

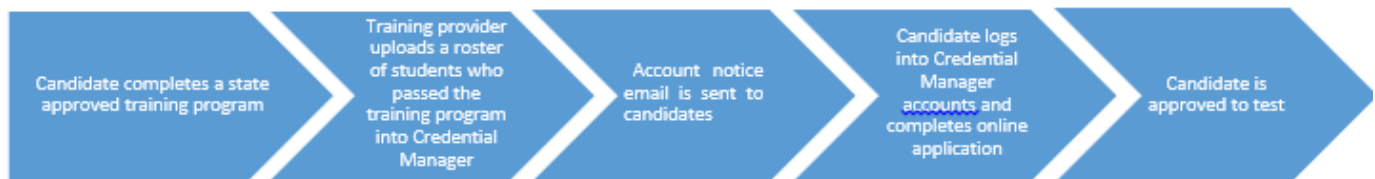
Candidate Guide

For North Carolina Nurse Aide I and Med Aide Candidates

Introduction

Any candidate who is seeking Nurse Aide I or Med Aide Certification in North Carolina is required to complete an approved training program and successfully complete a written and skills examination. This document will provide a step by step process.

A candidate's steps to be eligible to take an examination are:



Training program candidate account activation notice

Candidates will receive an email after a training roster of students who have successfully completed the training program is imported. **All candidates must first activate their accounts.** To do this, they log into Credential Manager and complete their online application so they are approved to schedule their test.

IMPORTANT NOTE: It may take a few hours FOR AN ACTIVATION EMAIL TO BE RECEIVED. If you do not receive within 12 hours please check your junk mail or spam. If you still do not receive your activation account, follow the **Account Recovery Process** listed below

Account Recovery Process

Go to below web link:

https://i7lp.integral7.com/durango/do/login?ownername=ncna&usertype=candidate&link_origin=logoff

Forgot your Username or Password?

If you *have* registered for a North Carolina Nurse Aide / Medication Aide exam *in the past 2 years*, and you don't know your user name or password, please [Click Here](#) to recover your account. You will be required to enter your last name and the email address you used when you originally registered.

SELECT

Complete the requested fields and submit. You will receive email notification to access the account

Account Recovery

Enter the following information to recover your account:

Last Name

Email address

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Activate your Credential Manager account

Follow the steps below to activate your Credential Manager account

1.

You will receive an account activation email. Click the activation link in the email as shown in the example below:

Dear Candidate Tester57

Your new North Carolina Nurse Aide credential management ID is: 3400XXXXXX

To activate your account, copy the account activation code below and paste it into the Authorization Code field
at <https://i7ip.integral7.com/durango/aa?aakey=efPIZWlNyHuuqplLeTDb>

Once you activate your account, you will be asked to create 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.

2.

You are directed to the Security Questions page. Select security questions for your account and provide the responses. Then click **Save**.

Security Questions

Question #1*
-Select-

Answer*

Question #2*
-Select-

Answer*

3.

On the New Registration page, you can change your username from the default assigned. Then, enter a password for your account and click **Submit**.

New Registration

Security Questions Added/Updated Successfully.
Enter a new Username and Password below.

Username

Password

Confirm Password

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4.

Enter your personal information. **Please make sure the email address you enter is the same email you gave to your training program provider.**

Personal Information

Amy Candidate - 0610000200

Candidate Record

Initially, and every 180 days, we like to verify your demographic information. Please verify your information or use the Update Personal Info link to the left to make the appropriate changes. Once verified, you may access the other areas of the site.

Fields marked with an * are required.

General Information

Enter your name and social security number EXACTLY as it appears on your government-issued identification.

ID Name	ID	Last Updated
Registry ID	0610000200	02/12/2014
00011050000	0610000200	02/12/2014

Phone

First Name **Amy**

Middle Name

Last Name **Candidate**

Scroll to the bottom of the page and review the End User License Agreement. Then click **Verify**. You will be directed to your Home Page.

Verify

End User License Agreement

PLEASE READ THIS END USER LICENSE AGREEMENT ("AGREEMENT") CAREFULLY. NURSE AIDES COLORADO ("CREDENTIAL SPONSOR") HAS BEEN GRANTED A LICENSE BY PEARSON CREDENTIAL MANAGER A BUSINESS OF PCSI PEARSON, INC. ("PCM") TO USE THE PCM SOFTWARE AND SYSTEM (THE "SYSTEM") TO MANAGE ITS CANDIDATE AND CERTIFICATE INFORMATION. PCM IS WILLING TO GRANT TO EACH CREDENTIAL SPONSOR CANDIDATE AND/OR CERTIFICATE A LICENSE TO ACCESS AND USE THE PCM CREDENTIAL MANAGER SYSTEM, BUT ONLY UPON HIS/HER ACCEPTANCE OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. BY CLICKING ON THE "I AGREE" BUTTON, YOU ACKNOWLEDGE THAT YOU HAVE READ THIS AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. IF YOU DO NOT AGREE TO BE BOUND BY EACH OF THE FOLLOWING TERMS AND CONDITIONS YOU WILL NOT GET ACCESS TO THE SYSTEM.

5 Complete the demographic information in screen below

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Credential Management System

Logout
[Logout](#)

Profile
[Personal Information](#)
[Update Personal Info](#)
[Change Password](#)

Self Service
[Contact Us](#)

Personal Information
diana tester1 - 3400900767

Candidate Record
Initially, and every 180 days, we like to verify your demographic information. Please verify your information or use the Update Personal Info link to the left to make the appropriate changes. Once verified, you may access the other areas of the site.

Fields marked with an * are required.

General Information

Enter your name and social security number EXACTLY as it appears on your government-issued identification.

First Name	diana
Middle Name	
Last Name	tester1
* Birth Date	Month: [v] Day: [v] Year: [v]

ID Name	ID	Last Update
DPO0000000	3400900767	08/12/2011
Registry ID	3400900767	08/10/2011

6. When all data enter hit submit

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Credential Management System

Logout
[Logout](#)

Profile
[Next Step](#)
[Personal Information](#)
[Update Personal Info](#)
[History](#)
[Change Password](#)

Actions
[Complete a Form](#)
[Submit Candidate](#)

Self Service
[FAQ](#)
[Contact Us](#)
[Incident History](#)

Next Step
diana tester1 - 3400900767
The changes to this candidate have been successfully saved.

IMPORTANT INFORMATION

Welcome to the North Carolina Nurse Aide Credential Management System!

Thank you for completing your registration application!

Click below on the Exam(s) you want to take:

7. Complete the registration questions in screen listed below

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Credential Management System

Logout
Logout
Profile
Home Page
Personal Information
Update Personal Info
Address
Change Password
Actions
Complete a Form
Submit a Request
Self Service
FAQ
Contact Us
Account History

dlana tester1 - 340900767

Submit Form

WRITTEN & SKILLS - Registration by Competency Examination

Instructions: Complete the following application to apply for eligibility to take the **Written Exam** and the **Skills Evaluation Exam**. If you are not applying for the **Written Exam** and the **Skills Evaluation Exam**, click the Home link from the left navigation bar to select a different exam application form.

When you have completed your application, select the Submit Form button. After your form has been submitted, you will receive a confirmation message on the screen. Once you have received your confirmation, you can check your exam eligibility status on your home page by selecting the Home link from the left navigation bar. Please note that if you have requested testing accommodations, your application must be reviewed before you will be eligible to test.

SECTION I: Payment Method

Please be advised that you will be required to use a credit card or voucher when making your exam payment at the time of reservation.

Select the method of payment that you will use when making your examination reservation.

Credit Card
 Voucher

*Under Federal law, the nurse who employed by, or with an offer of employment from a skilled nursing facility participating in Medicaid/Medicare program, may NOT be charged the examination fee. Your employer MUST pay the fee.

SECTION II: Accommodations Request (For Individuals with a Disability)

Person VUE is committed to ensuring access for all individuals with disabilities and supports the intention of the Americans with Disabilities Act as Amended (ADAAA). Person VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations. The purpose of accommodations is to provide candidates with full access to the test.

All accommodation requests must be approved by Person VUE before you make your exam reservation. For more information on testing accommodations or to submit your accommodations request, refer to the [North Carolina Accommodations Request](#) page located on the Person VUE website.

Are you requesting testing accommodations?

No
 Yes (If the and you have not yet submitted your accommodations request, you must do so before you can schedule your exam.)

SECTION IV: Candidate Attestation

Candidate Attestation - I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status and being as a nurse able and may result in prosecution by the state of North Carolina.

I agree to the above stated Candidate Attestation.

Submit Form

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When completed click submit

8. You are now ready to schedule your examinations

Click on [Click here to Schedule Online.](#)

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Credential Management System

Logout
Home
Profile
Next Step
Personal Information
Update Personal Info
History
Change Password
Actions
Complete a Form
Submit a Request
Self Service
FAQ
Contact Us
Feedback

Next Step
dkara tester1 - 3400900707

Your Nurse Aide exam registration form has been approved.
You are now eligible to test and authorized to schedule your exams.

[Click here to Schedule Online.](#)

To schedule by phone, contact Pearson VUE, supervisors at 1-800-725-6773.

After you have taken your exams, please allow 2 business days from your exam date for your information to be updated in our system.
If you are absent from your exam, see the link above to re-enroll; you will be required to pay an activation fee at the time of re-enrollment.

Reminder: Your name and social security number must match your identification.

You will be required to bring two (2) forms of valid, not expired, official signature-bearing identification, one of which must be photo-bearing to the test site. One form of identification must be a U.S. government-issued Social Security card, signed and not laminated.

Please review your personal information as shown below to ensure that your name matches your identification and that your mailing and email addresses are current. For security reasons, your social security number is not visible but it is shown below you have made an error when entering your number. Please contact customer service at the telephone number listed below.

Name Changes: For information on how to change your name, please contact customer service by phone or email.

Address Changes: To update your mailing or email address, select the Update link located to the right of your name in the Candidate Information section below or select Update Personal Information from the self navigation bar. After you have updated your information, select the Home link from the left navigation bar to return to the screen.

North Carolina Customer Service Contact Information
Email: customerservice@ncdhhs.gov
Phone: 1-800-224-6207

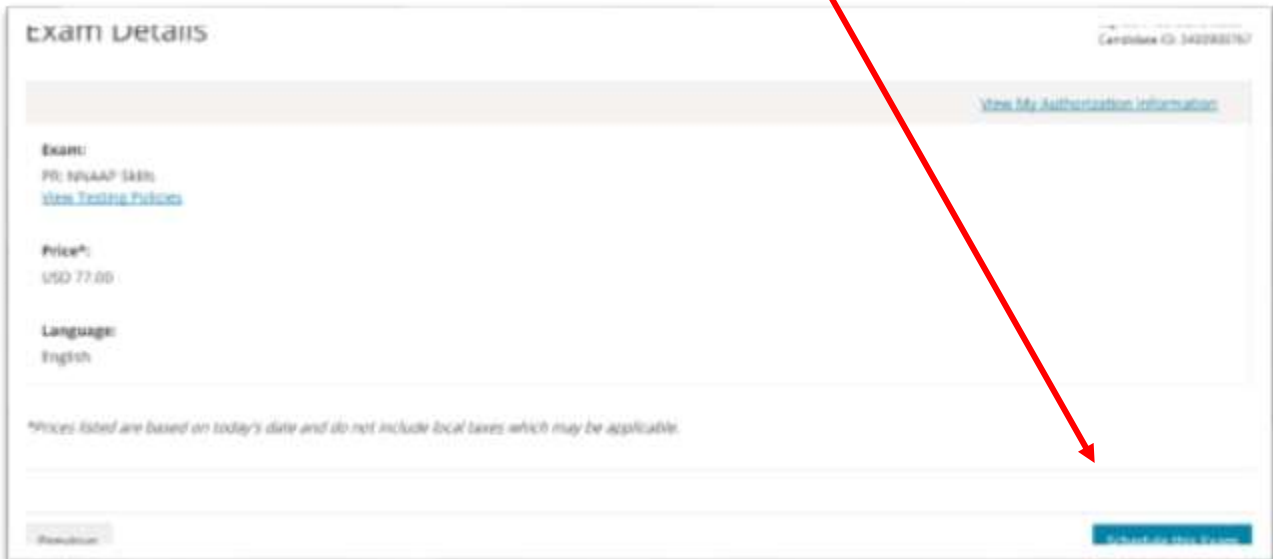
Candidate Information	Actions
dkara tester1 - 3400900707	Logout
3-24-2016 10:00 AM	Change Password
1000 1000 1000	
View Profile	

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9. CHOOSE YOUR EXAM (you must choose one exam at a time)



10. Once exam chosen click on **Schedule this Exam**



11. You are now ready to choose your test center location

- You can search by your address (which will give you the closest test centers by miles from that address)
- Or you can search by test center code (which will give you that test center only)

Select **one** and click on SEARCH

Test Center Search

Exam Selection: PIC NNAAP Skills | Language: English [Change Exam](#)

⚠️ If your instructor provided a Center Code, please search for an In-Facility Test Center. Otherwise, search for a Regional Test Center.

Find Regional Test Centers (RTS) Near You

Your Address:

3 Bala Vista West, Bala Cynwyd, Pennsylvania, 19004, United States

Search by Address

OR

Find In-Facility Test Centers (INF)

Test Center Code:

Search by Code

You can select up to three test centers to compare availability.
The test center information link may provide more information regarding wheelchair support, parking, directions, and other physical considerations for a test center.

Distance*

Next

12. Choose a test center and click

Next

Test Center	Distance*
<input type="checkbox"/> CARE ONE HEALTH TRAINING INST - RALEIGH RTS34033 319 CHAPANOKI ROAD, SUITE 104 RALEIGH, North Carolina 27603 United States Test Center Information	3.1 mi
<input checked="" type="checkbox"/> Wake Tech CC - Northern Campus RTS34085 - RTS 6600 Loubourg Road Raleigh, North Carolina 27616 United States Test Center Information	8.0 mi
<input type="checkbox"/> Ideal Health Institute RTS34052 - RTS 1420 EAST CLUB BLVD DURHAM, North Carolina 27704 United States	21.5 mi

Map

Next

Dates that are outlined have space available

Choose Appointment
Exam Selection: PR: NNAAP Skills | Language: English [Change Exam](#)

Test Center
Wake Tech CC - Northern Campus RTS34085
- RTS
6600 Lousburg Road
Raleigh, North Carolina 27616
United States
[Change Test Centers](#)

Select Date [Why can't I find an available appointment?](#)

August 2018							September 2018						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3	4						1
5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	
26	27	28	29	30	31								

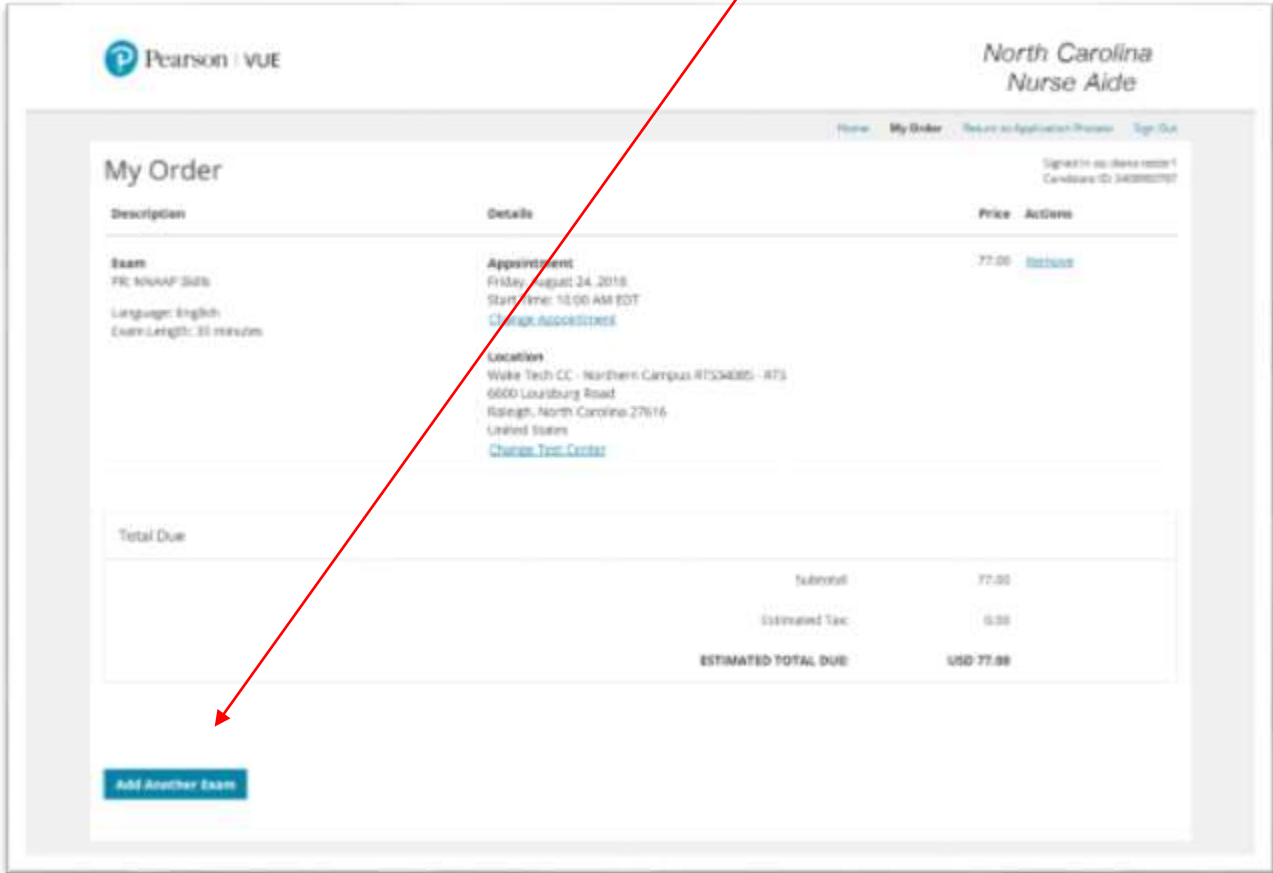
13. Pick a date then choose time highlighted

5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Available Start Times: Friday, August 24, 2018 at Wake Tech CC - Northern Campus RTS34085

Morning	Afternoon
10:00 AM	None available

- 14.** Review your order for accuracy. If all information is correct, choose **Add Another Exam** and repeat process for next exam



Once both exams are scheduled, proceed to checkout

15. Please review and confirm by clicking [Next](#) will need to confirm information

The screenshot shows the Pearson VUE checkout interface for a North Carolina Nurse Aide. The page title is "Checkout - Step 1 of 5: Confirm Personal Information". A navigation bar at the top includes "Home", "My Order", "Return to Application Process", and "Sign Out". The user is logged in as "ibana user1" with Candidate ID "340800767". A prominent orange-bordered box contains the text: "IMPORTANT: Your name must exactly match the identification that is presented at the test center or you will not be able to sit your exam." Below this, there are input fields for "Name" (containing "ibana user1") and "Telephone:" (containing "+1 555-555-5555"). At the bottom left is a "Previous" button and at the bottom right is a blue "Next" button.

16.

The screenshot shows the Pearson VUE checkout interface for a North Carolina Nurse Aide, Step 2 of 5: Agree to Policies. The page title is "Checkout - Step 2 of 5: Agree to Policies" with the subtitle "Nurse Aide North Carolina Policies". The navigation bar and user information are consistent with the previous screenshot. The main content area is currently blank, indicating that the agreement checkbox and text are not visible in this view.

- Agree to policies by checking I have read and agree to the Nurse Aide North Carolina policies listed above.
- Then click [Next](#)

17. You will now be asked to enter payment information

- Complete all required fields and click [Next](#)

18.

Checkout - Step 3 of 5: Enter Payment

Order Total

Subtotal: 101.00

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: USD 101.00


[^ Add Voucher or Promo Code](#) [What is this?](#)

Voucher/Promotion Code:

Required information is marked with an asterisk ().*

Card Details

We accept the following cards:



*Card Type:

19.

- You will be asked to confirm payment information.
- Once information is validated you will receive a confirmation notice to the email address in your account