

# Managing training program completions

A guide for **DC Nurse Aide** training providers









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# Introduction

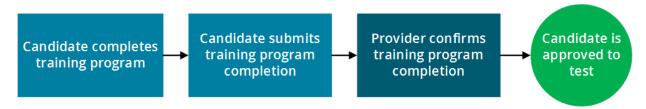
District of Columbia Nurse Aide (DCNA) candidates following the **D1** and **D6** eligibility routes are required to self-report their completion of a District of Columbia state-approved training program. As a *training program provider* you must confirm whether or not candidates actually completed your training program by confirming or denying their records on the **Manage Training Program Completions** page in Credential Manager.

 Note: When candidates submit their training programs, you will receive an email notifying you that there are pending records ready to confirm.

## Your impact on the candidate's journey to certification

The confirmation of candidates' training program completions is a critical step in the candidate journey to licensure. Candidates cannot submit their applications to take the NNAAP® exam until their training program completion has been confirmed.

A candidate's journey to exam eligibility via confirmation of their training program involves 4 key steps as shown below:



## How to use this guide

The instructions on the following pages are divided into two sections:

The first section is for *candidates*. These steps show them how to create a Credential Manager account and submit their training program completion dates. You can print these pages out and provide them to your candidates if you will not be present when they perform these actions. *Click the links below to jump to the instructions:* 

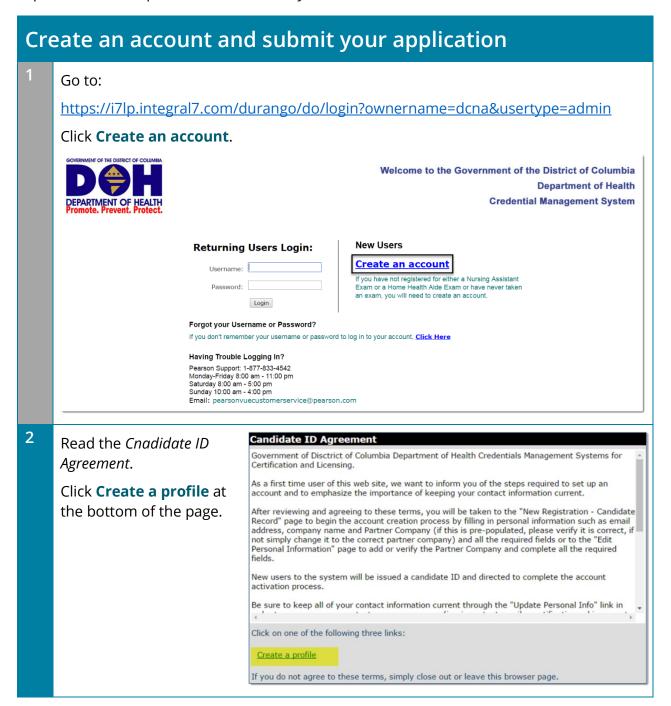
- Create an account and submit your application
- Submit your training program completion dates

The second section is for you, the *training program provider*. These steps show you how to create a Credential Manager account and review candidates' training program completion records. *Click the link below to jump to the instructions:* 

Confirm or deny training program completions

# Candidate process

The following steps describe the process that candidates should follow to create an account in Credential Manager, submit the appropriate application form, and submit their training program completion dates. Use these steps to understand the candidate experience and/or provide instruction to your candidates.



3	Enter your demographic information. Required fields are marked with an asterisk (*). (Note: In the <i>Custom Question</i> section at the bottom of the page, you must select which certification you plan to achieve.)  When done, click <b>Submit</b> .	
	Personal Information	
	New Candidate Record	
	Fields marked with an * are required.	
	General Information	
	Prefix  First Name Middle Name  Last Name Suffix  Birth Date  (mm/dd/yyyy)	
4	A message displays indicating that your account has been created and an email has been sent to you.  Candidate ID Created  Test Candidate - 0910000401	
	An email message containing login and account activation instructions has been sent to the email address provided during registration. The account must be activated by Dec 16, 2016.	
	Copyright © 2001-2016 Pearson Education, Inc. or its affiliate(s).  v.1610.37  All rights reserved. pvuecopyright@pearson.com	
5	Close and re-open your browser. Then check your email inbox for your self-registration email. <i>In the email, you will see a link</i> . Click the link to activate your account.	
	Dear Test Candidate,	
	Your user login to District of Columbia Nursing Assistant and Home Health Aide program profile has been created.	
	Your new dcna ID is: 0910000401	
	To activate your account, please go to https://i7lp.integral7.com/durango/aa?aakey=ipQhcFMDZKIHAZbpAWBE	
	Your account authorization code is: JgCwzygs	
	Once you activate your account, you will be asked to verify your username and set your password. You will be able to access your account immediately. After you have activated your account, you will not be able to access the above link.	

Set your username and password, then click Submit. **New Registration** Enter a new Username and Password below. Confirm Username Password Confirm Password Verify your demographic information and make changes as needed. (Note: You will be required to review your demographic information every 180 days.) When done, click Verify. **Custom Ouestions** \* Please select which of the Certified Home Health Aide following certifications you want to achieve: Maiden Name Verify **End User License Agreement** You are brought to your home page, where you must select your Nurse Aide eligibility route (D1 or D6). Click the link for your desired route. This launches the application form specific to your eligibility route. Welcome to District Of Columbia Nursing Assistant Certification program! Carefully read the choices below, and select the link that is right for your situation: **Eligibility Route Eligibility Description** You have completed a DC Department of Health approved training program within the last D1 - New Nursing twenty-four (24) months and are not currently listed on the DC Nursing Assistant Registry **Assistant** or on a nursing assistant registry in another state. You have completed equivalent practical nursing or registered nursing "Fundamentals of D2 - Nursing Student Nursing" course with a clinical component in the USA. You have trained as an RN or LPN outside the United States within the last thirty-six (36) D4 - RN or LPN Trained months. Attach a copy of your foreign credentials certification. You must attach a CGFNS outside of US report that confirms you were trained as a nurse in your home country. D5 - CNA has an You are taking the NNAAP® Examination for re-application to obtain a current certification expired certificate less after it has expired LESS than twenty-four (24) months. than 24 months

training program.

You are taking the NNAAP® Examination for re-application to obtain a current certification after it has expired MORE than twenty-four (24) months, and have completed a new

D6 - CNA has an

expired certificate more than 24 months

<sup>9</sup> Complete the application. When done, click **Submit Form**.

## D1 - District of Columbia New Nursing Assistant Application

This application should only be submitted by candidates completing the D1 Eligibility Route. If you are qualifying using a different Eligibility Route, click "Complete a Form" from the menu on the left side of the page and select the form for your Eligibility Route.

#### 1 - ELIGIBILITY ROUTE (D1)

- \* D1 District of Columbia State-Approved Nurse Aide Trained Candidate For all applicants who have successfully completed a District of Columbia State-Approved Nurse Aide Training Program within the last twenty-four (24) months.
- ☐ I have read the above definition of the E1 Eligibility Route and confirm that this is the correct Eligibility Route for me.

#### Important Information

- Training Program If you have not already done so, you must electronically report your training program completion after submitting this application by clicking on "Find Provider" located in the menu on the left side of the page. Your training course provider will then confirm your training program information. If your training school is currently closed, you MUST notify the state at <a href="http://doh.dc.gov/">http://doh.dc.gov/</a> in order to become eligible to test.
- Exam Completion You must pass both portions of the exam within two (2) years from the completion date of your training program or within three (3) attempts, whichever comes first in order to be placed on the Washington, D.C, Registry. Failure to do so will require full re-training at a District of Columbia Approved Nurse Aide Training Program.

You must now submit your training program information. To get started, following the steps in the next section.

# Submit your training program completion dates

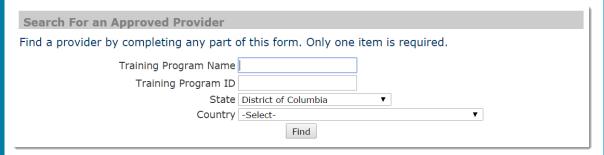
1 In the left-hand navigation menu under *Providers*, click **Find Provider**.

## **Providers**

Find Provider

2 Enter the name of your training program or the training program ID. You can also search for your provider by selecting your state.

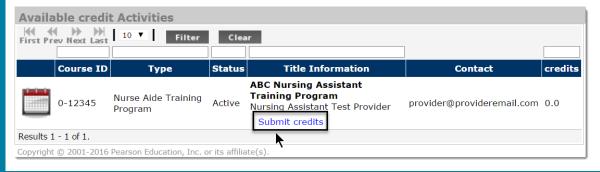
Click **Find**. If you have problems finding your training program, please ask your provider for assistance.



Locate your provider in the list and click **Titles** to submit your training program information.



4 A list of programs is displayed. Locate your training program and click **Submit credits**.



Select the **Start Date** of your training program and click **Submit**. *Note: You cannot* submit dates in the future. **General Information** Title ID Title Name 0-12345 ABC Nursing Assistant Training Program \* Start Date Submit Fields marked with an\*are required. If your submission was successful, you will see a confirmation message at the top of 6 the page: Find a Provider Test Candidate - 0910000401 The credits were submitted successfully **General Information** Title ID Title Name Once the provider has confirmed your training program and you have submitted the application, you will receive an email notification confirming that you are eligible to schedule your exam. 8 To schedule your exam, log in to Credential Manager and click the provided link as shown below: Home Page Test Candidate - 4100000701 Training Provider Confirmation Complete- application complete Congratulations! Successful completion of your Nurse Aide training program has been confirmed and your application is now complete. Click here to schedule your Nurse Aide examination(s). The Regional Test Sites and Test Schedule can be found on the South Carolina Nurse Aide website at: www.pearsonvue.com/sc/nurseaides