

Healthy Connections



# **South Carolina Nurse Aide Training Program Workshop for Coordinators and Instructors**

February 2018

**South Carolina Dept. of Health and Human Services  
Division of Long Term Living**

# Agency Roles

## SC Dept. of Health and Human Services (SCDHHS)

- It is the responsibility of the SCDHHS to ensure that the State of South Carolina is in compliance with federal laws and regulations with respect to the Nurse Aide Competency Evaluation Program (NACEP) for nurse aides employed by Medicaid participating nursing facilities.

## SC Dept. of Health and Environmental Control (SCDHEC)

- Update the SC Nurse Aide Abuse Registry with all information relating to abuse, neglect or misappropriation of a resident's property by a certified nurse aide.
- Results of each investigation will be noted along with a statement by the nurse aide. A hearing will be provided for those nurse aides who request such.

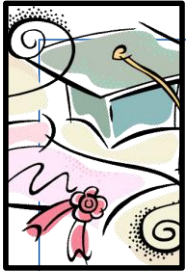
## Pearson Vue

- Schedule, reschedule or cancel an examination
- Ask questions about On-line Registration
- Obtain information regarding a candidate's Score Report
- Obtain information regarding a candidate's examination

## Credentia

- Evaluator staffing
- Evaluator test event scheduling
- Scheduling of QA Auditors for facility & Evaluator audits
- Print and distribute test event materials to Evaluators
- Track Evaluator performance based on candidate surveys
- Assist Pearson VUE with research on candidate grievances with evaluators

# Number of Nurse Aide Training Program in South Carolina As of January 31, 2018



High Schools -60



Colleges - 50



Private Programs  
17



Nursing Homes -  
16

# South Carolina Nurse Aide Requirements

- A South Carolina Nurse Aide Training Program (NATP) must provide at least 100 hours of training to a student.
- The 100 hours must include:
  - 60 hours of classroom training; (includes 20 hours skills lab training), and
  - 40 hours of clinical training, which includes care of residents and has at least one program instructor for every 8 students.
- NATPs must teach the curriculum established by SCDHHS and as described in the Code of Federal Regulations, Title 42, §483.152.

## The Code of Federal Regulations (CFR) at Title 42, Section (§) 483.151(b)(1)(iii),

The Code of Federal Regulations (CFR) at Title 42, Section (§) 483.151(b)(1)(iii), requires onsite reviews for other than the initial review. The State may not grant approval of a NATP for a period longer than 2 years, 42 CFR § 483.151(d).

# How to Become a State Approved Nurse Aide Training Program-South Carolina



# Application Process

- You must apply for and obtain approval from SCDHHS to offer a Nurse Aide Training Program.
- Visit the PearsonVue website:  
<http://www.pearsonvue.com/sc/nurseaides/> to download a Nurse Aide Training Program Application
- Submit the completed application to SCDHHS at [scnar@scdhhs.gov](mailto:scnar@scdhhs.gov).
- A Nurse Aide Training Program Application must be completed for each classroom location.



# Initial Application Checklist

## Initial Application must include:

- ☐ Classroom and Clinical Schedule
- ☐ Copy of Sled/National Report
- ☐ Signed contracts between the teaching site and the long-term care facility or hospital being utilized for clinical instruction (to be renewal annual/or upon any changes) with printed names and signatures.
- ☐ An addendum to the South Carolina Nurse Aide Curriculum if additional information is to be taught in the program
- ☐ Class policies procedures (attendance, grading, uniforms, confidentiality, etc.).
- ☐ Please Ensure Application is Signed by School Official/Owner
- ☐ Qualifications of instructors
  - ☐ Resumes of the Primary Instructors (must have Inclusive dates of work and educational experience)
  - ☐ Check at LLR for Nurse License at <https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17&AspxAutoDetectCookieSupport=1>
- ☐ Program content, length and ratio of classroom instruction to skills training
- ☐ Private based programs only must contact the South Carolina Commission on Higher Education at 803-737-3918.
  - ☐ Please forward a copy of your license from the Commission; Or a letter stating that the license is approved

<b>I. Nurse Aide Training Program Name</b>		
If the name of the Nurse Aide Training Program is different from above enter name here:		
<p>Check Application Type:</p> <p><input type="checkbox"/> <b>New</b></p> <p><input type="checkbox"/> <b>Recertification</b> Program Code _____</p> <p><input type="checkbox"/> <b>New Instructor Request</b></p> <p><input type="checkbox"/> <b>Program Change</b> Program Code _____</p>	<ul style="list-style-type: none"> <li>Check <b>NEW</b> for New Nurse Aide Training Program</li> <li>Check <b>RECERTIFICATION</b> if program is currently approved and you have received DHHS recertification notice.</li> <li>Check <b>NEW INSTRUCTOR</b> if you have a change to your primary instructor before your recertification.</li> <li>Check <b>PROGRAM CHANGE</b> if program is currently approved and you are requesting approval for changes. Completed entries for all items that have changed and certify changes by signature administrative authority.</li> </ul>	
<b>II. Check Program Category:</b> <input type="checkbox"/> High School <input type="checkbox"/> Community College <input type="checkbox"/> Private <input type="checkbox"/> Nursing Facility		
<b>Contact/Mailing Address:</b> Enter the single, physical address and telephone number for the training program. All correspondence from SCDHHS and will be sent to this address and all SCDHHS onsite Nurse Aide Training Program (NATP) surveys will be conducted at this address.		
Street:		
City	State:	Zip code
Contact #:	Fax #:	
<b>Classroom Location:</b> Enter a single classroom name and location. If different from contact/ mailing address		
Name:		
Street		
City	State	Zip Code
<b>III. Check responses to the following questions:</b>		
a.	Does this program teach SC Curriculum for Nurse Aides in Long Term Care Facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Does this program include a minimum of 80 hours of classroom and skills training that does not involve direct care of residents by trainees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Does this program include a minimum of 40 hours of clinical training defined as hands-on care of residents by trainees under the direct supervision of a licensed nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Does this program exceed <b>both</b> the curriculum content and minimum hours indicated above? If Yes, enter total number of hours offered:	Yes <input type="checkbox"/> No <input type="checkbox"/>

South Carolina Nurse Aide Training Program Application

e.	Does this program have adequate textbooks, audio-visual materials and other supplies and equipment necessary for training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	Do the classroom and skills training rooms provide for adequate space, cleanliness, safety, lighting and temperature controls to promote safe and effective learning?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**IV. Clinical Training Site(s):** In the space(s) provided below, list all certified nursing facilities that will be used for the required 40 hours of clinical training for the NATCEP. Complete this section even if the clinical site is already listed in the Mailing Address and Classroom Location. **Note:** You must attach a current agreement letter for each facility listed and all clinical training and testing must be conducted at a facility listed on this application. (Additional sites may be listed on a separate sheet.)

<b>Facility Name:</b>			<b>Facility ID:</b>		
Street					
City	State	Zip Code		Contact #	

<b>Facility Name:</b>			<b>Facility ID:</b>		
Street					
City	State	Zip Code		Contact #	

**V. Administrative Authority:** Enter the name of the individual who will have administrative authority for the program. This may be an administrator of the facility or school or the designated program coordinator. This individual must sign all correspondence from SCDHHS will be directed to this individual. **Ex. DON, High School principal/administrator.**

Name:		Title:	
Telephone #:		E-mail Address:	

<b>Primary Instructor:</b>	
Name	E-mail Address:
SC RN License #	Telephone #:

**VI. Check responses to the following questions about the program instructor(please attach resume):**

a	Does the primary instructor have at least two (2) years of nursing experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b	Is at least one (1) year of the required nursing experience in the provision of long-term care facility services in a nursing facility or skilled nursing facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c	Has the primary instructor completed a course in teaching adults or have experience in teaching adults or supervising nurse aides?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d	NATCEPs must ensure that trainees meet the requirements listed in the South Carolina Nurse Aide Candidate Handbook. Trainees may not be listed on the NAR in revoked status or have been found to have a conviction of a criminal offense. By signing this statement I am acknowledging that I am aware of this requirement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

South Carolina Nurse Aide Training Program Application

\_\_\_\_\_  
Signature- Administrative Authority

**VII. Program Instructor(s)** List the name(s) and requested information below for individuals who will conduct the actual NATCEP training. Please attach resume(s)

Names :	Discipline:	Does the Instructor have at least one year of nursing experience in a LTC Facility?
	RN/LPN/LVN License #	

**VIII. Attestation**

I certify that the following is true:

- a) Our program follows the South Carolina Commission of Education Nurse Aide Training Curriculum Model.
- b) There is sufficient space available for training and is environmentally controlled.
- c) Equipment and supplies are available to ensure that each student has the ability to meet course objectives.
- d) The program is in compliance with Federal and State requirements.
- e) The information included in this application is complete and true.

\_\_\_\_\_  
Signature- Administrative Authority

South Carolina Department of Health and Human Services  
Nurse Aide Training Program  
P.O. Box 8206  
Columbia, SC 29202  
[SCNAR@scdhhs.gov](mailto:SCNAR@scdhhs.gov)

# Program Director

- A NATP must have a Program Director and a Primary Instructor when the NATP applies for initial approval.
- The Program Director is the individual that has administrative authority for the nurse aide training program. This may be an administrator of the facility or school, the designated Program Coordinator, or the owner. This individual must sign all correspondence from SCDHHS.

# Primary Instructor

## Must possess:

- A minimum of two (2) years RN nursing experience including at least one (1) year in the provision in long term care nursing services within the last five (5) years.
- Proof of current license for South Carolina as RN
- Resume documenting required experience for the program
- This person can serve as an instructor in an emergency situation, but their main responsibility is overseeing and managing the daily operations and administrative tasks of a nurse aide school.
- Work under the general supervision of the Program Director or be the Program Director.
- The primary instructor is responsible for conducting the classroom and clinical training of the NATP under the general supervision of the Program Director.

# Curriculum

It's up to each school to write a curriculum that includes each of the tasks and skills required by the South Carolina. In creating the curriculum, a school is required to assign teaching hours to each topic or unit. When added together, the hours must meet or exceed the minimum number of contact hours for a CNA class required by South Carolina.

# Curriculum

## Introduction

- A. Communication and Interpersonal Skills
- B. Infection Control
- C. Safety/Emergency Procedures
- D. Promoting Resident's Independence
- E. Respecting Residents Rights

(After completing 16 hours of required Introduction training, students may apply for employment and work up to 4 months without certification.)

## Core Curriculum

- A. Role of the Nurse Aide
- B. Residents Rights
- C. Basic Nursing Skills
- D. Care of Cognitively Impaired Residents
- E. Mental Health & Social Service Needs
- F. Personal Care Skills
- G. Basic Restorative Services



# Accreditation

Complete an application for accreditation. State accreditation and approval are needed for a nurse aide school as this allows students completing nurse aide courses to take the certification exam and become approved to work in the state as a CNA. To apply for accreditation, a school needs to complete an application listing the basic information for the school and attesting to meeting accreditation requirements. Along with the application, schools must include documents that show proof of meeting the requirements. These can include resumes and transcripts from instructors and the director or coordinator for the school, a copy of the curriculum, the contract for clinical at an off-site medical facility and a copy of the policies and procedures drafted and adopted by the school.

# Policies and Procedures

- Each nurse aide school needs policies and procedures in place to assist them in managing the school and responding to various problems and situations.
- Some of these policies and procedures have already been created by the state and are mandated for schools to become accredited.
- Voluntary policies and procedures can be written and adopted as needed by the school.
- These can include emergency and safety procedures, school cancellations or storage of student records.
- The program must provide all students, upon successful completion, with a certificate of completion and/or transcript, or a letter on the program's letterhead certifying the student's successful completion of the program. The total number of program hours must be on the certificate of completion.

# Procedures for NATP Candidate

A NATP must ensure that a trainee:

- Completes the first 16 introductory hours of training before having any direct contact with a resident;
- Is under the direct supervision of a licensed nurse when performing skills as part of a NATP until the trainee has been found competent by the primary instructor to perform that skill;
- Is under the general supervision of a licensed nurse when providing services to a resident after a trainee has been found competent by the primary instructor;
- Is clearly identified as a trainee during the clinical training portion of the NATP.

# Student Records

Must be maintained on file for a period of five (5) years and/or according to school policy. The records must include a record of attendance for each trainee, the trainee's name and Social Security Number, the nursing facility sponsor, and the dates and hours of attendance.

# Clinical Site Agreements

- NATP programs must partner with a one or two long-term care facilities or hospitals (geriatric department) in the area to perform clinical on-site with actual patients.
- This partnership must be documented in a written contract (currently used sites only) that is forwarded to the state as part of the approval and accreditation process for the CNA school before a program is approved.
- To verify that a nursing facility is currently in good standing with the State Licensure and Certification Division, contact SCDHEC at (803) 545-4205 or visit their website [www.scdhec.gov](http://www.scdhec.gov), and download the facilities CMS2567 survey.

# Clinical Sites

SCDHHS does not approve a NATP using a clinical site if within the previous 2 years the facility has:

- operated under a waiver concerning the services of RN
- Had substandard quality of care
- Operating license revoked
- Medicaid/ Medicare certification terminated
- Has been assessed a civil money penalty of \$10,314 or more
- Has been subjected to denial of payment
- Has operated under state-appointed temporary management to oversee the operation of the facility
- Pursuant to state action, closed or had its residents transferred

# Clinical Sites Procedures

- Instructors must not be involved in more than one role while supervising students in the clinical area.
- Clinical assignments are to be made by the instructor with the approval of the facility staff.
- The instructor should review the residents' charts to retrieve pertinent information needed by the students in providing care is to be completed also. It is suggested that a worksheet be developed that contains information to be given to the students.
- During at least one clinical experience it is recommended that students care for a minimum of two (2) and not more than four (4) residents during a specified clinical day. Students should be given individual assignments. More than one (1) student should not be assigned to the same resident at the same time.

# SLED Background Check

Primary Instructors must have a Sled background check within the last five (5) years.

To request a background check please contact SLED:

SLED Headquarters is located at:  
4400 Broad River Road  
Columbia, SC 29210  
(803) 737-9000





SCDHHS Assessments and  
Evaluations

# SCDHHS Pre-Requisite Determination

- Once the applicant returns the pre-requisite items and application to SCDHHS, the nurse aide team reviews the material for completeness and makes the following determination.
  - Determine completeness of information received and contacts applicant to schedule a initial on-site visit.
  - The SCDHHS Nurse Evaluator has 30 business days to contact the NATP from the date of pre-requisite letter.

# Application Denials

- Within 90 days after SCDHHS receives a completed NATP application, SCDHHS notifies a NATP applicant of approval or proposed denial of a NATP application, or notifies the applicant of a deficiency or error.
- SCDHHS provides the reason for the denial in the notice.
- Denial Reasons:
  - SCDHHS finds a deficiency or error in a NATP application, SCDHHS notifies the applicant in writing of the deficiency or error and gives the applicant an opportunity to correct the deficiency or error.
  - The applicant must submit the additional or corrected information to SCDHHS, in writing, within 10 business days after the applicant receives notice of the deficiency or error.
  - SCDHHS proposes to deny a NATP application based on the NATP's failure to comply. The applicant may request a hearing to challenge the denial.
  - For hearing to be requested it must be in writing within 15 days after the date the notice is received by the applicant. If an applicant does not make a timely request for a hearing, the applicant waives a hearing and SCDHHS may deny the NATP application.

# Appeal Address

Appeals can be submitted as follows:

- **Online at** [www.scdhhs.gov/appeals](http://www.scdhhs.gov/appeals) or
- **Fax to:** (803) 255-8274 or (888) 835-2086
- **Mail to:** The Division of Appeals and Hearing  
Department of Health and Human Services  
PO Box 8206 Columbia, SC 29202-8206
- **Email to:** [eligappeals@scdhhs.gov](mailto:eligappeals@scdhhs.gov)

# Initial Onsite Visits

SCDHHS may conduct an announced or an unannounced on-site review of the program at any time to verify that the program remains in compliance.

- SCDHHS Nurse Evaluator will visit the physical location of classrooms and lab areas for CNA classes.
- During the classroom visit the SCDHHS Nurse Evaluator will:
  - Look at supplies (see supply list)
  - Student record (attendance for lab and clinical)
  - Books
  - Teaching Aides
  - Syllabus
  - The classroom and skills training facilities will provide adequate space
  - Skills Checklist

# Class/Lab Equipment Supply List

Antiembolitic hose (Ted hose)	21. Heel/elbow protectors
Bath basins	22. Height/weight measuring equipment (includes standard scales)
3. Bed linens/pillows	23. Hospital gowns/isolation gowns
4. Bedpans (fracture and regular with covers)	24. Hospital unit including bed with side rails, overbed table, and bedside table
5. Bedside commode	Hot and cold compresses (commercial type)
6. Call lights and/or tap bells	Lap-n-lock and/or lap boards used wheelchair/geri-chairs
Canes (single/quad/or tripod)	27. Lift sheets (linen pads)
8. Catheter equipment with drainage bag	28. Mannikins (full body for medical teaching)
9. Colostomy bag (other equipment for changing bag)	29. Shaving supplies
10. Crutches/walker	30. Specimen containers (urine, stool, and sputum)
11. Dentures and oral cleaning supplies	31. Sphygmomanometers
12. Disposable briefs	32. Standard eating equipment (plate, cup, glass, fork, knife, spoon), non-disposable
13. Emesis basins	33. Standard forms/flow sheets used for documentation by CNAs
14. Face masks	34. Stethoscopes (regular and teaching)
15. Gait/transfer belt (man's leather belt)	35. Texas catheter
16. Geri-chair or wheelchair	36. Thermometers
17. Gloves	37. Urinals
18. Graduated measuring containers	
19. Handrolls (commercial or rolled washcloth)	
20. Handwashing supplies (sink, paper towels, soap)	

# Final Approval

Once SCDHHS has completed the initial onsite visit, an approval letter will be issued with the school program code and the approval date.

# Re-Certification Process

- Requires that State-approved training programs provide updated information about their nurse aide training program.
- SCDHHS reviews the updated information to ensure that sponsors have not made changes that would put the training program out of compliance with Federal or State requirements.
- Part of the review process is designed to help States ensure that an approved program continues to:
  - have an approved supervisor that meets Federal and State requirements, and
  - provide a curriculum that meets Federal and State training requirements.



# Re-Certification Onsite

- SCDHHS shall conduct a post-approval review of a program every two (2) years after the date on which the SCDHHS formally approves the program or if the programs exam rate is below 80% on the certification exam.
- SCDHHS may conduct an announced or an unannounced on-site review of the program at any time to verify that the program remains in compliance.
- You should expect to have an onsite survey within a few months of your program's expiration date. You will received an email and phone call to verify that you have an upcoming meeting in the next few months.
- The SCDHHS Nurse Evaluator will contact the program to be re-certificated and send a Nurse Aide Application and select the renewal box. The nurse aide training program is responsible for return the renewal application and the request additional documentation to SCDHHS within 60 day of receipt.
- A program that does not meet the requirements for certification after the second revisit to assess the implementation of the plan of correction will not be recertified and cannot reapply to the SCDHHS for a period of one (1) year.

# Notification of Changes to NATP

- A NATP must submit a NATP application to SCDHHS if the information in an approved NATP application changes. A NATP may not continue training or start new training until SCDHHS approves the change. SCDHHS conducts a review of the NATP information if SCDHHS determines the changes are substantive. (Please use the NATP Application and “select” change and fill in the information for the sections that have changed)
- A NATP must maintain records and make them available to SCDHHS or its designees at any reasonable time. The records must include:
  - (1) dates and times of all classroom and clinical training;
  - (2) full name;
  - (3) attendance record of a trainee;
  - (4) daily sign-in records for classroom and clinical training.
- SCDHHS must approve a NATP before the NATP solicits or enrolls trainees.

# Clinical Site Waivers

- A facility that is prohibited from offering a NATCEP must contract with a person who has not been employed by the facility or by the facility's owner to offer NATP in accordance if:
  - The NATCEP is offered to employees of the facility that is prohibited from training nurse aides;
  - The NATP is offered in, but not by, the prohibited facility;
  - There is no other NATP offered within a reasonable distance from the facility; and
  - Adequate environment exists for operating a NATP in the facility.
- A person who wants to contract with a facility in accordance with this section must submit a completed application to SCDHHS and include the name of the prohibited facility in the application. SCDHHS may withdraw the application within two (2) years of approving it if SCDHHS determines that the facility is no longer prohibited from offering a NATP.

# Documents for your Records

- Approval Letter from SCDHHS
- Copy of Nurse Aide Training Program Application
- Copies of All correspondence from SCDHHS

# Pearson VUE & Credentia FAQs

# Creating Your Account & Scheduling Exam

- Access [www.pearsonvue.com/sc/nurseaides](http://www.pearsonvue.com/sc/nurseaides)
- Select on "Scheduling Instructions"
- Scroll to bottom of page
- Select on "Schedule a Test". This takes you to the Credential Management System
- Click on Create an Account and follow instructions OR login if you already have an account.
- When you receive your Candidate ID (410000xxxx), write it down. You will need that. It is your Username.



# Creating Your Account & Scheduling Exam

- Click on “Find a Provider” from the left menu
- Enter your Training Program code – click “Find”
- Click on “Titles” – your course ID and name will appear
- Click “submit completions”
- Enter your Training Program completion date
- Submit – you should receive the message: “The completion was submitted successfully”.
- Your Training Program has been contacted to confirm your eligibility.
- You will receive an email advising you to continue and select a test date once it has been confirmed.

# Creating Your Account & Scheduling Exam

Click “Complete a Form” from the left menu

Select your Eligibility Route Complete the chosen eligibility route form with the following conditions:

- Section 1 – must check box that definition has been read
- Section 2 – complete Screening Questions
- Section 3 – Accommodations being requested – Yes or No
- Section 4 – Candidate Statement – click on “I agree”. This is your electronic signature Click "Submit Form"



# Requesting Accommodations

## How to Apply for Accommodations:

- Accommodations can be requested using the “Reasonable Adjustments Request System” <https://rs.hgportal.net/amer/candidate>. The Reasonable Adjustments Request System is a secure, on-line system for requesting accommodations and submitting supporting documentation.
- If you are a first-time user to the request system, you will need to create a username and password. To create a username, click on the “Register” link at the log-in screen: <https://rs.hgportal.net/amer/candidate>. Please note that the system requires that you have an active email account.
- Once you have logged in to the system, you may request accommodations by clicking on the “Start Your Request Here” button and following the directions in the request system.
- The final step (step 6) will require you to upload supporting documentation. If you haven’t already done so, give your evaluator (doctor, psychologist) a copy of the [Guidelines for Evaluators](#) for your disability. Your evaluator should make sure that the documentation he/she provides meets our guidelines. In most cases, your evaluator will be a psychologist or doctor who administered a series of psychological, educational or medical tests, and provided you with a copy of a diagnostic report or a detailed letter.

# Requesting Accommodations

- After you have uploaded the necessary documents, click the “Submit” button at the bottom of the page. You will receive an email from the system notifying you that your request has been submitted.\*
- Please allow 10 business days for us to review your materials.
- After your request has been reviewed, you will receive an email to notify you that a determination has been made. The determination letter will appear on step 6 of your request in the “My Documents” section. If approved, the determination letter will provide instructions for scheduling your accommodated exam.
- If you are not satisfied with the test accommodations decision, you may appeal the decision by clicking on the “Request an Appeal” button on the bottom of step 6 of your request. This will place an appeal form in the “My Forms” section of this page. Please complete this form and upload the document in the “My Documents” section of step 6. You may also submit additional documentation by clicking on the “Upload Additional Documents” button on this page. After you have uploaded the necessary documents, click the “Submit” button at the bottom of the page. Disability experts review all appeal requests.

\*If you are under 18 years of age or have a legal guardian, you will need to have your parent/guardian complete the Guardian Consent Form and upload this document on step 6 of your request. This form is available in the “My Forms” section of step 6 of your request.

# Application or Account Contacts

Questions about your online application?

**SCNA (800) 475-8290**

**Who do I contact if I need help with my username or password or having trouble making an appointment?**

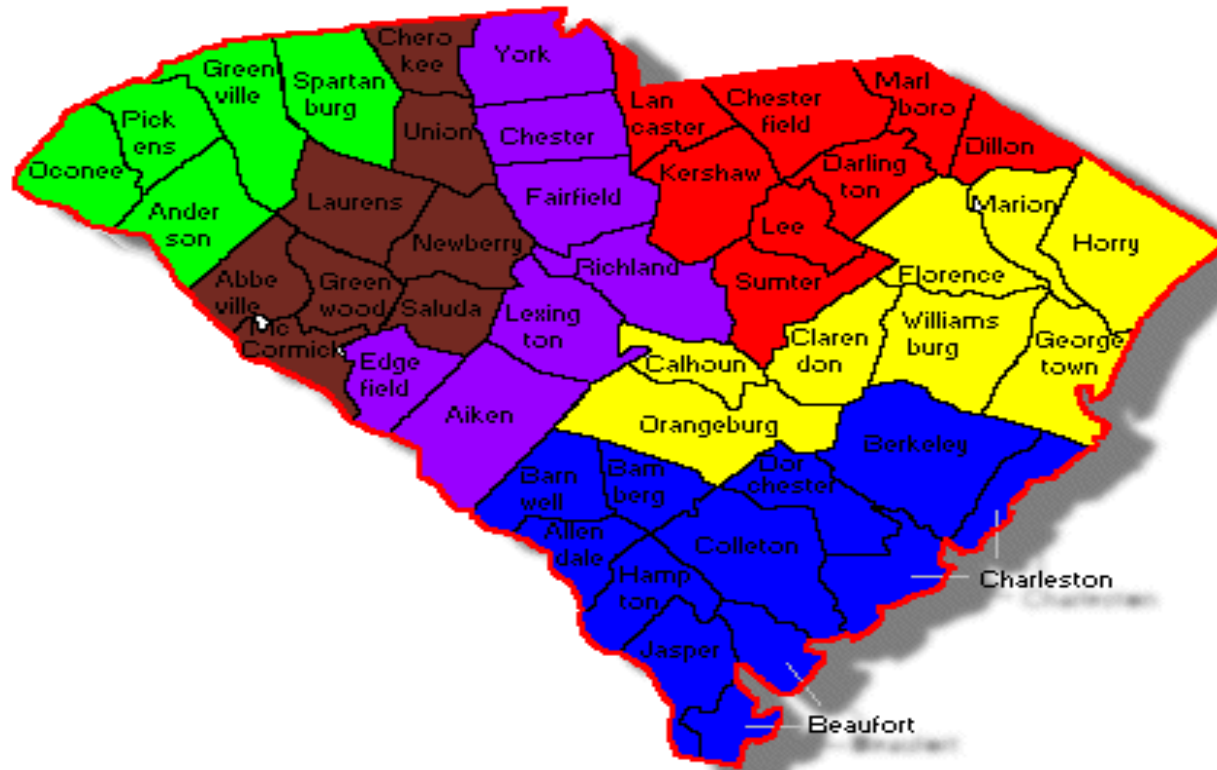
You can find the call center information at [PearsonVUE.com/nurseaides](https://www.pearsonvue.com/nurseaides). Or you can call SCNA (800) 475-8290 or SCNA (866) 751-5809

# Contact Information

# SCDHHS Regional Map

## Nurse Regional Map

- Regina
- Quintina
- Jai-Netta
- Charlena
- Anna
- Sandra



# Pearson Vue Numbers

## Before testing, call Pearson VUE:

Customer Support Team: 1-866-751-5809

- Test sites and availability
- Name and address changes
- Schedule, reschedule & cancel examination
- Request an excused absence
- Obtain information regarding the Score Report

**Email:**  
**[pearsonvuecustomerservice@pearson.com](mailto:pearsonvuecustomerservice@pearson.com)**

Hours: 8:00 AM – 11:00 PM (EST)  
Monday – Friday  
Sat – 8:00 am – 5:00 pm  
Sun – 10:00 am – 4:00 pm

## After testing, call Pearson VUE:

Customer Service Team: 800-475-8290

- Request a duplicate Score Report
- All registry issues
- Changing name or SSN after being added to the registry
- Obtain information about recertification
- Obtain information about reciprocity

**Webpage: [pearsonvue.com/sc/nurseaides](http://pearsonvue.com/sc/nurseaides)**

Hours: 8:30 AM – 6:30 PM (EST)  
Monday – Friday



To received your program's Pass/Fail Rate

- Please Contact Kathleen Rowan at [kathleen.rowan@pearson.com](mailto:kathleen.rowan@pearson.com)
- If you have questions about the Nurse Aide Abuse Registry
  - Please contact SC DHEC at 803-545-4205



# Questions