

Managing training program completions

A guide for **DC Home Health Aide** training providers



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Introduction

District of Columbia Home Health Aide (DCHHA) candidates following the **H1**, **H2**, and **H3** 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
- <u>Submit your training program completion dates</u>

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:*

<u>Confirm or deny training program completions</u>

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.

Cre	Create an account and submit your application			
1	Go to: <u>https://i7lp.integral7.com/durango/do/login?ownername=dcna&usertype=admin</u> Click Create an account .			
	GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH Promote. Prevent. Protect.	Welcome to the Government of the District of Columbia Department of Health Credential Management System		
	Returning Username Password Forgot your Us If you don't remei Having Trouble Pearson Support Monday-Friday 8 Saturday 8:00 an Sunday 10:00 an Email: pearson	g Users Login: New Users :: If you have not registered for either a Nursing Assistant Exam or a Home Health Alde Exam or have never taken an exam, you will need to create an account. sername or Password? mber your username or password to log in to your account, Click Here 2 Logging In? : 1-877-833-4542 ::00 pm -: 5:00 pm :: 4:00 pm :: 4:00 pm :: 4:00 pm :: 4:00 pm		
2	Read the <i>Cnadidate ID</i> <i>Agreement</i> . Click Create a profile at the bottom of the page.	Candidate ID Agreement Government of Disctrict of Columbia Department of Health Credentials Management Systems for Certification and Licensing. As a first time user of this web site, we want to inform you of the steps required to set up an account and to emphasize the importance of keeping your contact information current. After reviewing and agreeing to these terms, you will be taken to the "New Registration - Candidate Record" page to begin the account creation process by filling in personal Information such as email address, company name and Partner Company (if this is pre-populated, please verify it is correct, if not simply change it to the correct partner company) and all the required fields or to the "Edit Personal Information" page to add or verify the Partner Company and complete all the required fields. New users to the system will be issued a candidate ID and directed to complete the account activation process. Be sure to keep all of your contact information current through the "Update Personal Info" link in Click on one of the following three links: Create a profile If you do not agree to these terms, simply close out or leave this browser page.		

3 Enter your demographic information. Required fields are marked with an asterisk (*). (Note: In the *Custom Question* section at the bottom of the page, you must select which certification you plan to achieve.) When done, click Submit. **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/vvvv) 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). All rights reserved. pvuecopyright@pearson.com v.1610.37 Close and re-open your browser. Then check your email inbox for your selfregistration email. In the email, you will see a link and activation code. 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.

6	Set your username and password, then click Submit .			
	New Registration			
	Enter a new Username and Password below.			
	Usernam			
		Confirm (Jsername	
		Password		
			Assword	
7	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.			
			End User License Agreement	
			End User License Agreement	
8	You ar eligibil applice	e brought to y lity route (H1, I ation form spec Welcome to District	End User License Agreement	
8	You ar eligibil applice	re brought to y lity route (H1, I pation form spec Welcome to District Carefully read the ch	End User License Agreement	
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8	You ar eligibil <i>applice</i>	re brought to y lity route (H1, H ption form spec Welcome to District Carefully read the ch Eligibility Route H1 - New Home, Health Aide	End User License Agreement our home page, where you must select your Home Health Aide H2, or H3). Click the link for your desired route. This launches the ific to your eligibility route. Columbia Home Health Aide Certification program! noices below, and select the link that is right for your situation: Eligibility Description You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months.	
8	You ar eligibil applica	re brought to y lity route (H1, H ation form spec Welcome to District Carefully read the ch Eligibility Route H1 - New Home, Haalth Aide H3 - NA and HHA, Bridge course completed - Not passed NA exam	End User License Agreement our home page, where you must select your Home Health Aide 12, or H3). Click the link for your desired route. This launches the ific to your eligibility route. c) of Columbia Home Health Aide Certifcation program! noices below, and select the link that is right for your situation: Eligibility Description You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months. You have completed a Nurse Assistant program and a HHA bridge course within the last twenty-four (24) months.	
8	You ar eligibil applica	re brought to y lity route (H1, H ation form spec Welcome to District Carefully read the ch Eligibility Route H1 - New Home, H2 - NA and HHA, Bridge course completed - Not passed NA exam H4 - Student Nurse in US	End User License Agreement Our home page, where you must select your Home Health Aide Page 12, or H3). Click the link for your desired route. This launches the ific to your eligibility route. Cof Columbia Home Health Aide Certifcation program! Noices below, and select the link that is right for your situation: Eligibility Description You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months. You have completed a Nurse Assistant program and a HHA bridge course within the last twenty four (24) months that was approved by the DC Board of Nursing and you have not passed the NNAAP Examination You have completed a practical or registered nursing "Fundamental of Nursing" course in the United States with a clinical component within the last thirty-six (36) months from the date of application	
8	You ar eligibil applica	re brought to y lity route (H1, H ation form spec Welcome to District Carefully read the ch Eligibility Route H1 - New Home Health Aide H3 - NA and HHA Bridge course completed - Not passed NA exam H4 - Student Nurse in US	End User License Agreement	



Su	Submit your training program completion dates			
1	In the left-hand navigation menu under <i>Providers</i> , 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 . <i>If you have problems finding your training program, please ask your provider for assistance.</i>			
	Search For an Approved Provider Find a provider by completing any part of this form. Only one item is required. Training Program Name Training Program ID State District of Columbia Country -Select- Find			
3	Locate your provider in the list and click Titles to submit your training program information. Provider List First Prev Next Last 10 Filter Clear Provider ID Provider Information Home Health Aide Test Provider 1 4545 Marble Lane Alexandria District of Columbia 45678 Active Status Exp: 12/31/2050			
4	A list of programs is displayed. Locate your training program and click Submit credits.			

5	Select the Start Date of your training program and click Submit . <i>Note: You cannot submit dates in the future</i> .			
	General Information			
	Title ID	Title Name		
	1-98765	XYZ Home Health Aide Training Program		
	* Start Date			
		Submit		
	Fields marked with an*are required.			
6	If your submission was successful, you will see a confirmation message at the top of the page:			
	Find a Provider			
	Test Candidate - 0910000401 The credits were submitted successfully			
	General Information			
	Title ID Title Name	•		
7	Once the provider has confirmed your training program <i>and</i> 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			
	ranning Provider Confirmation Complete-application complete Congratulations! Successful completion of your Nurse Aide training program has been confirmed and your a Click born to conclude the control of the constraint of the con	pplication 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: WV	w.pearsonvue.com/sc/nursealdes.		