

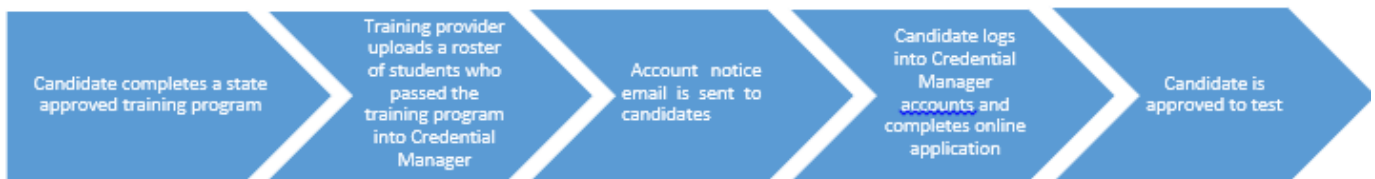
# Candidate Guide

## For North Carolina Nurse Aide I Candidates

### Introduction

Any candidate who is seeking Nurse Aide I 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](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=efPIZWfNYtHuuqplLeTDb>

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 |
|--------------|------------|--------------|
| Registy ID   | 0610000200 | 02/12/2014   |
| 001110540800 | 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 |
|----------------------------|------------|-------------|
| <a href="#">DPO0000000</a> | 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 Incident](#)

**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

idiana tester1 - 3400900767

Submit Again

### 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 aide 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 aide and may result in prosecution by the state of North Carolina.

I agree to the above stated Candidate Attestation.

Submit Again

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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**  
diana 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.

**REQUIREMENTS FOR EXAMINATION**

**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 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 left navigation bar. After you have updated your information, select the Home link from the left navigation bar to return to the screen.

**North VUE Customer Service Contact Information**  
Email: [customerservice@pearsonvue.com](mailto:customerservice@pearsonvue.com)  
Phone: 1-800-224-6207

**CANDIDATE INFORMATION**

dianatester1-3400900707 [Logout](#)

3-24-2016 10:56 AM [Change Password](#)

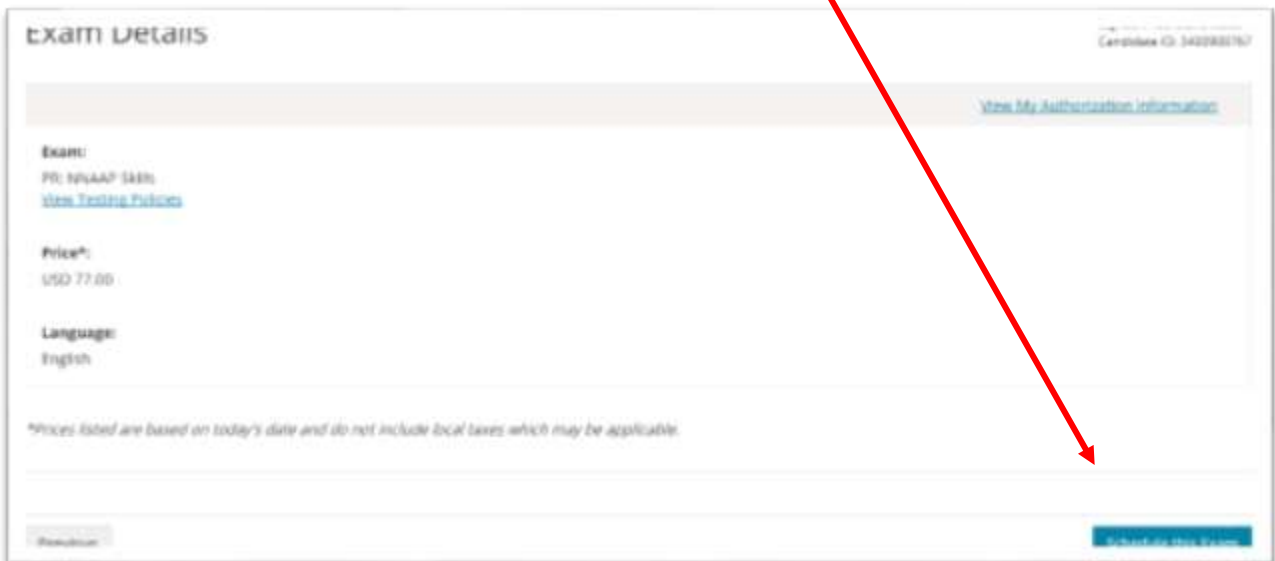
2016 03-24-2016  
[dianatester1@ncdhhs.gov](mailto:dianatester1@ncdhhs.gov)

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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<br>319 CHAPANOKI ROAD, SUITE 104<br>RALEIGH, North Carolina 27603<br>United States<br><a href="#">Test Center Information</a> | 3.1 mi    |
| <input checked="" type="checkbox"/> Wake Tech CC - Northern Campus RTS34085 - RTS<br>6600 Loubourg Road<br>Raleigh, North Carolina 27616<br>United States<br><a href="#">Test Center Information</a>    | 8.0 mi    |
| <input type="checkbox"/> Ideal Health Institute RTS34052 - RTS<br>1420 EAST CLUB BLVD<br>DURHAM, North Carolina 27704<br>United States  | 21.5 mi   |

Show 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 |    |                |    |    |    |    |    |    |
|             |    |    |    |    |    |    |                |    |    |    |    |    |    |

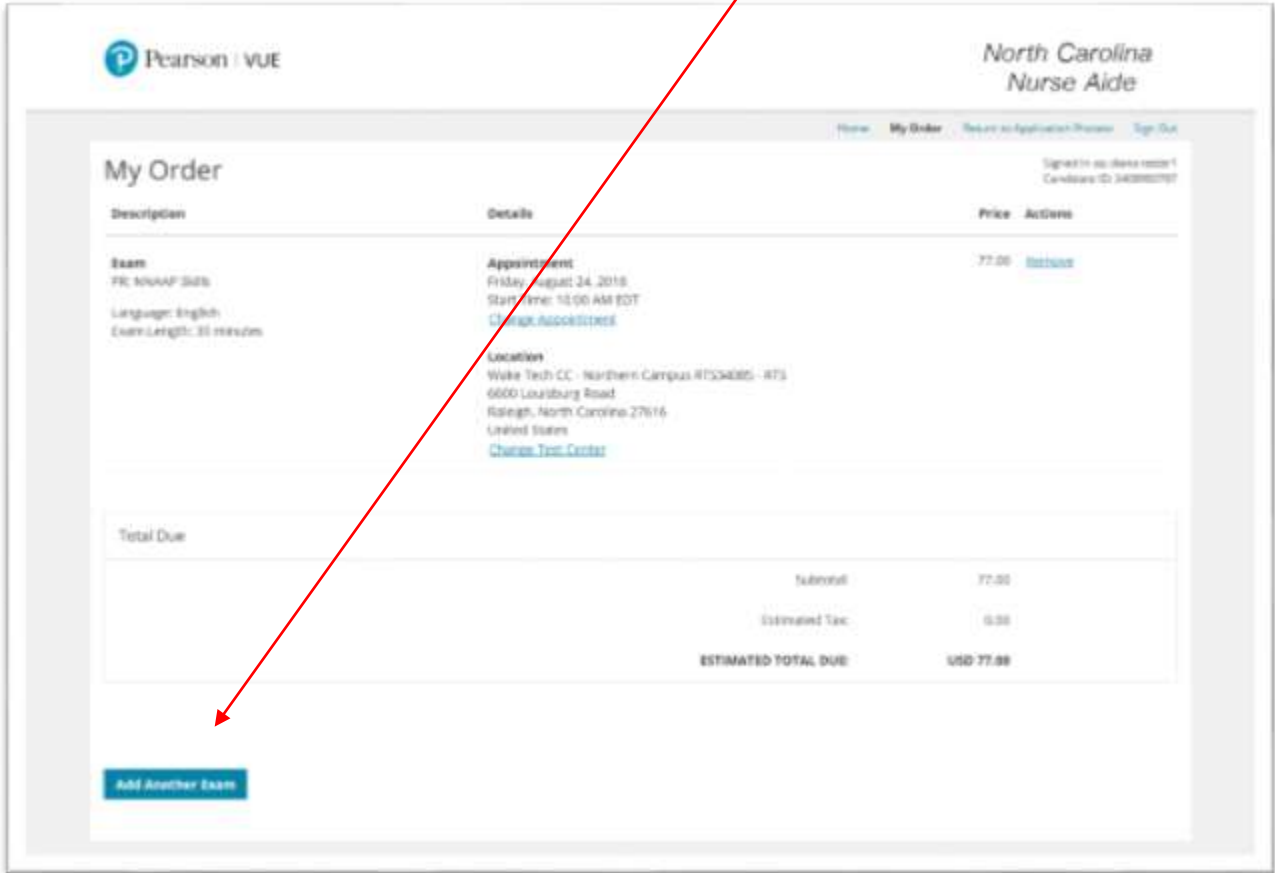
**13.** Pick a date then choose time highlighted

|    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|
| 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 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 step. The main content area is currently blank, indicating that the checkbox and text for agreeing to policies 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

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**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