ILLINOIS NURSE ASSISTANT/AIDE
TRAINING COMPETENCY
EVALUATION PROGRAM

ILLINOIS NURSE ASSISTANT/
HOME HEALTH AIDE
COMPETENCY EXAM
APPLICATION GUIDELINES

FOR

ILLINOIS NURSE ASSISTANT/AIDE PROGRAM
COORDINATORS/INSTRUCTORS

SIUC Nurse Aide Testing Program
and
Illinois Department of Public Health

2012

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COMPETENCY EXAM APPLICATION GUIDELINES

The purpose of this handbook is to assist Nurse Assistant Training Program Coordinators/Instructors with the submission of application materials for the Illinois Nurse Assistant Competency Evaluation.

IMPORTANT REMINDERS:

1. **All nurse aide competency exam applications MUST be submitted by an IDPH approved training program using a dual-colored blue/maroon competency exam application form with a $65 fee. The application must be accompanied by a typed cover letter on letterhead that has been signed by the instructor or program coordinator (no substitutions), along with a typed alphabetized applicant roster.** *The cover letter must include the program completion date.* **The roster must be separate from the cover letter.**
    When submitting students with multiple program completion dates, a separate cover letter and a separate roster must be submitted for each program completion date (see Appendix A).

    If the applicants are applying to different test site locations or for different test dates, a separate roster must be completed for each test site or test date.

2. **Applications may not be mailed prior to the program completion date.**

3. **Failure to prepare a separate cover letter and roster for each test site or test date will result in the entire test materials packet being returned to sender for correction.**

4. **Only the approved training program instructor or designated training program coordinator may sign the official letter indicating that students have completed the Nurse Aide Training Program. Administrators or other personnel shall not sign in place of the instructor/coordinator.**

5. **Training programs must check the SIUC Nurse Aide Testing website at *www.nurseaidetesting.com* to verify the chosen test site is tentatively scheduled for a NATCEP Competency Exam for that month. Scheduling your students at a test site that is not scheduled for testing may result in your students being delayed for testing.**

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6. **Applications must be completed using a Number 2 (soft lead) pencil.**

7. **The ovals below the written information on the applications must be filled in accurately and completely. Failure to do so may result in the entire test materials packet being returned for correction.**

8. **Instructors must check the application forms and fee payment for accuracy before mailing. (*Incomplete applications and altered money orders will be returned to the program for correction*).**

9. **Paper clip the payment to the application forms.**

10. **Do not fold applications.**

11. **Test application materials must be ordered using the Fax reorder form in Appendix B. All information must be completed on the order form.**

NURSE AIDE PROGRAM RESPONSIBILITIES

The instructor/program coordinator is responsible for ensuring that the application process is made as easy as possible for the student. If you need telephone assistance in filling out the application, please call 877-262-9259 or 618-453-4368.

Maintain Adequate Supply of Application Materials

It is the responsibility of the Illinois Certified Nurse Aide Training Programs to provide nurse aide competency exam application forms only to individuals who have completed that training program. The training program should not provide applications to individuals who did not complete their training program. Each program coordinator should maintain a supply of application materials that include dual-colored blue/maroon application forms, test schedules and instructor/coordinator guidelines for completing the Nurse Aide Competency Exam.

Additional material may be obtained, on request, from the SIUC Nurse Aide Testing center by FAXING your requests to the nurse aide testing office. The Fax Number is (618) 453-4300. Requests for additional material MUST be made on the fax re-order forms provided and must include all required information including the training program's name and assigned program number (See Appendix C for the re-order form). The maximum number of applications that can be ordered at one time is 200.

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Determine Eligibility of Students

Students are eligible to apply for the written exam only after they have successfully completed an approved Illinois basic nursing assistant training program and have had a fingerprint criminal background check conducted. Training programs are approved by the Illinois Department of Public Health. **Students must be eligible to test (i.e. program completed) at the time the applications are submitted. <u>Do not submit applications of students who have not completed training</u>.**

Students may apply for the nursing assistant test individually <u>ONLY</u> if they have previously failed or no-showed the Illinois Nurse Aide Competency Exam or have their test application approved by the Illinois Department of Public Health PRIOR to submitting for testing.

It is the nurse assistant training program's responsibility to assist their students with the completion of the dual-colored blue/maroon nurse aide competency exam application form and submit the application with the proper typed cover letter and typed alphabetized applicant roster.

NOTE: All first time applicants MUST submit their applications through the nurse aide training program if their training occurred LESS than 24 months ago. If training occurred MORE than 24 months ago, the test application must be approved by the Illinois Department of Public Health BEFORE being submitted for testing. The correct fee to accompany the dual-colored blue/maroon application is $65.00 for a first time applicant.

If an applicant has previously received a fail or no show result from a previous Illinois Nurse Aide Exam he/she may submit the application form. An applicant who is re-applying or re-scheduling pays a reduced examination fee if the application is resubmitted within one year of the previous examination date. **<u>After one year has elapsed</u>**, the applicant must pay a first time application fee of $65.00

Social Security Numbers:
Effective August 2, 2010, no student can be submitted for the Competency Exam unless they have a valid Social Security number. Any number with zeroes in one of three digit groups or all zeroes are not valid Social Security numbers. In addition, 999-99-9999 and 987-65-4320 to 987-65-4329 are not valid Social Security numbers. Lastly, numbers between 734 and 749 or above 772 in the first digit group are not valid.
Official class rosters submitted with an invalid Social Security number for a student or left blank with no Social Security number listed will be returned to your program for corrective action.
Any student without a valid Social Security number will not be added to the Health Care Workers Registry.
It is highly recommended that this determination be made at the beginning of the class rather than at the end of the class.

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Assist Students in Completing Application Forms

Program instructors/coordinators must familiarize themselves with the nurse aide competency exam application materials and guidelines. Program instructors/coordinators must be able to:

    a. provide verbal instructions to the students for correctly completing the competency exam application materials in a group activity.
    b. identify the correct application information required. (i.e. test site number, program number, program completion date, instructor code, etc.).
    c. verify that the program has been successfully completed and all application materials and payment are correct prior to mailing the application.
    d. submit the application for the students along with the appropriate typed cover letter and typed alphabetized applicant roster.

Complete the nurse aide competency exam application as a supervised group activity. During the assigned time, the program instructor/coordinator should distribute the application to the students and provide verbal instructions and assistance for the completion of the applications (see page 13 for verbal instructions). The program instructor/coordinator should remain with the students helping them complete the process accurately. The program instructor/coordinator must verify all coded application information for completeness and accuracy prior to submitting the applications to SIUC Nurse Aide Testing. **Errors in the completion of the application forms will result in the application materials being returned to the program, creating delays in processing the forms and scheduling the test date. All information must be coded correctly on the application form.**

Individuals who wish to sit for the Illinois Nurse Aide Competency Exam based on special conditions such as equivalent training, Fundamentals of Nursing (nursing training), foreign LPN or RN diploma or military training must be instructed to contact the Illinois Department of Public Health to obtain testing application materials and instructions. That number is 217-785-5133.

Collect Appropriate Examination Fees

Program instructors/coordinators must ensure that the correct fee is collected from each student. **All fees submitted with the testing applications must be in the form of a Money Order payable to Southern Illinois University at Carbondale (SIUC), a certified check with the <u>student's name</u> shown on the front of the money order or check, or a facility check from the training agency.   <u>No personal checks will be accepted</u>. Money orders or checks that have been altered cannot be accepted and will result in all application materials being returned to the sender.**

It is very important that the program instructor/coordinator ensures that correct unaltered fees accompany all application forms. **Forms that are accompanied by incorrect fees will result in the entire testing application packet being returned to the sender resulting in a delay in the application packet processing.**

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Students should be reminded that under no condition should fees be made payable to individuals at an examination center. All fees submitted with application forms must be payable to SIUC and paper clipped to the completed application form.

Fee Schedule

First Time Applicant:

Blue/Maroon application $65.00

Re-apply :

Failed test previously (within one year of fail result) $35.00

Re-schedule:

 No Show at a test (within one year of missing the exam) $25.00

Re-test Only:

On registry but has not worked in 2 years $65.00

All fees sent to Nurse Aide Testing must be in the form of a Money Order, certified check, or facility check from the sponsoring agency payable to Southern Illinois University at Carbondale (SIUC). NO PERSONAL CHECKS will be accepted.

Submitting the Application

After completing the Application Form, check to make sure it is complete and double check it for accuracy.

NOTE: The Nurse Assistant Competency Exam application form is an optical scan document**. If the information on the application is coded incorrectly, the data scanned into the computer will be incorrect**. This is especially critical for social security numbers, names, mailing addresses, test site locations, exam dates, etc.

Proof of successful completion of an approved Illinois Nurse Aide Training program, in the form of a typed cover letter and a typed alphabetized applicant roster, must be provided with all application submissions (see Appendix A).

*Proof of training program completion submitted as a group include***:**

* A cover letter typed on letterhead that includes the program completion date.
* A typed roster of the applicants applying to test, including last name, first name, middle name, social security number, exam fee being paid for each applicant, the date the applicant is applying for testing, the program number of the training program the applicant completed.

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- A money order or facility check payable to SIUC
- The dual-colored blue/maroon nurse aide competency exam application form completed in pencil.

Applicants may choose any test site. **(Please check our website for test site schedules.)**

If the applicants are applying to different test site locations or for different test dates, a separate roster must be completed for each test site or test date.

Each roster must be paper clipped to the application materials for those individuals applying for that test site or test date.

Failure to separate the applications with individual cover letters and rosters for each test site, program code (if there is more than one), program completion date, or test date will result in ALL test application materials being returned to the sender for correction.

Criminal Background Check Reports must be mailed directly to:
Illinois Department of Public Health
Health Care Worker Registry
525 W Jefferson St., Fourth Floor
Springfield, IL 62761

Assemble Application Materials for Mailing

Before mailing, assemble the application materials in the following manner:

a. All applications submitted must have a typed cover letter verifying program completion date on agency letterhead and a typed alphabetized roster of eligible applicants

b. If applicants are going to multiple test sites or testing on different test dates, a cover letter and roster must be completed for each test site or test date and attached to the associated applications.

c. Money order or facility check made payable to SIUC.

d. First-time applications must be sorted by test site.

e. Applications to **retake** the written exam.

f. Applications to **reschedule** the written exam.

NOTE: Do not staple the fees to the applications.
Please use only paper clips to attach individual fees to the corresponding applications.

Each test site schedules the test according to the needs of the majority of students and availability of rooms. Not every test site offers the test every month, the days and times may change. Please check our website for test site schedules for that month. Student notification letters will have official date, time and location for that month's test and will be received by the applicant about one week prior to the scheduled testing date.

*** *DO NOT SEND FEES AND APPLICATIONS SEPARATELY* ***

Mailing the Application Package

After the application forms have been turned in and checked to verify that all information has been provided and coded correctly, check that the proper program completion verification of an approved Illinois Nurse Aide Training Program is enclosed with the completed applications. Acceptable proof of training includes:

1. **A typed program completion verification letter (cover letter) from the nurse aide training program instructor/ coordinator on letterhead and a typed alphabetized student roster.**

2. **A copy of a Fail or No Show letter from a previous nurse aide test.**

3. **Test application pre-approved by the Illinois Department of Public Health.**

Also enclosed with the completed application must be a money order made payable to SIUC for the appropriate amount (see Appendix C for a schedule of testing fees).

NOTE: Please mail application materials as soon as possible after training has ended.
It is not necessary to wait until the Postmark Deadline date.

It is very important that the **Postmark Deadline** date be observed when mailing the application package. **Failure to have the application package stamped by the U.S postal service <u>on</u> or <u>before</u> the postmark deadline will result in the applications being processed for the next available examination date (the earliest date after the one requested). Private, facility or institution postage meter dates will not be considered for post mark due dates, only the U.S. Postal Service meter date will be accepted.** Copies of the scheduled testing dates and postmark deadline dates are mailed with each request for applications. It is the program coordinator's responsibility to ensure that correct postage is placed on the envelope so that it will be delivered on time. **<u>Late deliveries, due to inadequate postage or mail delays are not the responsibility of SIUC</u>. The latest postmark date will be used if multiple postage dates are stamped on the package.**

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*** <u>DO NOT FOLD OR STAPLE THE APPLICATION</u> ***

Before mailing any applications verify that**. . .**

- **all information on the application forms has been provided and coded correctly.**

- **a Money Order, Facility Check, or Certified Check for the correct amount, payable to SIUC is enclosed (no personal checks or altered checks/money orders).**

- **proper verification of nurse assistant training program completion has been enclosed for all applicants.**

- **documentation requesting any special needs testing conditions have been enclosed**

MAIL APPLICATIONS TO: NURSE AIDE TESTING
                        SOUTHERN ILLINOIS UNIVERSITY
                        MAILCODE 4340
                        CARBONDALE, IL 62901-4340

NOTE: **ANY INCORRECT OR MISSING TESTING APPLICATION MATERIALS WILL RESULT IN THE <u>ENTIRE TESTING APPLICATION PACKET</u> BEING RETURNED TO THE SENDER FOR CORRECTION. CHECK CAREFULLY TO ENSURE THAT ALL REQUIRED INFORMATION AND MATERIALS ARE CORRECT AND ENCLOSED BEFORE MAILING THE TESTING APPLICATION PACKET TO AVOID DELAYS IN PROCESSING AND SCHEDULING OF THE APPLICANT'S EXAM.**

<u>Applying to Retake an Exam</u>

A student who does not pass the exam has the option of two (2) retakes. After failing the exam three times, the student must complete an approved training program again. Student(s) wishing to retake the competency exam must complete a new application form and pay the re-application fee of $35. Testing fees are outlined in **Appendix D**. Applications for retakes may be submitted with the other applications or individually. **AN APPLICANT MAY APPLY TO RE-TAKE THE NURSE AIDE COMPETENCY EVALUATION AT A REDUCED PRICE ($35) <u>WITHIN ONE YEAR</u> OF THE LAST APPLICATION DATE.**

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IF ONE YEAR HAS ELAPSED, THE STUDENT WILL BE REQUIRED TO PAY THE FIRST TIME APPLICANT FEE OF $65.00.

Applying to Reschedule an Exam

A student who missed the exam may re-apply by completing a new application form and paying the rescheduling fee of $25. **AN APPLICANT MAY RE-APPLY FOR THE NURSE AIDE COMPETENCY EVALUATION AS A NO-SHOW AT A REDUCED PRICE ($25) <u>WITHIN ONE YEAR</u> OF THE LAST APPLICATION DATE. IF ONE YEAR HAS ELAPSED, THE STUDENT WILL BE REQUIRED TO PAY THE FIRST TIME APPLICANT FEE OF $65.00.**

❖ If a student who is re-applying to take the exam, had special needs accommodations approved and provided at the previous exam and wishes to have those accommodations provided at the next exam the applicant must include a letter indicating the specific special needs accommodations being requested with the re-application materials.

Requesting Special Needs Testing Conditions

(Example in Appendix D)

Illinois Nurse Aide Competency Exam centers will provide special needs testing to applicants who qualify. To request a special needs exam, the Nurse Assistant (NA) training program instructor/coordinator must prepare **a cover letter stating the accommodations requested** and submit it along with the official documentation of the special need disability. The request must be submitted with the completed application form, proof of training program completion, and appropriate testing fee.

Special needs disability documentation must be from a person who has the background and training to make a determination of the special needs required (i.e. school's special needs counselor, resource services coordinator, medical professional/specialist, etc.). Examples of acceptable special testing needs/conditions documentation would include: a student's IEP (Individualized Education Plan), documentation of special needs services received from an educational institution, or documentation of physical disabilities such as vision or hearing problems. **Special needs testing requests must be typed on official letterhead and signed and dated by the professional submitting the documentation, and must specifically state what the special needs disability is and what accommodations are required.** Special needs requests would include oral exams (electronic media - tape or CD), reader (live person), extended time, separate testing area, enlarged type, etc.

Nurse Aide instructors are not considered to have had the training to determine special needs testing. Applicants may not refer themselves for special needs testing. Special needs testing requests and documentation must be sent to SIUC Nurse Assistant Testing office for approval of special needs testing conditions. Applicants will not be scheduled for special needs testing until approval from the SIUC Nurse

Aide Testing project is granted. Submitting the requests as early as possible will help assure that proper accommodations are arranged for the testing time requested. There is no additional charge for approved special needs accommodations. Special needs requests, completed application form, proof of training program completion and appropriate testing fee must be sent to the nurse aide testing address shown below.

NOTE: **English as a second language is not recognized as a special needs disability by the Illinois Department of Public Health and does not qualify the individual for special needs accommodations. Individuals who are working in primarily English speaking facilities are expected to be able to read and speak English fluently, and are required to take the Illinois Nurse Aide Competency Exam in English.**

Please submit special needs requests and special needs disability documentation to the SIU Nurse Aide Testing Project as early as possible to:

> NURSE AIDE TESTING
> SOUTHERN ILLINOIS UNIVERSITY
> MAILCODE 4340
> CARBONDALE, IL 62901-4340
> ATTENTION: SPECIAL NEEDS REQUEST

Reader Exams

Reader exams are given by a live individual only if the special needs documentation indicates this as the required mode of exam delivery. Testing centers frequently handle reader exams in an individual manner. Specific information will be arranged and provided by the test site coordinator. There is no additional charge for an approved reader exam or other special needs accommodations.

Other than English Exams

Other than English exams are available ONLY to those persons working in facilities where 50% or more of the residents speak the requested language. Approval of these facilities is through the Illinois Department of Public Health. The fee for a translated exam is $110.00. ($65.00 + $45.00) Testing in languages other than English is offered on a limited basis. Please contact SIUC; Nurse Aide Testing for more information.

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NURSE AIDE COMPETENCY EXAM GROUP APPLICATION COMPLETION PROCEDURES

NURSE AIDE COMPETENCY EXAM APPLICATION VERBAL INSTRUCTIONS

INSTRUCTORS MUST READ THE FOLLOWING INSTRUCTIONS TO YOUR STUDENTS, PAUSING BETWEEN SECTIONS UNTIL ALL STUDENTS HAVE COMPLETED ONE SECTION BEFORE MOVING TO THE NEXT SECTION. AFTER COMPLETING THE APPLICATION PROCESS, PLEASE CONTINUE TO READ PAGES 16-19 TO THE STUDENTS.

Begin completing the Application Form on side one. Be sure that you are using a **No. 2 lead** pencil to complete the form. The letters beside each section title correspond to the different parts on the Application Form. This is a scan form that will be read by a computer. It is extremely important that it is coded correctly. Incorrect coding will result in the wrong data being provided for your nurse aide testing application. Please make sure that the ovaled letter or number that you darken in matches the letter or number you have printed above it.

The first section is:

A. Name and Mailing Address

This is the only area that does not have to be coded. Stay within the designated areas for name and address. Print your full name and current mailing address.

The next section is:

B. Social Security Number

In the spaces provided, write your social security number. Please double-check for accuracy. Darken the corresponding oval under each digit.

The next section is:

C. Written Test Date

Darken the oval beside the desired month you wish to take the test in and the ovals for the last two digits of the year in which you will take the written exam.

The next section is:

D. Name

In the first section, print your last name.
In the second section, print your first name.
In the third section, print your middle name.
Begin in the first space of each section! Do not skip any spaces between letters; only leave a blank space if you have more than one name, for example Mary Jo or Smith-Jones.
Now code the information by filling in (darkening) the corresponding oval under each letter, do not mark blank ovals.

The next section is:

E. Date of Program Completion

Darken the oval beside the month of the program completion date; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero ("0") before a single digit.**

The next section is:

F. Program Code

Your instructor or program coordinator will give this code to you. In the spaces provided, write the 4 digit program code. Darken the corresponding oval under each digit. Fill in "0" on the LEFT for codes less than four digits, (e.g. 14 would be coded 0014).

The next section is:

G. Written Exam Center Code

Your instructor or program coordinator will give this code to you. In the spaces provided, write the code for the center at which you wish to take your written exam. You may choose any test site. Darken the corresponding oval under each digit. **Written Exam Center Codes always start with a 5.**

NOTE TO INSTRUCTOR: Appendix E of this document shows written exam center codes for Illinois.

The next section is:

H. Instructor Code

Your instructor or program coordinator will give this code to you. In the spaces provided, write the 4 digit instructor code. Darken the corresponding oval under each digit.

NOTE TO INSTRUCTOR: If you do not want students to have access to your instructor code, you must complete this section <u>after</u> student has completed their part of the application.

The next section is:

I. Mailing Address

Print your complete street address and apartment number in the spaces provided. Darken the letter or number in the corresponding ovals. **Be sure to begin in the first space of each section and leave a blank space after numbers or between words. Stay within the designated area.** If there is not enough spaces to enter the entire address, abbreviate non essential words such as Road (Rd), Street (St), or East (E).

The next section is:

J. City

In the spaces provided, print the name of the city in which you receive your mail. Begin in the first space and leave a blank space between words. Darken the corresponding ovals under each letter.

The next section is:

K. State

In the spaces provided, print the abbreviation of the state in which you receive your mail. Darken the corresponding ovals under each letter.

The next section is:

L. Zip Code

Write your five-digit zip code in the spaces provided. Darken the ovals that correspond to each digit.

The next section is:

M. Telephone Number

In the spaces provided, write the telephone number at which you can be reached during the day. Darken the ovals that correspond to

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each digit.

When you have completed coding the telephone number in box M, please go back and double check that you have coded the correct letters or numbers in each section.

NOTE: Instructors/Program Coordinators, it is the nurse assistant training program's responsibility to correctly submit the applications for any students who complete your training program within the first 24 months immediately following completion.
You must also submit the appropriate typed cover letter and typed alphabetized roster as shown in Appendix A.

Do __NOT__ allow students to send in the applications themselves unless they have previously failed or no-showed the Illinois Nurse Aide Competency Exam. Any applications submitted by individuals or that are not in accordance to the guidelines as indicated in this manual will result in the applications being returned to the submitter for correction and will result in a delay in testing.

If a student wishes to test more than 24 months after having completing your program, the student must contact the Illinois Department of Public Health at 217-785-5133 for approval and the test application.

PREPARING FOR THE COMPETENCY EXAM

Study Information

The written evaluation will consist of 85 multiple-choice questions.
You will have 90 minutes (1 ½ hours) to complete the exam.

NOTE: THERE IS AN ON- LINE PRACTICE EXAM AVAILABLE TO FAMILIARIZE STUDENTS WITH THE TEST FORMAT.

Please visit our website at www.nurseaidetesting.com. You may check your exam schedule directly by visiting this website. Confirmation letters will be mailed approximately 10 days prior to your examination. Information regarding your schedule is not available prior to the first week of the month of the scheduled test.

Testing Confirmation Letter

Approximately 10 days before the scheduled testing date, testing candidates will receive a testing confirmation letter that contains the final testing information for their scheduled test. This information will include:

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Test Site Name (college/school)
Testing Location (building/room)
Testing Time (date/time)

This confirmation letter is for the candidate's information only and is not required for entry to the exam. If a candidate's name appears on the testing roster he/she will be allowed to test provided he/she shows the required identification documents (photo I.D. with current photograph and signature). **The Nurse Aide Testing Office is not responsible for non-delivery of confirmation letters by the postal service**, if a candidate thinks he/she is scheduled to test, but has not received a confirmation letter 5 days prior to the scheduled testing date, the individual may go on line at www.nurseaidetesting.com and click exam schedule status or call the Nurse Aide Testing Office at 1-877-262-9259 or 618-453-4368 to verify registration for the scheduled to test.
It is the student's responsibility to verify if they are scheduled for the exam.

Admission to the Exam Center

Candidate Identification

To be admitted to the examination center, your name must be on the test roster and you must present a photo identification that contains a current photograph and your signature (e.g., driver's license, a school or college photo I.D. or a passport may be accepted). A valid photo I.D. may be obtained from the Secretary of State's Office (Driver's License Center) in your city if you have no other form of photo identification. **No candidate (student) will be admitted to the examination without a valid Photo I.D. Please take two #2 lead pencils with you to the test site.**

Punctuality

Approximately one week prior to the exam date you will receive a test confirmation letter that will provide the specific date, time and location that you are scheduled to test. If you have not received a confirmation letter by the Monday prior to the scheduled test date and you think that you are registered for that month's testing, you can verify that you are scheduled to test by going on line or calling 877-262-9259 or 618-453-4368.

On the day of the examination, you should arrive at the examination center at least 20 minutes before the time listed in your notification letter. The doors to the examination room will be closed at the start of the exam; examinees who arrive **after** the start of the exam **will not** be admitted to the room nor be allowed to test during this testing period. Applicants may re-apply for another test and pay the $25 re-scheduling fee.

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EXAMINATION RESULTS

Distribution of Results

Approximately two weeks after taking the written examination, each student will be sent results of the test. The letter will indicate results of the exam as well as results of the criminal background check if the background check was initiated though SIUC Nurse Aide Testing Office. The result letter is to notify the candidate of his/her test results only, and is **NOT** an official document as to his/her status on the Illinois Health Care Worker Registry. Employers are **NOT** to accept this result letter as verification of an individual's eligibility to work as a Nurse Aide in the state of Illinois. **DO NOT call the Nurse Aide Testing Office for your exam results. Due to the Privacy Act, we are unable to provide any exam results information by phone, fax or email.** You may check your exam results online by visiting www.idph.state.il.us/nar.

Verifying Results

Approximately two weeks after the test, candidates test results will be posted on the Illinois Health Care Worker Registry. Employers are required by state law to verify a candidate's eligibility to work as a nurse assistant in the state of Illinois by visiting the Illinois Health Care Worker Registry at www.idph.state.il.us/nar. Employers are **NOT** to accept a copy of the test result letter as proof of a candidate's status on the Illinois Health Care Worker Registry. A candidate who wishes to verify their status on the Registry may call the Illinois Health Care Worker Registry at 217-785-5133 or go to the Illinois Health Care Worker Registry web site at www.idph.state.il.us/nar.

NOTE: Due to the privacy act, the Nurse Aide Testing Office cannot provide test result and background check information over the phone, fax or email transmission.

Requesting a Test to be Re-Scored

If you think there was an error in scoring your test, you may request that the test be scored again. Requests for verifying results must be made within **six weeks** of the receipt of the results. Requests for verifying results **must** be made in writing and **must** provide the following:

a. the date on which the test was taken.
b. the testing center at which the test was taken.
c. test taker's complete name, address, and social security number (as they appeared on the application form).

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Mail the request to:

NURSE AIDE TESTING
SOUTHERN ILLINOIS UNIVERSITY
MAILCODE 4340
CARBONDALE, IL 62901
ATTENTION: SCORE VERIFICATION

Requests for a duplicate result letter may be made by following the above procedures accompanied by a $7.00 money order payable to SIUC for processing and postage.

Complaints

Complaints about the testing process, the testing center, or the conditions under which the test was administered, must be detailed in a letter and mailed to the address above. **Complaints affecting the scoring of an exam should be mailed no later than three days after the exam was taken.**

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APPENDICES

(LETTERHEAD)

Current Date

Nurse Aide Testing
SIUC Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator,

Attached are typed alphabetized rosters of applicants who have completed the following approved Illinois Nurse Aide Training Program **(name of training program)**, NA **(training program number)** on **(program completion date)** as indicated on the attached applicant rosters. These applicants are eligible to take the Nurse Aide Competency Test on the date indicated on the applicant roster.

The applications have been separated by test site location with a separate roster for the students applying to each test site or test date and sorted by type of application (1st time, retake, or reschedule) as indicated on page 9 of the application guidelines. I have enclosed **(*total # of applications)*** application forms and fees in the amount of **(*total dollar amount*)**. If you have questions, please contact me at **(contact person's phone number)**

Sincerely,

(Signature of Instructor/Coordinator) **NO ADMINISTRATORS OR OTHER PERSONNELL SHALL SIGN IN PLACE OF THE INSTRUCTOR/COORDINATOR**

Instructor/Coordinator's typed or printed name
Instructor/Coordinator's official title

NOTE: A separate cover letter must be done for each different program completion date.

Sample Nurse Aide Exam Applicant Rosters

The following students wish to sit for the Illinois Nurse Aide Competency Exam at **(Test Site Name)** on **(Scheduled Test Date)**.

Last Name	First Name	Middle Initial	Social Security #	Exam Fee	Exam Date	Program Number
Anybody	William	P	321-01-2345	$65.00	09/12	0123
Doe	Jane	A	123-45-6789	$65.00	09/12	0123
Everybody	William	P	345-67-8910	$65.00	09/12	0123
Public	Sally	Q	333-45-6789	$65.00	09/12	0123
Somebody	John	D	456-78-9101	$65.00	09/12	0123

> **NOTE:** IF SENDING APPLICANTS TO MULTIPLE TEST SITES, FOLLOW THE SAME FORMAT FOR ALL TEST SITES REQUESTED. THIS IS SO THE ROSTER MAY FOLLOW THE APPLICATION FORMS TO THE APPROPRIATE TEST SITE LOCATION.

NOTE: All rosters must follow the specified format as shown above. Failure to supply the roster as outlined will result in the return of ALL applications to be corrected. A separate roster must be completed for each separate test site or test date.

Rev. 7/12

Nurse Aide Competency Evaluation Application Materials Request

FAX TO: 618-453-4300

MAIL TO: Nurse Aide Testing
                 Mailcode 4340
                 Southern Illinois University
                 Carbondale, IL 62901-4340

Please use this form for replenishing your supply of applications, guidelines, postmark dates, etc. Please complete all requested information. All information requested must be completed and legible (typed or printed). Incomplete or illegible orders will not be processed.

Make copies of the application re-order form for future use.

FROM:

Training Program Name _____**Prog. #**_____

Address _____

City _____ **State** _____ **Zip** _____

Date Requested:_____ **Date Needed**_____

Contact Person: _____ **Phone:**_____

MATERIALS REQUESTED   **NUMBER REQUESTED**

Application Forms (Blue/Maroon) - Max 200   _____

Coordinator/Instructors Guidelines (Blue) - Max 5   _____

Postmark Dates – Max 1   _____

Web Site Brochures – Max None   _____

Other Testing Materials   (_____)   _____

Rev. 7/12

Examination Fee Schedule

The current fees are:

$65.00   first time applicants.

$35.00   retake of the written exam. (Failed exam previously – within one year)
               If over one year from previous test date, it is the original $65 fee.

$25.00   reschedule written exam. (No-show: applicant did not attend a
               scheduled exam – within one year.) If over one year from previous
               scheduled test date, it is the original $65 fee.

Other Fees

$45.00   additional charge for translated exam.

$ 7.00   duplicate result letter request must be made in writing.

$65.00   re-test only, on registry but has not worked in 2 years (code 9996)

Note: All fees paid must be in the form of a money order, certified checks, or institutional checks payable to Southern Illinois University Carbondale (SIUC). Money orders for individual students must show the student's name.

Refund and Credit

Partial refunds will be granted to individuals who submit a refund request in writing to the Nurse Aide Testing Office prior to the scheduled test date**. Twenty dollars ($20.00) of the application fee will be withheld from any refund for processing and handling.**

No refund will be made to an applicant who paid a reschedule fee of $25.00 after the application has been processed.

No student will be assigned to an examination center in place of another student who is unable to take the exam on the scheduled date.

No refunds will be made for $20.00 or less.

Training programs must assure their fees match the roster, cover letter, and application materials.

Rev. 7/12

Sample Letter for Requesting Special Needs Test

NOTE: *This letter must be on official letterhead from the school, facility, or professional's office*

Letterhead

Current Date

Nurse Aide Testing
SIU Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator:

Because of a (**state the individual's specific documented disability/special need**), I wish to request that a special needs exam be provided for the students listed below which will provide (**state the specific special testing conditions being requested**). He/she is eligible to take the exam and wishes to be tested on (**state the desired test date)**.

Name   Social Security Number

I have enclosed the student's application form, exam fee, and the verification of their learning disability in the form of an (**IEP, letter from special needs professional, medical document, etc.**) which explains the condition which prevents the above named candidate from taking a written exam. Please contact (**contact person's name**) regarding this special needs request at (**contact phone#, fax #, or e-mail address**) if you require additional information.

Sincerely yours,

(Requestor's Name)
(Requestor's Title)

Blackhawk West
Moline code 5032

Chicago City Colleges

Richard Daley College
code 5081
Truman College
code 5082
Olive Harvey (Not currently
testing)
Wilbur Wright College
code 5085
Malcolm X College
code 5086
Kennedy King College
code 5087

Carl Sandburg College
Galesburg code 5180

College of DuPage
Glen Ellyn code 5020

College of Lake County
Grayslake code 5320

Danville Area Community
Coll. Danville code 5070

East St. Louis Comm
College code 5311

Elgin Community College
Elgin code 5090

Frontier Community Coll.
Fairfield code 5293

Heartland Comm.College
Bloomington code 5400

Highland Comm.College
Freeport code 5190

Illinois Central College
E. Peoria code 5140

Illinois Valley College
Oglesby code 5130

John A Logan Coll.
Carterville code 5300

John Wood Comm. Coll.
Quincy code 5390

Joliet Junior College
Joliet code 5250

Kankakee Community
Coll. Kankakee code 5200

Kaskaskia College
Centralia code 5010

Kishwaukee College
Malta code 5230

Lake Land College
Mattoon code 5170

Lewis and Clark Coll.
Godfrey code 5360

Lincoln Land Community
Springfield code 5260

Lincoln Trail College
Robinson code 5294

Livingston Area Voc.
Center, Pontiac
code 5401

McHenry County College
Crystal Lake code 5280

Moraine Valley Coll.
Palos Hills code 5240

Morton College
Cicero code 5270

Oakton Comm. Coll.
Skokie
code 5350

Olney Central College
Olney code 5291

Parkland College
Champaign code 5050

Prairie State College
Chicago Heights
code 5150

Rend Lake College
Ina code 5210

Richland Comm. Coll.
Decatur code 5370

Rock Valley College
Rockford code 5110

Sauk Valley College
Dixon code 5060

Shawnee Comm. College
Ullin code 5310

South Suburban College
South Holland
code 5100

Southeastern Illinois Coll.
Harrisburg code 5330

Southwestern Ill. College
Belleville code 5220

Spoon River College
Canton code 5340

Triton College
River Grove code 5040

Waubonsee College
Sugar Grove (Aurora)
code 5160

William Rainey Harper
College, Palatine
code 5120

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