

Managing training program completions

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



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Introduction

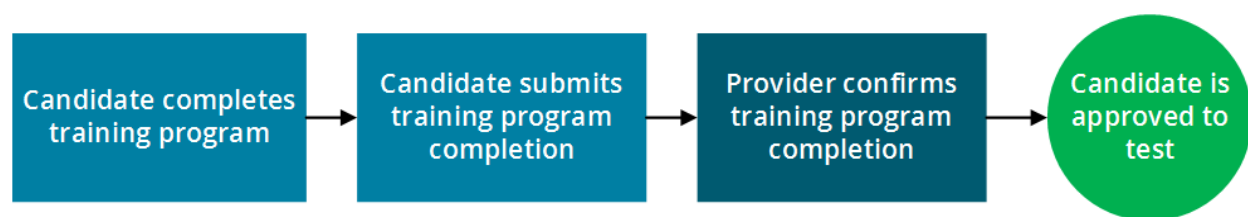
District of Columbia Home Health Aide (DCHHA) candidates following the **H1**, **H2**, and **H3** eligibility routes are required to self-report their completion of a District of Columbia state-approved training program. As a *training program provider* you must confirm whether or not candidates actually 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](#)
- [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.

Create an account and submit your application

1

Go to:

<https://i7lp.integral7.com/durango/do/login?ownername=dcna&usertype=admin>

Click **Create an account**.



Welcome to the Government of the District of Columbia
Department of Health
Credential Management System

Returning Users Login:

Username:

Password:

Forgot your Username or Password?

If you don't remember your username or password to log in to your account, [Click Here](#)

Having Trouble Logging In?

Pearson Support: 1-877-833-4542
Monday-Friday 8:00 am - 11:00 pm
Saturday 8:00 am - 5:00 pm
Sunday 10:00 am - 4:00 pm
Email: pearsonvuecustomerservice@pearson.com

New Users

Create an account

If you have not registered for either a Nursing Assistant Exam or a Home Health Aide Exam or have never taken an exam, you will need to create an account.

2

Read the *Candidate ID Agreement*.

Click **Create a profile** at the bottom of the page.

Candidate ID Agreement

Government of District 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	<input type="text"/>
* First Name	<input type="text"/>
Middle Name	<input type="text"/>
* Last Name	<input type="text"/>
Suffix	<input type="text"/>
* Birth Date	<input type="text"/> (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.

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5 Close and re-open your browser. Then check your email inbox for your self-registration 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.

Username	<input type="text"/>
Confirm Username	<input type="text"/>
Password	<input type="text"/>
Confirm Password	<input type="text"/>

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**.

Custom Questions

* Please select which of the following certifications you want to achieve:

Certified Home Health Aide

Maiden Name

Verify

End User License Agreement

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You are brought to your home page, where you must select your Home Health Aide eligibility route (H1, H2, or H3). Click the link for your desired route. *This launches the application form specific to your eligibility route.*

Welcome to District Of Columbia Home Health Aide Certification program!

Carefully read the choices below, and select the link that is right for your situation:

Eligibility Route	Eligibility Description
H1 - New Home Health Aide	You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months.
H3 - NA and HHA Bridge course completed - Not passed NA exam	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
H4 - Student Nurse in US	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
H5 - Trained outside of US	You have obtained a Commission on Graduates of Foreign Nursing School (CGFNS) certificate within the last thirty-six (36) months from the date of application of certification, indicating education as a registered nurse (RN) or licensed practical nurse (LPN) outside the United States.

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Complete the application. When done, click **Submit Form**.

H1 - District of Columbia New Home Health Aide Application

This application should only be submitted by candidates completing the H1 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 (H1)

*** H1 District of Columbia State-Approved Home Health Aide Candidate - For all applicants who have successfully completed a District of Columbia State-Approved Home Health Aide Training Program within the last twenty-four (24) months.**

☐ I have read the above definition of the H1 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 <http://doh.dc.gov/> 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 Home Health Aide Training Program.

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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.*

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

Country

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

Provider List

First Prev Next Last | 10 ▼ |

Provider ID	Provider Information
1	Home Health Aide Test Provider 4545 Marble Lane Alexandria District of Columbia 45678 Active Status Exp: 12/31/2050 provider@provideremail.com Titles

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

Available credit Activities

First Prev Next Last | 10 ▼ |

Course ID	Type	Status	Title Information	Contact	credits
1-98765	Home Health Aide Training Program	Active	XYZ Home Health Aide Training Program Home Health Aide Test Provider Submit credits	provider@provideremail.com	0.0

Results 1 - 1 of 1.

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- 5 Select the **Start Date** of your training program and click **Submit**. *Note: You cannot submit dates in the future.*

General Information

<p>Title ID</p> <p>1-98765</p> <p>* Start Date</p>	<p>Title Name</p> <p>XYZ Home Health Aide Training Program</p> <div style="border: 1px solid #ccc; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right; margin-top: 20px;"> <input type="button" value="Submit"/> </div>
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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
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- 7 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



IMPORTANT INFORMATION

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.