30 minutes before** your scheduled exam appointment. This allows time for you to sign in and for staff to verify your identification. You will need to provide all of the following items:

Authorization to Test letter. You must present the original letter sent to you by Prometric. Copies will not be accepted.

Identification. You must present two valid forms of identification before you can test. That identification **must**:

- 1 Be government-issued (e.g., driver's license, state-issued identification card, military identification or passport) that contains:
 - **Both** a current photo and your signature; and
 - The name that exactly matches the name used to apply for the examination (including designations such as "Jr." and "III").
- 2 The second form of identification must include your name and signature. Examples of acceptable second forms of identification include a library card, hunting license, Social Security card or a credit card. Copies will not be accepted.



Important If you do not provide correct identification at the time of the exam, it is considered a missed appointment. You will be required to pay the entire exam fee in order to be scheduled for another exam.

Test site personnel have the right to refuse admission to any candidate when the identification presented:

- Appears to have been falsified or tampered with.
- Has a photo that does not appear to resemble the candidate testing.
Please make sure your identification has a recent photograph.
- Has a signature that does not match the candidate's.

Late arrivals. If you are late for your exam appointment, you will be denied entrance into the test. You will then have to pay another exam fee and schedule a new exam appointment.

What to wear. To take the skills exam, you are required to wear socks inside flat, nonskid, closed-toed shoes. It is suggested that you dress as you would for work, wearing clothes that are safe and comfortable for the skills that you will perform. You may be refused entrance into the test if you fail to dress appropriately. If you are not allowed to take your exam, you will lose your exam fees and will have to pay another exam fee and reschedule your exam.



Note Since completing both the Skills and Written (Oral) exams may take several hours, it is recommended that you bring snacks and/or lunch and nonalcoholic beverages. While eating and drinking are not allowed during the exam, you will be directed to areas where you are allowed to eat while waiting to test. Do not depend on vending machines being available at the test site.

Test site regulations

References

The following regulations will be observed at each test site. If you do not follow these rules, it will result in the disqualification of your exam. Prometric reserves the right to audiotape and videotape any examination session.

No reference materials, papers or study materials are allowed at the test site. If you are found with these or any other aids, you will not be allowed to continue the exam and your answers will not be scored.

Personal items

Prometric is not responsible for personal items brought to the test site. It is recommended that personal items not be brought into the test site. Note the following:

- Electronic equipment is **not** permitted in the testing area. This includes **cell phones**, PDAs, pagers, cameras, tape recorders, etc. All of these items will be collected by the test site evaluator.
- Other personal items—purses, briefcases, etc.—are not permitted in the testing area. **Note:** It is recommended that purses not be brought to the test site. Access to purses will not be allowed during testing.

Restroom Breaks

- If you leave the testing room during an exam, you must sign out/in on the roster and you will lose exam time.
- You will not have access to any personal items during this break.
- You are not allowed to use any electronic devices or phones during breaks.

Visitors

No guests, visitors, children or family members are allowed at the test site.

Misconduct or disruptive behavior

If you engage in any disruptive or offensive behaviors, you will be dismissed from the exam. If dismissed, your exam results will be invalid. Examples are: giving or receiving help, **cell phones ringing in the test site**, client actors talking, prompting or moving when not directed to do so, taking part in an act of impersonation, removing exam materials or notes from the testing room, using rude or offensive language and behavior that delays or interrupts testing.

Weapons

Weapons are not allowed at the test site.



Important Every time you enter the test room, you will be asked to turn your pockets inside out to confirm that you have no prohibited items. The test center administrator will collect any materials that violate the rules.

Copyrighted questions. All exam questions are the property of the Washington State Department of Health and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

Your exam results

Your results are reported to the DOH regardless of whether or not you have successfully completed both parts of the exam.

Written or Oral (Knowledge) exam

Since your exam is given on computer, you will be given a printed score report immediately after you finish the exam. The score report will list an overall result of either pass or fail. The score report will also give the percentage you got correct in each major section of the exam. **Test site personnel are not permitted to discuss your results or performance with you.**

To pass the Written or Oral exam, you must get an overall number of questions correct. It is not necessary to pass each content area. This makes it possible to have a fail in several of the content areas on the Written or Oral exam and still have an overall result of pass. Even when you are successful, you are strongly encouraged to focus on those areas that require additional attention as you begin to provide care for the public.

Skills exam

Your score report will be given to you at the test site shortly after the completion of your exam. The score report will list each skill and whether you passed or failed the skill. You must pass all five skills to pass the Skills exam. If you do not pass your exam, you will receive information about retaking the exam. **The evaluator giving the Skills exam is not allowed to discuss your results or performance with you.**



Note Results are confidential and are not given out over the phone. Any questions or comments about your examination should be directed to Prometric at 800.324.4689.

Appeals process

Our goal is to provide a quality examination and a pleasant testing experience for every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. We provide an opportunity for general comments at the end of your exam. Our personnel will review your comments but will not respond to you direct.

If you are requesting a response about examination content, registration, scheduling or test administration (test site procedures, equipment, personnel, etc.), you must submit an appeal in writing within two weeks of your exam administration.

Your appeal letter must provide your name, your DOH candidate number, exam title, date you tested and the details of your concern, including all relevant facts. Be sure to include your signature and return address. Mail your appeal letter to:

Prometric
ATTN: Appeals Committee
 1260 Energy Lane
 St. Paul, MN 55108

The Appeals Committee will review your concern and send you a written response within 10 business days of receipt. **Faxed appeals will not be accepted** because an original signature is required.

Practice questions for the Written exam

The questions in the Written exam are multiple choice. If you are not sure of an answer, do not spend a great deal of time on it. It may be better to select the best answer or mark it for review later.

Answer every question, even if you are unsure of an answer. You will not receive credit for any question left blank.

The following samples may be useful to review for the type of questions that may be included in the Written exam.

1. Professional boundaries are necessary in caregiving because they help the home care aide (HCA):
 - (A) avoid doing tasks that are unpleasant.
 - (B) keep a healthy relationship with the client.
 - (C) decide when the care plan should be followed.
2. A client's son asks the home care aide (HCA) to do the family's laundry along with the client's. The HCA should:
 - (A) suggest the son ask another caregiver to do the laundry.
 - (B) explain that the HCA can only provide services for the client.
 - (C) add the family's laundry since helping the family, helps the client.
3. A client's daughter is visiting from out of town and asks the home care aide (HCA) about her father's health. The best response by the HCA is to:
 - (A) suggest the daughter ask her father directly about his health.
 - (B) discuss what the HCA has been involved with, such as doctor visits.
 - (C) review the care plan and the client's progress with activities of daily living (ADL) with the daughter.
4. An example of a restraint is:
 - (A) giving prescribed medications instead of over-the-counter medications for a client's pain.
 - (B) dressing the client in clothing selected because it cannot be removed by the client.
 - (C) using a pillow to help keep the client in a side-lying position in bed.
5. A client is on a special diet and wants to add some new foods to the diet. The best response by the home care aide (HCA) is to:
 - (A) explain that the HCA may only prepare foods on the current diet.
 - (B) encourage the client to discuss this with the doctor or dietitian first.
 - (C) prepare small amounts to check for any reactions to the new foods.
6. A client is feeling very weak today but wants to take a tub bath. The home care aide (HCA) is concerned about the client's risk of falling in the tub. What is the best response by the HCA?
 - (A) Setup to give the client a bed bath instead.
 - (B) Explain the HCA's concerns to the client and offer to help.
 - (C) Encourage independence allowing the client to take a tub bath.
7. When reporting suspected abuse to DSHS, the home care aide (HCA) must:
 - (A) get the client's approval.
 - (B) inform the supervisor/case manager first.
 - (C) describe the facts about what has been observed.
8. The client's family member has taken several valuable items from the client's home without permission. This could be a sign of:
 - (A) lack of independence.
 - (B) financial exploitation.
 - (C) abandonment.
9. A client's care plan is important because it helps the home care aide (HCA):
 - (A) give appropriate medical advice to the client.
 - (B) identify what personal care tasks the client needs.
 - (C) understand the needs of the client's family members.
10. The home care aide (HCA) should wear gloves when:
 - (A) going to the bathroom.
 - (B) having any contact with a client.
 - (C) providing care with chapped hands.

Answers to sample questions:

1-B; 2-B; 3-A; 4-B; 5-B; 6-B; 7-C; 8-B; 9-B; 10-C.

Reading assessment

This reading assessment may help you decide if you have the reading skills needed to take the Written exam.

There are seven short paragraphs below. After each paragraph, there are three questions. Each question has five choices. Only one answer is correct. Circle the correct response.

When you are done, score the test using the provided answer key. If you answered 13 or more questions correctly, you most likely have the reading skills required to take the Written exam. If you get 12 or fewer questions correct, you should consider taking the Oral exam (see Page 9).

It was spring. The young girl breathed the warm air, threw off her shoes and began to run. Her arms swung. Her feet hit sharply and evenly against the ground. At last she felt free.

1. What time of year was it?
 - (A) Summer.
 - (B) Fall.
 - (C) Spring.
 - (D) December.
 - (E) July.
2. What was the young girl doing?
 - (A) Running.
 - (B) Jumping.
 - (C) Going to sleep.
 - (D) Driving a car.
 - (E) Fighting.
3. How did she feel?
 - (A) Hot.
 - (B) Free.
 - (C) Angry.
 - (D) Cold.
 - (E) Unhappy.

There were footsteps and a knock at the door. Everyone inside stood up quickly. The only sound was that of the pot boiling on the stove. There was another knock. No one moved. The footsteps on the other side of the door got quieter and quieter as the person walked away.

4. The people inside the room
 - (A) hid behind the stove.
 - (B) stood up quickly.
 - (C) ran to the door.
 - (D) laughed out loud.
 - (E) began to cry.
5. What was the only sound in the room?
 - (A) People talking.
 - (B) Birds singing.
 - (C) A pot boiling.
 - (D) A dog barking.
 - (E) A man shouting.

6. The person who knocked at the door finally
 - (A) walked into the room.
 - (B) sat down outside the door.
 - (C) shouted for help.
 - (D) walked away.
 - (E) broke down the door.

Jesse could smell the fish market long before he could see it. As he came closer he could hear merchants calling out about fresh catches and buyers arguing about prices. Soon he could see the market itself, brightly lit and colorful. He could see fishing boats coming in. Their decks were covered with silver-gray fish.

7. What kind of market did Jesse see?
 - (A) A vegetable market.
 - (B) A meat market.
 - (C) A fish market.
 - (D) A flower market.
 - (E) A fruit market.
8. What does he see coming in?
 - (A) Tug boats.
 - (B) Rowboats.
 - (C) Passenger boats.
 - (D) Fishing boats.
 - (E) Sailboats.
9. What covered the decks of the boats?
 - (A) Rope.
 - (B) People.
 - (C) Car.
 - (D) Boxes.
 - (E) Fish.

Tiger is a large, yellow cat. At night she prowls outside and is very fierce. When she hears a noise, she lowers her head and walks with stiff legs. All the other cats are afraid to come into her yard.

10. When does Tiger prowl?
 - (A) At dawn.
 - (B) At dinnertime.
 - (C) In the afternoon.
 - (D) In the morning.
 - (E) At night.

READING ASSESSMENT

11. What does Tiger do when she hears a noise?
 (A) She runs away.
 (B) She walks with stiff legs.
 (C) She hides under the bushes.
 (D) She walks on tiptoe.
 (E) She pretends she doesn't hear it.
12. Who is afraid to come into her yard?
 (A) All the other cats.
 (B) The dog next door.
 (C) The people who live in the house.
 (D) The mail carrier.
 (E) Most of the birds.

The model number of this radio is A-707. Weak sound may indicate weak batteries. Replace with fresh batteries. Failure of the radio to operate may indicate a loose connection. All connections should be checked. If the radio still does not work properly, bring it to our service department, 17-B West 17th Street.

13. What is the model number of the radio?
 (A) A-707.
 (B) 17-B.
 (C) W-17.
 (D) B-17.
 (E) AB-17.
14. What should be done if the sound is weak?
 (A) Use weak batteries
 (B) Send the model number to the service department.
 (C) Replace the batteries with fresh batteries.
 (D) Replace the connections.
15. What is the address of the service department?
 (A) 17-A West 17th Street.
 (B) 17-B West 17th Street.
 (C) 17-A West 7th Street.
 (D) A-707 West 71st Street.
 (E) 17-B West 71st Street.

The cat brushed against the old woman. The woman did not move. She stood and stared into the window of the house. The party inside looked warm and friendly; no one noticed her. The old woman walked sadly on, followed by the cat.

16. What kind of animal was with the woman?
 (A) Mouse.
 (B) Dog.
 (C) Horse.
 (D) Cat.
 (E) Bird.
17. What did the woman see inside the house?
 (A) A party.
 (B) Some dogs.
 (C) An old man.
 (D) A meeting.
 (E) A salesclerk.

18. The woman is described as being?
 (A) Old.
 (B) Young.
 (C) Thin.
 (D) Fat.
 (E) Small.

His pen dropped from his hand. His head began to nod. All at once he was asleep. Everyone in the room laughed, for he had come to work only five minutes ago.

19. What dropped from his hand?
 (A) A pen.
 (B) A pencil.
 (C) A piece of paper.
 (D) A telephone.
 (E) A book.
20. What was he doing after his head began to nod?
 (A) Talking.
 (B) Sleeping.
 (C) Crying.
 (D) Laughing.
 (E) Leaving.
21. When had he come to work?
 (A) Half an hour ago.
 (B) Three hours ago.
 (C) Yesterday.
 (D) Five minutes ago.
 (E) Forty minutes ago.

Answer Key		
1 - C	8 - D	15 - B
2 - A	9 - E	16 - D
3 - B	10 - E	17 - A
4 - B	11 - B	18 - A
5 - C	12 - A	19 - A
6 - D	13 - A	20 - B
7 - C	14 - C	21 - D

Number Correct

13 to 21: You most likely have the reading skills to take the Written exam.

12 or less: You may prefer to take the oral version of the Written exam.

ATTACHMENT E

Prometric Home Care Aide Skills Checklist:

You will be tested on 5 of these skills.

Please review before your skills exam.

Home Care Aide Skills Checklist

PROMETRIC



The following checklists contain the criteria used by the rater to evaluate each candidate's performance for each of the skills included in the Skills Exam. Each checklist begins with a description of how the skill will be setup to simulate a client situation for testing purposes. The criteria are not necessarily listed in the order that a candidate would perform the skill.

The checklists are not procedures and should not be used to learn the skills. The procedures for these skills are taught by training programs and can be found in textbooks (e.g., Revised Fundamentals of Care), and other learning materials. However, the checklists may be helpful for candidates and instructors in evaluating classroom performance.

When administering the test, the evaluator watches the candidate perform the skill and compares each candidate's performance to the checkpoints that make up the skill. Each checkpoint has a different value based on how critical it is to the safe performance of the skill. For example, the criteria for locking the wheelchair before transferring the client has a higher point value than the checkpoint for removing the gait belt at the end of the skill.

The Washington State Department of Health has determined how many points are required to pass a skill. Their decisions are based on providing public protection.

Candidates are required to pass all five skills to pass the test, but perfect performance is not required to pass a skill. The value assigned to each checkpoint is and how many points are required to pass a skill are secure test information. Even the evaluator who observes and records your performance does not know the value of each checkpoint or how many points it takes to pass a skill. The evaluator will enter the observations for a candidate's performance in the computer, and the computer will score the exam.

Handwashing Note: Your handwashing technique is evaluated at the beginning of the test. This skill is not prompted, which means you will not be told to wash your hands. Home care aides are expected to know to wash their hands before and after physical contact (touching) with the client. Demonstrating when handwashing is necessary is evaluated as a part of Common Care Practices.

Common Care Practices are practices that are part of every skill, such as client rights, communication with the client, client safety and comfort, and infection control. Common Care Practices are rated during your performance of each skill. You will receive a separate score for Common Care Practices.

Handwashing	
When the skills test begins, the candidate is evaluated on his/her handwashing technique. The candidate is not told to wash his/her hands, but is expected to know that before physical contact with the client, his/her hands should be washed.	
Does the candidate:	
1	wet hands and wrists under running water to begin cleansing?
2	apply soap to hands to begin washing?
3	lather all surfaces of hands and to wrists?
4	use friction rubbing soapy hands together for a minimum of 20 seconds?
5	rinse hands and wrists under running water to remove soap?
6	keep hands pointed downward while washing and rinsing?
7	use clean dry paper towel to dry hands and wrists?
8	confine drying to areas washed?
9	use paper towel to turn water off after hands cleansed?
10	dispose of used paper towel in trash?
11	end procedure with clean hands avoiding contamination (e.g., direct contact with faucet controls, paper towel dispenser, sink or trash can)?

Common Care Practices	
Common Care Practices are behaviors or actions that are part of all care the home care aide (HCA) provides to the client. During the test, Common Care Practices are evaluated as a part of every skill the candidate performs.	
Does the candidate:	
1	identify self to the client when beginning care?
2	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
3	promote client's social and human needs throughout procedure?
4	promote client's rights throughout procedure?
5	promote client's safety throughout procedure?
6	promote client's comfort throughout procedure?
7	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

HOME CARE AIDE SKILLS CHECKLIST

Feed a Client	
The client is sitting at a table when care begins for this skill. The client is unable to feed him/herself. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	ensure client is sitting upright in chair before begins feeding?
3	sit to feed the client?
4	offer the client fluid to drink during the meal?
5	talk to client during the meal?
6	wait to offer another bite of food or fluid to drink until client swallowed or client's mouth is ensured empty?
7	alternate the type of food offered with bites or ask about client's preference for each bite?
8	limit the amount of food on fork or spoon to provide as bite-size?
9	leave the client with a clean mouth area at the end of the skill?
10	offer or apply clothing protector before beginning skill and remove before completing procedure?
11	leave overbed table clean and dry and cleared of meal items (e.g., food, dishes, tableware) at end of the procedure?
12	dispose of clothing protector (if used) and trash appropriately?
13	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
14	promote client's social and human needs throughout procedure?
15	promote client's rights throughout procedure?
16	promote client's safety throughout procedure?
17	promote client's comfort throughout procedure?
18	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Help a Client to Walk	
The client is seated in a chair when care begins for this skill. The client requires stand-by assistance and does not use assistive devices to walk. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	explain walking destination before the client begins walking?
3	have client lean forward on the seat of the chair before standing?
4	cue client to push up with arms from chair to stand?
5	prepare client for standing by positioning knees at 90 degree angle with feet flat on the floor?
6	place hand on client's arm, back or waist when client stands?
7	cue client to stand?
8	walk slightly behind and to one side of client while walking?
9	ambulate client the required distance?
10	ask how client feels after standing or while walking?

Help a Client to Walk	
11	cue positioning before client sits, with legs centered against seat of chair for safe seating?
12	cue client to reach for chair before sitting?
13	place hand on client's arm, back or waist when client sits?
14	leave client sitting safely in chair with hips against the back of seat?
15	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
16	promote client's social and human needs throughout procedure?
17	promote client's rights throughout procedure?
18	promote client's safety throughout procedure?
19	promote client's comfort throughout procedure?
20	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Help a Client to Take Medication	
The client is sitting at a table while this care is provided. The client is unable to open the medication bottle or pour his/her medication. The medication bottles contain candies that the candidate will pretend are medication pills for the test. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	check client's medication schedule?
3	advise client it is time to take medicine?
4	select the medication labeled with the client's name?
5	select the correct medication bottle?
6	review the medication label before removing medication from bottle?
7	pour pill(s) into cap of medicine bottle without touching medication?
8	give client correct medication dose placed into hand from the cap of the medicine bottle without the candidate touching the medication?
9	cue client to take medication?
10	assist client to take medication without having the candidate's hand over the client's hand, or tipping client's hand to place pill(s) into mouth, or placing the pill(s) directly into the client's mouth?
11	provide client cup of water to use for swallowing medication?
12	cue client to drink full cup of water?
13	ask client or check if medication is swallowed or check that swallowed?
14	close medication bottle and return to box before ending procedure?
15	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
16	promote client's social and human needs throughout procedure?
17	promote client's rights throughout procedure?
18	promote client's safety throughout procedure?
19	promote client's comfort throughout procedure?

Help a Client to Take Medication	
20	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Mouth Care to a Client	
The client is sitting at a table while this care is provided. The client is unable to brush his/her own teeth. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	apply clean gloves before brushing teeth?
3	wet toothbrush with water before brushing client's teeth?
4	apply toothpaste to toothbrush before brushing client's teeth?
5	brush tops and side surfaces of client's teeth?
6	use gentle circular motions when brushing side surfaces of client's teeth and gums?
7	brush, or offer to brush, the client's tongue?
8	provide client clean water in cup to rinse mouth?
9	hold basin or a cup (separate cup) near client's chin to collect rinse water and spit?
10	leave client's mouth area clean and dry at completion of mouth care?
11	use barrier (e.g., towel) to protect client's clothing while providing mouth care and remove at completion of procedure?
12	rinse and dry basin and rinse toothbrush before storing?
13	dispose of used linen(s) and trash appropriately and leave overbed table dry at completion of procedure?
14	remove gloves without contaminating self after rinsing and storing equipment?
15	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
16	promote client's social and human needs throughout procedure?
17	promote client's rights throughout procedure?
18	promote client's safety throughout procedure?
19	promote client's comfort throughout procedure?
20	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Clean and Store a Client's Denture	
The client is sitting at a table or lying in bed while this care is provided. The client will hand the candidate a denture cup containing the denture. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	apply gloves before handling denture?
3	use cool or tepid water when cleaning and rinsing denture?
4	use toothpaste to cleanse denture?
5	brush inner and outer surfaces of denture?
6	rinse denture in water to remove toothpaste after brushing?

Clean and Store a Client's Denture	
7	place clean denture in denture cup filled with clean, cool or tepid clean water or denture solution?
8	prevent contamination of denture throughout procedure (e.g., floating in sink water or setting denture directly on unprotected surface)?
9	use technique to reduce the risk of denture breakage if dropped during cleaning (e.g., brushing denture directly over sink lined with washcloth/paper towel/towel, filled with water, inside basin)?
10	drain sink and remove liner (if used) at the end of skill?
11	rinse toothbrush, store equipment, and dispose of trash and used linens appropriately?
12	remove gloves without contaminating self after rinsing and storing equipment?
13	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
14	promote client's social and human needs throughout procedure?
15	promote client's rights throughout procedure?
16	promote client's safety throughout procedure?
17	promote client's comfort throughout procedure?
18	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Fingernail and Hand Care to a Client	
The client is sitting at a table while this care is provided. For the test, the candidate is asked to provide care to only one hand. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	use water of safe temperature for soaking hand?
3	ask client if water temperature is comfortable?
4	soak client's fingers in basin of water before cleaning or shaping nails?
5	dry client's hand, including between fingers, after removing from water and before cleaning under or shaping fingernails?
6	dry client's hand by patting with towel, not rubbing?
7	use orange stick to clean under fingernails and remove residue?
8	wipe orange stick on towel to remove residue before cleaning under another fingernail?
9	use emery board to file fingernails?
10	leave fingernail tips smooth and free of rough edges?
11	offer or apply hand lotion to hand after fingernail care is completed?
12	wear gloves when providing fingernail care and while rinsing and drying equipment?
13	store equipment, dispose of used linen(s) and trash appropriately and leave overbed table dry at completion of procedure?
14	remove gloves without contaminating self after rinsing and storing equipment?

HOME CARE AIDE SKILLS CHECKLIST

Provide Fingernail and Hand Care to a Client	
15	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
16	promote client's social and human needs throughout procedure?
17	promote client's rights throughout procedure?
18	promote client's safety throughout procedure?
19	promote client's comfort throughout procedure?
20	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Foot Care to a Client	
The client is sitting in a chair while this care is provided. For the test, the candidate is asked to provide care to only one foot. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	observe condition of skin on foot separating toes to check between toes and turns foot to look at heel before beginning foot cleansing?
3	soak client's foot in water contained in basin before cleaning or shaping toe nails?
4	use water of safe temperature for soaking foot?
5	ask client if water temperature is comfortable before foot completely submerged?
6	submerge foot in water with basin filled to level sufficient to cover foot completely?
7	keep water in basin soap-free for use as rinse water by: (1) washing foot with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing?
8	wash client's entire foot, including between toes with soapy washcloth after soaking?
9	rinse to remove soap from foot and in between toes?
10	dry client's foot, including between toes, after removing from water and before cleaning under or shaping toenails?
11	dry client's foot by patting with towel, not rubbing?
12	use orange stick to clean under nails and remove residue?
13	wipe orange stick on towel to remove residue before cleaning under another toenail?
14	use emery board to file toenails straight across?
15	leave top edge of toenails smooth and free of rough edges?
16	apply lotion to foot after nail care, avoiding lotion in between toes?
17	wear gloves when providing foot care and while rinsing and drying equipment?
18	store equipment, dispose of used linen(s) and trash appropriately and leave floor dry at completion of procedure?
19	remove gloves without contaminating self after rinsing and storing equipment?
20	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?

Provide Foot Care to a Client	
21	promote client's social and human needs throughout procedure?
22	promote client's rights throughout procedure?
23	promote client's safety throughout procedure?
24	promote client's comfort throughout procedure?
25	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Help Dress a Client who has a Weak Arm	
The client is sitting in a chair when care begins for this skill. The client is able to stand. The client is already wearing a clean T-shirt and underwear, and needs to be dressed in a shirt, pants, socks and shoes. The role of the client is played by another candidate, and for the test, will be dressed over his/her own clothing.	
Does the candidate:	
1	identify self to the client when beginning care?
2	include client in choice about what to wear?
3	place shirt sleeve over weak arm before putting on non-affected arm?
4	cue client to assist with dressing?
5	have client seated when putting feet and legs into pants?
6	provide support to client when pulling up and securing pants?
7	provide assistance to put socks and shoes on client while seated?
8	leave socks smooth and shoes secured properly?
9	move client's extremities gently and naturally, avoiding overextension when dressing?
10	complete dressing with clothing secured and aligned properly?
11	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
12	promote client's social and human needs throughout procedure?
13	promote client's rights throughout procedure?
14	promote client's safety throughout procedure?
15	promote client's comfort throughout procedure?
16	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Put a Knee-high Stocking on a Client's Leg	
The client is lying in bed when care begins for this skill. For this test, the candidate is asked to put the stocking on only one leg. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	prepare stocking for application by turning sock inside out to at least the heel area?
3	place foot of stocking over toes, foot and heel?
4	complete application of stocking over foot with the toes and heel in proper position per stocking design?
5	pull stocking up leg ensuring stocking is not twisted?

Put a Knee-high Stocking on a Client's Leg	
6	leave stocking smooth (wrinkle-free)?
7	leave room at toe area so that stocking is not tight against toes?
8	leave stocking raised to knee?
9	move client's leg gently, supporting extremity, and avoiding overextension, when applying elastic stocking?
10	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
11	promote client's social and human needs throughout procedure?
12	promote client's rights throughout procedure?
13	promote client's safety throughout procedure?
14	promote client's comfort throughout procedure?
15	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Passive Range of Motion (ROM) Exercises to Client's Shoulder, Knee and Ankle	
The client is lying in bed when the care begins for this skill. For this test, the candidate is asked to provide exercises to only one side of the body. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	support the client's arm holding under elbow and wrist areas while exercising shoulder?
3	raise client's straightened arm from bed towards head of bed (HOB) and return back towards bed as one repetition (shoulder flexion/extension)?
4	move client's straightened arm away from side of body towards HOB and return toward side as one repetition (shoulder abduction/adduction)?
5	provide rotation exercise to the shoulder?
6	support the client's knee and ankle joints while exercising knee?
7	bend the client's knee back to point of resistance and then follow by straightening knee as one repetition (knee flexion/extension)?
8	support the client's ankle, holding under ankle area and foot, while exercising ankle?
9	push the foot forward towards leg, and in separate motion push the foot pointed down toward the foot of bed (FOB), as one repetition (ankle flexion/extension)?
10	provide three (3) repetitions of each shoulder, knee and ankle ROM exercise?
11	ask client about comfort level throughout exercises?
12	provide controlled, slow, gentle movements when exercising shoulder, knee and ankle?
13	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
14	promote client's social and human needs throughout procedure?
15	promote client's rights throughout procedure?
16	promote client's safety throughout procedure?
17	promote client's comfort throughout procedure?

Provide Passive Range of Motion (ROM) Exercises to Client's Shoulder, Knee and Ankle	
18	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Perineal Care to a Female Client	
The client is lying in bed while this care is provided. The client is unable to assist with this care. Perineal care is provided using soap and water. For this test, the client is a female mannequin.	
Does the candidate:	
1	identify self to the client when beginning care?
2	use water that is a safe temperature to cleanse client?
3	apply gloves before cleansing perineal area?
4	use pad or towel to protect bottom sheet from becoming wet during procedure?
5	use soapy washcloth to cleanse perineal area?
6	use clean area on washcloth for each washing and rinsing stroke?
7	wipe perineal area from front to back for all cleansing and rinsing strokes?
8	keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing?
9	rinse perineal area using a soap-free clean wet washcloth or soap-free area of the washcloth used to cleanse?
10	dry perineal area by patting with towel moving from front to back?
11	provide cleansing, rinsing and drying to include labial folds and extending into groin (skin-fold) area?
12	position client a safe distance from edge of bed when turned on side during care?
13	wash, rinse and dry peri-anal area and buttocks?
14	wipe from front to back when washing, rinsing and drying peri-anal area?
15	leave client on dry underpad or sheet at completion of procedure?
16	minimize exposure of the client's body during the procedure?
17	wear gloves while providing perineal care, while rinsing and drying equipment, and handling soiled linens?
18	rinse, dry and store basin, dispose of used linen(s) and trash appropriately at completion of procedure?
19	remove gloves without contaminating self after rinsing and storing equipment?
20	leave client covered with top sheet at completion of procedure?
21	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
22	promote client's social and human needs throughout procedure?
23	promote client's rights throughout procedure?
24	promote client's safety throughout procedure?
25	promote client's comfort throughout procedure?

HOME CARE AIDE SKILLS CHECKLIST

Provide Perineal Care to a Female Client	
26	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Provide Catheter Care to a Client with an Inserted Urinary Catheter	
The client is lying in bed while this care is provided. The client is unable to assist with this care. Catheter care is provided using soap and water. For this test, the client is a mannequin.	
Does the candidate:	
1	identify self to the client when beginning care?
2	use water that is a safe temperature to cleanse client?
3	apply gloves before handling catheter, tubing, urinary drainage bag or beginning cleansing?
4	use soapy washcloth to cleanse catheter?
5	change spot on washcloth for each washing and rinsing stroke?
6	cleanse and rinse catheter using wet washcloth moving in one direction from the opening (meatus) and downward away from the body?
7	keep water in basin soap-free for use as rinse water by: (1) washing with washcloth with soap applied directly to the washcloth instead of adding soap into basin of water; or (2) using two separate basins of water: one for washing and one rinsing?
8	wash and rinse at least 4" of catheter from opening (meatus) downward?
9	rinse cleansed area of catheter using a clean, wet, soap-free washcloth or soap-free clean area of the washcloth used to cleanse?
10	hold catheter near opening (meatus) to prevent tugging when washing and rinsing catheter?
11	leave skin areas that became wet during care and bed sheets dry at completion of procedure?
12	dry skin areas by patting?
13	leave catheter tubing free of kinks at completion of procedure?
14	keep urinary drainage bag positioned lower than bladder throughout care and at end of procedure?
15	minimize exposure of the client's body during the procedure?
16	position client a safe distance from edge of bed if turned on side during care?
17	wear gloves while providing catheter care, while rinsing and drying equipment and handling soiled linens?
18	rinse, dry and store basin, dispose of used linen(s) and trash appropriately at completion of procedure?
19	remove gloves without contaminating self after rinsing and storing equipment?
20	leave client covered with top sheet at completion of procedure?
21	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
22	promote client's social and human needs throughout procedure?
23	promote client's rights throughout procedure?
24	promote client's safety throughout procedure?

Provide Catheter Care to a Client with an Inserted Urinary Catheter	
25	promote client's comfort throughout procedure?
26	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

Transfer a Client from a Bed into a Wheelchair	
The client is lying in bed when care begins for this skill. The client can bear weight, but cannot walk. The client's transfer requires a transfer (gait) belt. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	have wheelchair positioned near bed before assisting the client to sit?
3	assist client to apply non-skid footwear before standing?
4	provide support holding behind client's shoulders or back, and hips to help client sit up at edge of bed?
5	apply transfer (gait) belt before standing client for transfer to wheelchair?
6	apply transfer (gait) belt over clothing with fit to allow for placement of flat hand only between belt and client's body?
7	position wheelchair to allow for pivot with front interior wheel at side of bed, with chair parallel or slightly angled, before beginning transfer?
8	have the client's feet (wearing shoes) positioned flat on the floor before standing?
9	ensure footrests raised, removed or swung out of way before transferring client into wheelchair?
10	lock wheels before beginning transfer?
11	brace one or both of client's lower extremities when assisting to stand?
12	grasp gait belt on sides or around back when assisting client to stand and throughout transfer?
13	cue client to stand?
14	turn client upon standing so that back of legs are positioned centered against seat of wheelchair?
15	cue client to hold onto armrest(s) before sitting in wheelchair?
16	provide controlled gentle lowering into wheelchair seat?
17	complete transfer with client's hips positioned against the back of the wheelchair seat?
18	leave client seated in wheelchair in proper body alignment and with feet repositioned on footrests?
19	remove gait belt after transfer complete?
20	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
21	promote client's social and human needs throughout procedure?
22	promote client's rights throughout procedure?
23	promote client's safety throughout procedure?
24	promote client's comfort throughout procedure?
25	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

HOME CARE AIDE SKILLS CHECKLIST

Turn and Reposition a Client who Must Stay in Bed, Onto His/Her Side	
The client is lying on his/her back in bed when care begins for this skill. The client needs help to turn and support to remain in a side-lying position. The role of the client is played by another candidate.	
Does the candidate:	
1	identify self to the client when beginning care?
2	hold client at hip and shoulder area when turning onto side?
3	position client a safe distance from edge of bed when turned onto side?
4	position device (e.g., padding, pillow) against back rolled and tucked to maintain client's side-lying position?
5	leave client in side-lying position, avoiding direct pressure on hipbone?
6	use device (e.g., padding, pillow) to support top leg?
7	use device (e.g., padding, pillow) to maintain alignment of top hip?
8	leave top knee flexed?
9	leave ankles and knees separated?
10	leave client in side-lying position with head supported by pillow?

Turn and Reposition a Client who Must Stay in Bed, Onto His/Her Side	
11	leave client's lower arm and shoulder free from being tucked under side?
12	support upper arm using padding or pillow?
13	leave client covered with top sheet at completion of procedure?
14	use infection control measures and Standard Precautions to protect the client and the HCA throughout procedure?
15	promote client's social and human needs throughout procedure?
16	promote client's rights throughout procedure?
17	promote client's safety throughout procedure?
18	promote client's comfort throughout procedure?
19	leave common use items within client's reach at end of care (e.g., phone, glasses, remote, tissues, glass of water)?

ATTACHMENT F

Prometric Testing Locations

Published test dates and locations as of February 2013

**Please check the Prometric website for updates.*

City Location	Name of Facility	Address1	Address2	State	ZIP	Directions (if available)
Aberdeen	Coastal Community Action Program	117 East Third Street		WA	98520	
Bellevue	Health People	12727 Northup Way	Suite 21	WA	98005	
Bremerton	Kitsap Home Care Services and Training	109 Olding Rd	Suite 100	WA	98312	
Des Moines	Highline Community College	2400 S 240th St.		WA	98198	
Everett	Sunrise Caregiver Training Program - Everett	7016 Evergreen Way		WA	98203	
Kent	Health Professionals Institute	18800 72nd Ave South	Suite 160	WA	98032	
Lewiston	Alternative Nursing Services	1827 8th Street		ID	83501	
Longview	Care Academy - Longview	872 15th Ave		WA	98632	
Lynnwood		15121 Highway 99		WA	98087	
Mt Vernon	Sunrise Caregiver Training Program - Mt Vernon	2500 East College Way		WA	98273	
Olympia	Simmons and Holliday	2103 Harrison Ave NW	Suite 5A	WA	98502	
Omak	Wenatchee Valley College - Omak	116 West Apple Street		WA	98841	
Pasco	Health Resource Connections	3013 Columbia River Road		WA	99301	From Highway 182 in Pasco, take Exit 9 (Road 68) North. Go 2.5 miles through town into the country and turn left on Columbia River Road. Go 0.5 miles. Health Resource Connections is the first, yellow building on the left
Port Angeles		3228 Highway 101 East		WA	98362	
Port Orchard	Care Plus	1730 Pottery Ave	#100	WA	98366	
Port Orchard	Health Resource Connections Port Orchard	1700 Mile Hill Rd	Suite 234	WA	98335	
Spokane	Empowering People Inc.	222 W. Mission Ave	Suite 119	WA	99201	
Vancouver	Care Academy - Vancouver	10000 Northeast 7th Ave		WA	98685	
Wenatchee	Wenatchee Valley College - Wenatchee	1300 5th Street		WA	98801	

Regional
Test Site
Calendar
WADOH
Home Care
Aide Exam

2013

Dates and locations are subject to change based on candidate volume. Testing events are filled on a first come, first served basis. Candidates are scheduled into the next available test date at the location of their choice.

February 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Bremerton Kent Pasco Spokane	2 Kent Olympia Pasco Spokane
3 Everett	4 Spokane Vancouver	5 Bellevue Vancouver	6 Bremerton Port Angeles Spokane	7 Bellevue Kent	8 Aberdeen Kent Pasco	9 Everett Kent Pasco Spokane
10 Everett Port Orchard	11	12 Vancouver Bellevue	13 Mt. Vernon Lewiston	14 Bellevue Kent	15 Kent Olympia Spokane	16 Wenatchee
17 Everett	18 Longview Mt. Vernon	19 Bellevue	20 Bremerton Longview Port Angeles Spokane	21 Bellevue Kent	22 Aberdeen Kent	23 Kent Omak Spokane Pasco Port Orchard
24 Everett	25 Lynnwood	26 Bellevue Spokane	27 Lynnwood	28 Kent Longview Mt. Vernon		

Dates and locations are subject to change based on candidate volume. Testing events are filled on a first come, first served basis. Candidates are scheduled into the next available test date at the location of their choice.

March 2013

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 Des Moines Kent Spokane	2 Des Moines Kent
3 Aberdeen Lynnwood	4 Bremerton Lewiston Vancouver	5 Bellevue Vancouver	6 Bremerton Port Angeles Spokane	7 Bellevue Kent	8 Everett Kent Pasco	9 Kent Pasco Port Orchard
10 Lynnwood	11 Mt. Vernon	12 Bellevue Vancouver	13 Lewiston Spokane Vancouver	14 Bellevue Kent	15 Pasco	16
17	18 Longview Lynnwood	19 Bellevue	20 Lynnwood	21 Bellevue Kent	22 Aberdeen Kent Spokane	23 Kent Port Orchard Wenatchee
24	25 Lynnwood	26 Bellevue	27 Longview Port Angeles	28 Kent	29 Kent Spokane	30 Kent Olympia Omak Spokane
31						

Dates and locations are subject to change based on candidate volume. Testing events are filled on a first come, first served basis. Candidates are scheduled into the next available test date at the location of their choice.