



**ILLINOIS NURSE ASSISTANT/AIDE  
TRAINING COMPETENCY  
EVALUATION PROGRAM**

***ILLINOIS NURSE ASSISTANT /  
HOME HEALTH AIDE  
COMPETENCY EXAM  
GUIDELINES***

***FOR***

***ILLINOIS NURSE ASSISTANT / AIDE  
PROGRAM COORDINATORS / INSTRUCTORS***

**SIUC Nurse Aide Testing Program  
and  
Illinois Department of Public Health**

**2018**

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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 data required by the Illinois Department of Public Health (IDPH) and Southern Illinois University Carbondale (SIUC) for the Illinois Nurse Assistant Competency Evaluation (INACE).

See [www.nurseaidetesting.com](http://www.nurseaidetesting.com) for information regarding Illinois Nurse Assistant/Aide testing.

### IMPORTANT REMINDERS:

1. All INACE roster submissions are made utilizing the online INACE registration system at <https://inace.nurseaidetesting.com/inace>. Credentials are provided to each Program Coordinator affiliated with an approved Basic Nursing Assistant Training (BNATP). The electronic roster must include the instructor code and the program completion date. The roster may be created in advance of program completion but may not be submitted until the program has completed. This roster is the official final class roster as required by IDPH.
2. Student information that must be collected to complete the roster creation process includes: First Name, Middle Initial, Last Name, Social Security Number, Email and Date of Birth. All of these fields are required. A student will not be able to register for the exam without a SSN or email address (see SSN information below).
3. It is the responsibility of the Illinois BNAT Program Coordinator to verify successful program completion and submit those students to the online INACE system to complete the competency exam registration process. The training program should not submit a roster for students who did not successfully complete their training program.
4. Students who are unable to verify their eligibility will be directed to the Program Coordinator for correction of roster information. ALL information must be accurate or the student will not be able to create an account and register for testing.

Additional information including a printable pdf of the INACE Program Coordinator instructions as well as test taker instructions are available at [www.nurseaidetesting.com](http://www.nurseaidetesting.com) under the heading EXAM REGISTRATION.

### **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. 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 online roster is**

**submitted. Do not submit a roster of students who have not successfully completed training.**

**NOTE:** All first time applicants MUST be submitted online by the BNATP if their training occurred LESS than 12 months ago. If training occurred MORE than 12 months ago, the student must complete a new training program BEFORE being submitted for testing.

### **Social Security Numbers**

Effective August 2, 2010, no student may be submitted for the Competency Exam unless they have a valid Social Security number. Any student without a valid Social Security number will not be permitted to test nor added to the Health Care Worker Registry. Briefly, social security numbers are not valid if they:

- begin with the number “9”.
- begin with the number “666” in positions 1-3.
- begin with the number “000” in positions 1-3
- contain the number “00” in positions 4-5.
- contain the number “0000 in positions 6-9.

It is highly recommended that this determination be made at the beginning of the class rather than at the end of the class.

### **Requesting Special Needs Testing Conditions**

#### **(Example in Appendix A)**

At present, extended time and use of calculators are available accommodations for computer-based testing; however students with other approved accommodations such as a live reader, separate area, enlarged print, etc. should be directed towards paper-based testing.

Illinois Nurse Aide Competency Exam centers will provide special needs testing to applicants who qualify. To request a special needs exam, the training Program Coordinator or Instructor must prepare a **cover letter stating the accommodations requested** and submit it along with the official documentation of the special needs disability. The request may be made online at [www.nurseaidetesting.com](http://www.nurseaidetesting.com) or by fax (618-453-4300) or email [wednat@siu.edu](mailto:wednat@siu.edu).

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), reader (live person), extended time, separate testing area, enlarged type, simple calculator, 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 the SIUC Nurse Aide 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 office is granted. Submitting the requests as early as possible will help assure that proper accommodations are arranged for the testing time requested.

**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 SIUC Nurse Aide Testing office as early as possible through the online process available at [www.nurseaidetesting.com](http://www.nurseaidetesting.com) under EXAM REGISTRATION, email to [wednat@siu.edu](mailto:wednat@siu.edu), fax to 618-453-4300 or mail to:

SIUC NURSE AIDE TESTING  
1840 INNOVATION DRIVE, SUITE 103  
CARBONDALE, IL 62903  
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 \$112.00 (\$67.00 + \$45.00). Testing in languages other than English is offered on a limited basis. Please contact SIUC Nurse Aide Testing for more information.

## INACE PROGRAM COORDINATOR INSTRUCTIONS

The program sponsor shall submit, within 30 days after program completion, this final class roster of **ALL** students who have successfully completed the training program. A Program Coordinator creates a roster of Certified Nurse Assistant applicants who have completed and passed the CNA course at an approved BNATP. Applicants may not purchase INACE seats online until their data is on a submitted roster.

To create a roster:

1. Go to <https://inace.nurseaidetesting.com/inace>.
2. Sign in using your Program Coordinator account.
3. Click the Create Rosters tab.
4. Click Create Roster.
5. Set the Program Completion Date.
6. Type in the Instructor Code. Only one Instructor Code can be assigned to a roster.
7. The roster's ID number is displayed along with the program code and name, the number of applicants and other details.
8. Click the Applicants button to add and edit Applicant information.
9. Click Add An Applicant.
10. Fill in the Applicant's name, Social Security number and email. Select the date of birth and click Save.
11. Click the Rosters link and continue adding Applicants until all Applicants are included in the roster.
12. To check each Applicant's data for accuracy: Click the Applicants button and click the Applicant's Edit link. No changes can be made after the roster is submitted.
13. When all information has been added, click the roster's link to return to the roster home screen. Find the current roster and click "Submit", click "OK" in the "Alert" window, and then click "send email" to ensure students will be notified.
14. Applicants sign up using their email address, SSN and date of birth matching the data in the submitted roster.
15. You must assure that all Applicant information is correct. If the information does not match what the Applicant uses to verify eligibility, he/she will be directed back to you to correct their personal information.

While submitted rosters may not be changed, you may make and submit new rosters containing corrected data or additional Applicants. Applicants may create accounts as long as their confirming data is in any roster.

The Program Coordinator is responsible for ensuring that the application process is made as easy as possible for the student. **If you need assistance in filling out the roster, please call 877-262-9259.**

## Seat Purchase Utilizing the Voucher Process

Programs that collect testing fees up front as part of the cost of the training program must purchase vouchers based on the fee collected from each student. A company check from the training facility in an amount that reflects the exam fee which is \$67 multiplied by the number of vouchers needed (i.e., \$67 fee x 4 students = \$268), should be sent to Nurse Aide Testing via mail (attention: vouchers). The check should include the facility name and program code for proper processing. INACE will email vouchers to the training program coordinator within 24 hours of receipt of the check. Please allow proper time for the company check to be received and vouchers to be emailed in order for your students to register prior to the deadline.

### **What forms of payment does INACE accept?**

- Major credit cards: Visa, MasterCard, Discover, American Express
- Prepaid Debit Cards
- Vouchers purchased through the SIUC INAT project

### Fee Schedule

<b>First time applicant</b>	<b>\$67</b>
<b>Failed test previously, reapply</b>	<b>\$36</b>
<b>No Show, reschedule</b>	<b>\$26</b>

**Recertification or qualifying exam with IDPH approval is the same fee schedule above beginning with \$67 for the first scheduled examination. Exam must be completed successfully within 12 months of the program completion date.**

### Applying to Retake an Exam

A student who does not pass the exam has the option of two (2) retakes. After failing the exam three (3) times, the student must complete an approved training program again. Students wishing to retake the competency exam may purchase a seat online and pay the reapply Fail fee of \$36.

### Applying to Reschedule an Exam

A student who missed the exam may purchase a seat online and pay the reschedule No Show fee of \$26.

- ❖ If an Applicant who is reapplying 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 contact the INAT office by phone at 877-262-9259 or email to [wednat@siu.edu](mailto:wednat@siu.edu) to request accommodations prior to retaking the exam.

## PREPARING FOR THE COMPETENCY EXAM

Both the paper based and computer based examinations consist of 85 multiple-choice questions. Applicants will have 90 minutes (1 ½ hours) to complete the exam.

### What does the student need to bring to the exam?

- A printed copy of the "Exam Confirmation" or receipt showing purchase of their seat. This is helpful if there is a question about registration. If taking a computer-based test, the Applicant must also have their login ID and password. If they are unable to login or do not have their login ID and password, they will be asked to leave and reschedule a future test.
- Bring photo ID (i.e., driver's license, state ID, school ID, passport). The ID must have a photo, name, and signature.
- To be admitted to the examination center, the student's name must be on the test roster.
- Have memorized or bring their Social Security Number. It is a required field in the exam answer sheet for paper based exams.
- Bring No.2 pencils, test facilities will not provide them.
- On the day of the examination, the student should arrive at the examination center at least 30 minutes before the time listed on the "Exam Confirmation". Examinees arriving after the start of the exam will NOT be admitted to the room nor be allowed to test during the testing period. Students may reschedule their test at the reschedule testing fee of \$26.

## EXAMINATION RESULTS

### Distribution of Results (Paper-Based Test)

Approximately ten (10) business days after taking a paper-based examination, the official results will be uploaded to the Illinois Health Care Worker Registry website at [hcwrpub.dph.illinois.gov](http://hcwrpub.dph.illinois.gov). This is the only official verification of the result and employment eligibility. **DO NOT call the Nurse Aide Testing Office for exam results. Due to the Privacy Act, we are unable to provide any exam result information by phone, fax or email.** Results letters/certificates are NOT sent by mail. Students will need to login to their INACE account to print their certificates if they pass or to reschedule their test if they fail.



### **Distribution of Results (Computer-Based Test)**

Approximately four (4) business days after taking the computer-based examination, each candidate will be sent results of the test via email or by logging into the INACE system. The results email is to notify the Applicant of his/her test results only and is **NOT** an official document as to his/her status on the Illinois Health Care Worker Registry. **DO NOT call the Nurse Aide Testing Office for your exam results. Due to the Privacy Act, we are unable to provide any exam result information by phone, fax or email.** Results letters/certificates are NOT sent by mail. Students will need to login to their INACE account to print their certificates if they pass or to reschedule their test if they fail. Official verification of your exam result is available at [www.hcwrpub.dph.illinois.gov](http://www.hcwrpub.dph.illinois.gov) approximately 10 business days after testing. This is the only official verification of your result and employment eligibility.

### **Verifying Results**

Approximately ten (10) business days after the test, Applicant 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 [hcwrpub.dph.illinois.gov](http://hcwrpub.dph.illinois.gov). Employers are **NOT** to accept a copy of the test result notification or certificate as proof of a candidate's status on the Illinois Health Care Worker Registry

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  
SIUC  
1840 Innovation Drive, Suite 103  
Carbondale, IL 62903

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 student 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

I have enclosed the student's 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 student 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)