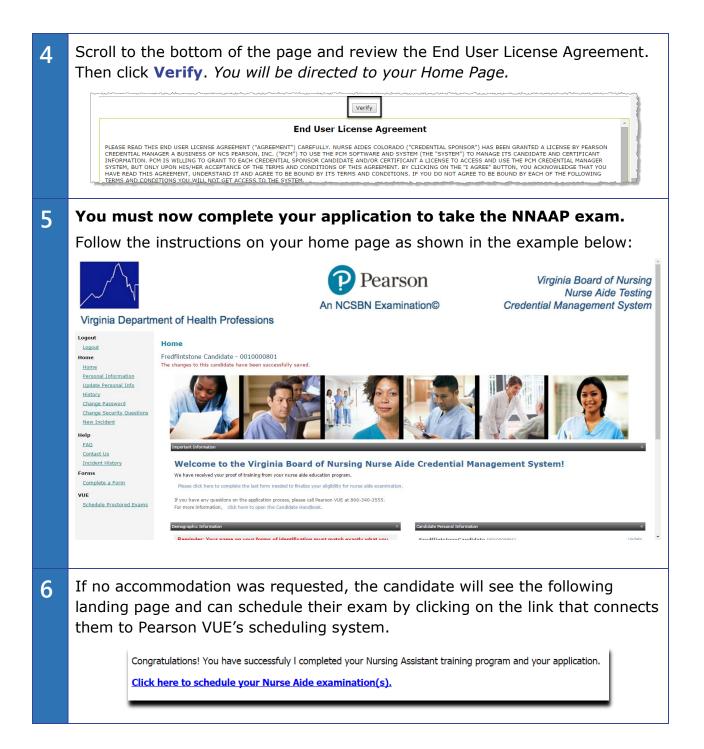
Virginia Nursing Assistant candidate experience: Activate Credential Manager account

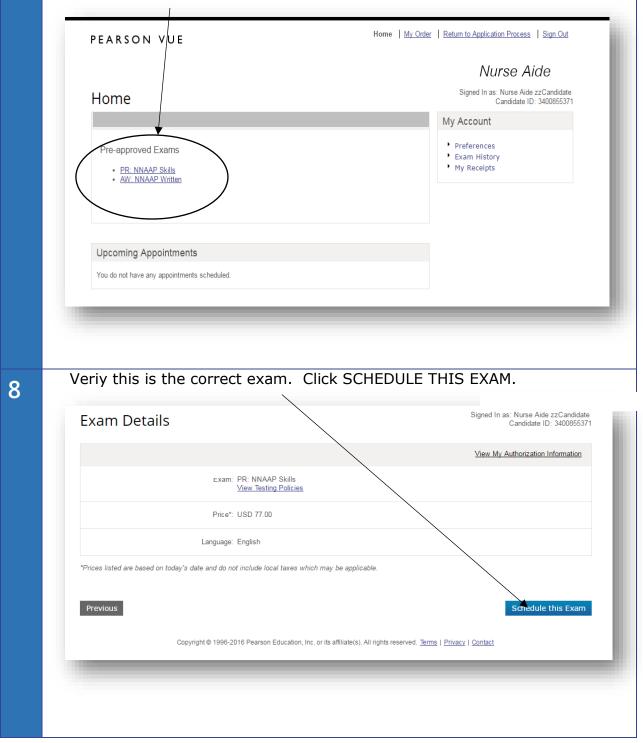
Candidates: Follow the steps below to activate your Credential Manager account.

1	Yo er	e activation li	on link in the				
	Ne	ew Account Activation	on-Self Registration	lients/Provider x			÷ 0
	Р	pearsonvuecustomerse to me 💌	ervice@pearson.com			7:45 A	M (1 hour ago) 📩 🔺 👻
		Dear Fredflintstone Cand	lidate,				
		Your user profile in the V	′irginia Nurse Aide Credential M	lanager system has been created.			
		Your temporary Login ID	is: 0010000801				
				al7.com/durango/aa?aakey=llSmiQdYTr			
		Once you activate your a account, you will not be a	ccount, you will be asked to ver able to access the above link.	rify your username and set your passwor	 You will be able to access 	s your account immediately. Af	ter you have activated your
		Please note that the acco	ount activation link will expire or	n 2017-05-17 07:45:05.93.			
		If you have questions reg	parding your application or the w	veb site, please contact Pearson VUE a	t <u>866-340-3555</u> .		
		Sincerely,					
		Pearson VUE – Exam Ad	dministrator anager by Pearson (<u>www.pearsoncre</u>	ed.com)			
		Foreited by the oreaction in	anager by reason (<u>armipeersonere</u>				
2			-	page, you can cl nter a password			
			New Registra	ation			
				Added/Updated Successful ame and Password below.	ly.		
			Username		0	610000200	
			Password				
			Confirm Password				
							-
3				mation. Please il you gave to y			-
		Personal Info	rmation				
		Amy Candidate -	0610000200				
		Candidate Re	cord				
		your information or use the	ays, we like to verify your demo he Update Personal Info link to th ou may access the other areas of	graphic information. Please verify he left to make the appropriate f the site.			
		Fields marked with	n an * are required.				
		General Informati	ON Verify that name is as it sh	ould appear on certificate.			
			and social security nu -issued identification.	Imber EXACTLY as it appears	on	ID Name	ID Last
		Prefix				Registry ID	0610000200 02/22/2016
		First Name	Amy			PROVIDERWEBI	0610000200 02/22/2016
		Middle Name Last Name	Candidate	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		an a	



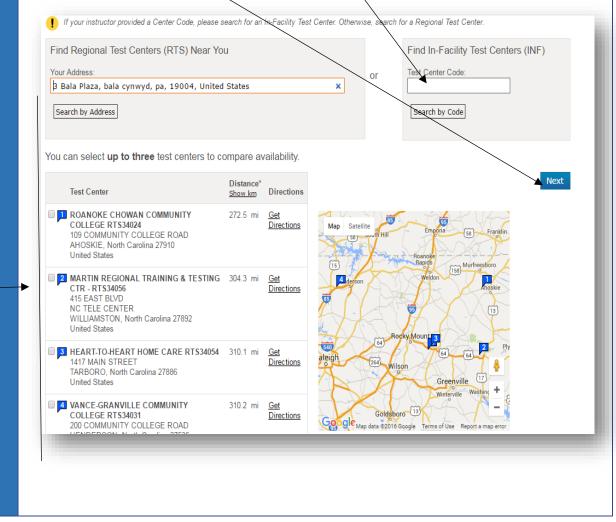
7 The candidate connects to Pearson VUE's scheduling system.

Candidate will select one exam at a time . Pearson VUE recommends all candidates schedule SKILLS exam first as these exams fill up faster than the written exams.



For regional test centers, candidate can key in their address and the system will give the three closest centers to their home address. Choose up to 3 sites at a time for availability (If candidate is using an In-Facility (INF) Center, type in INF code Choose a center. Click NEXT

9



Available dates are sl	naded . Click on one any	of the shaded dates
Choose Appointme	nt	Signed In as: Nurse Aide zzCandidate Candidate ID: 3400855371
Exam Selection: F	PR: NNAAP Skills Danguage: English	Change Exam
Test Center • ROANOKE CHOWAN COMMUNITY COLLEGE RTS34024 109 COMMUNITY COLLEGE ROAD AHOSKIE, North Carolina 27910 United States • MARTIN REGIONAL TRAINING ATESTING CTR - RTS34056 415 EAST BLVD NC TELE CENTER WILLIAMSTON, North Carolina 27892 United States • HEART-TO-HEART HOME CAPE RTS34054 1417 MAIN STREET TABORO, NORTH Carolina 27886 United States Change Test Centers	Select Date Ny can't I find an available A pril 2016 Su Mo Tu W Th Fr Sa a 4 5 4 4 5 4 7 4 5 4 7 4 5 4 7 4 7 5 7 5	May 2016 Su Mo Tu We Th T ST a a a a 44 45 45 45 45 45 45 45 45 45 45 45 45
	e time. If no slots in AM s If OK CLICK. You will the	ession, check PM en be taken to your shopping
My Order		Signed In as: Nurse Aide zzCandidate Candidate ID: 3400855371
Description	Details	Price Actions
Exam PR: NNAAP Skills Language: English Exam Length: 30 minutes	Appointment Saturday, April 23, 2016 Start Time: 10:00 AM EDT <u>Change Appointment</u> Location HEART-TO-HEART HOME CARE RTS3 1417 MAIN STREET TARBORO, North Carolina 27886 United States <u>Change Test Center</u>	77.00 <u>Remove</u> 34054
		Subtotal: 77.00 Estimated Tax: 0.00

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Click ADD ANOTHER EXAM to begin adding the written exam.

ESTIMATED TOTAL DUE: USD 77.00

You must schedule both the Written (or oral) Exam and Skills Evaluation before you can proceed to pay.

Add Another Exam

ECKOUT		
		Nurse Aide
My Order		Signed In as: Nurse Aide zzCandida Candidate ID: 3400855
Description	Details	Price Actions
Exam PR: NNAAP Skills Language: English Exam Length: 30 minutes	Appointment Saturday, April 23, 2016 Start Time: 10:00 AM EDT Change Appointment Location HEART-TO-HEART HOME CARE RTS34064 1417 MAIN STREET TARBORO, North Carolina 27886 United States Change Test Center	77.00 <u>Remove</u>
Exam AW: NNAAP Written Language: English Exam Length: 120 minutes	Appointment Saturday, April 23, 2016 Start Time: 08:00 AM EDT <u>Change Appointment</u> HEART-TO-HEART HOME CARE RTS34054 1417 MAIN STREET TARBORO, North Carolina 27886 United States <u>Change Test Center</u>	24.00 <u>Remove</u>
		Subtotal: 101.00 Estimated Tax: 0.00 ESTIMATED TOTAL DUE: USD 101.00

1 2	Comfirm Personal Information. CLICK NEXT							
	Nurse Aide							
	Checkout - Step 1: Confirm Personal Information Signed In as: Nurse Aide zzCandidate Candidate ID: 3400865371							
	Confirm Personal Agree to Policies Enter Payment Submit order Summary							
	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.							
	Name: Nurse Aide zzCandidate							
	Telephone: +1 360-555-5555							
	Previous							
13	Review Virginia Nursing Assistant Testing Policies. Read, agree by putting $\sqrt{.}$							
TO	CLICK NEXT.							
	Checkout - Step 2: Agree to Policies							
	Confirm Personal Agree to Policies Enter Payment Submit Order Summary Information							
	PR: NNAAP Skills							
	Admission Policy You must arrive 30 minutes prior to your scheduled time for BOTH the written and skills examinations. If you are lake for the written examination you will not be							
	allowed to test and your fees will not be refunded. Skills evaluation times are approximate. You will be required to bring two (2) original forms of current, not expired, official signature-bearing identification one of which must be photo-bearing. One must							
	be from a U.S. government-issued Social Security card, signed and non-laminated. Your name and social security number on your identification must be the same as the name and social security number you used on the application to register.							
	No personal items may be taken into the testing room. This includes all bags, books not authorized by the sponsor and notes. Phones, pagers, or any other electronic devices are not permitted to be used and must be turned off during testing. There is no place or storage of personal belongings at the test center.							
	Please refer to the North Carolina Nurse Aide I handbook for additional details and information.							
	Reschedule Policy Fees are non-refundable and non-transferable. If you wish to reschedule your exam, you must contact Pearson VUE at least nine (9) calendar days before your							
	scheduled examination date. You are permitted one (1) time to re-schedule your examination whout penalty. Your fee will be transferred to your new examination date. Rescheduling less than nine (9) calendar days prior to your scheduled examination will result in forfeiting your exam fees.							
	Cancellation Policy Fees are non-refundable and non-transferable. If you wish to re-schedule your exam, you must contact Pearson VUE at least nine (9) calendar days before your scheduled examination date. You are permitted one (1) time to re-schedule your examination without penalty. Your fee will be transferred to your new							
	examination date. Rescheduling less than nine (9) calendar days prior to your schedule dexamination will result in forfeiting your exam fees.							
	I have read and agree to the Nurse Aide North Carolina policies listed above.							
	Previous							

.neckout - step s. Linter rayin	IICIIL			Candidate ID: 3400855371
Confirm Personal Agree to Poli Information	cies Enter Payment	Submit Order	Summary	
Order Total				
Subtotal: 101.	00			
Estimated Tax: 0.00				
ESTIMATED TOTAL DUE: USE	0 101.00			
Add Voucher or Promo Code What is this?	_			
Voucher/Promotion Code:	pply			
equired information is marked with an asterisk (*).				
ard Details				
We accept the following cards:				
*Card Type: Sele	ect one 🔻			
*Card Number: (Do not include hyphens or spaces)				
*Expiration Date: 03	2016 •			
*Cardholder's Name:				
(Name as it appears on card)	What is this?			
DITING ADDRESS This address must match the address that appears on the a	account.			
*Country:	United States	٠		
"Address 1	3 Bala Plaza			
Address 2:		7		
Address 3:		_		
*City:	Olympia			
*State				
* Zip/Postal Code:	Washington	•		
	98123			
*Telephone:	+ 1 360-555-555 Country Codes	5		
Your card will not be charged until you submit your order on	the next page.			
Previous				Next

	!	20001125					
		account.					
•	 Appointm Duration: Location: 	ent Time: 23 Mar 120 Minutes	2016 at 08:00 (8:00 AM)			
	Location:						
	 Directions Turn right of gas station 	on Club Blvd (at ligh on left and school	exit 177 (Roxbo t) & drive about is brick building	1-2 miles. Sto on right. From	exit). Make left at end of exit at the op at 1420 East club Blvd (right be n 85N: Take exit 177 (Roxboro/Av	fore stop lig ondale exit).	ht). There is a Town & Country . Make right at end of exit at light &
					Blvd (at light) & drive 1-2 miles. Sto hool is brick building on right. Park		
Exam P		n Policy: For NNA	AP Written, NN	AAP Skills :			
	examination You will be photo-bear number on No persona pagers, or	n you will not be all a required to bring tring. One must be fr your identification al items may be take any other electroni	owed to test an wo (2) original f om a U.S. gove must be the san en into the testin c devices are n	d your fees w forms of curre rnment-issue ne as the nam og room. This	r BOTH the written and skills exan will not be refunded. Skills evaluati ant, not expired, official signature- d Social Security card, signed and e and social security anumber you includes all bags, books not autho b be used and must be turned off	on times are bearing iden I non-lamina used on the rized by the	approximate. tification one of which must be ted. Your name and social securi application to register. sponsor and notes. Phones,
		elongings at the tes er to the North Caro		I handbook fo	or additional details and information	n.	
•	Fees are n calendar da Your fee w	ays before your sc	non-transferabl heduled examin your new exa	e. If you wish ation date. Yo mination date	n to reschedule your exam, you m ou are permitted one (1) time to re Rescheduling less than nine (9) o	-schedule y	our examination without penalty.
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Ord		firmation					
Orde	r Number: 0	028-0071-1000					
Exam	Registratio Exam: Pl Quantity Price: Sl Candida	R: NNAAP Skills, En /: 1 US 77.00	glish				
	- canala	iic.					
		ment Time: 23 Ma n: 30 Minutes	ar 2016 at 13:00	(1:00 PM)			
	ldea 142	I Health Institute RT 0 EAST CLUB BLV					
	Unit	RHAM NC 27704 ted States one: 919-596-6811					
	 Accomr Directio 	nodations Grante ns: From 85 S: Tak	e exit 177 (Roxi	oro/Avondal	e exit). Make left at end of exit at ti Stop at 1420 East club Blvd (right t	he light & ke	ep straight until you get to Club Bh
	gas stati keep stra light) The	on on left and scho aight until you get to	ol is brick buildir Club Blvd. Turn intry gas station	ig on right. Fr right on Club	om SSN: Take exit 177 (Roxboro/A Blvd (at light) & drive 1-2 miles. S school is brick building on right. Par	vondale exit top at 1420 l	t). Make right at end of exit at light East Club blvd (right before stop
	 Quantity Price: \$1 Candida 	/: 1 US 24.00					
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