



**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**

2017

TABLE OF CONTENTS

Page

COMPETENCY EXAM APPLICATION GUIDELINES.....	1
Important Reminders	1
Determine Eligibility of Students	1-2
Social Security Numbers.....	2
Requesting Special Needs Testing Conditions	2-3
Reader Exams	3
Other than English Exams	3
INACE PROGRAM COORDINATOR INSTRUCTIONS.....	3
Creating Roster.....	3-4
Seat Purchase Utilizing the Voucher Process.....	4
What Forms of Payment Does INACE Take.....	4-5
Fee Schedule.....	5
Applying to Retake an Exam.....	5
Applying to Reschedule an Exam	5
PREPARING FOR THE COMPETENCY EXAM.....	5
What does the Applicant need to bring to the exam?	5
EXAMINATION RESULTS	6
Distribution of Results (Paper-Based Test).....	6
Distribution of Results (Computer-Based Test)	6
Verifying Results	6
APPENDIX A (Sample Letter for Requesting Special Needs Test) .	7

COMPETENCY EXAM APPLICATION GUIDELINES

The purpose of this handbook is to assist Basic Nurse Assistant Training Program (BNATP) 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 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 BNATP. The electronic roster must include the instructor code and the program completion date as listed on the IDPH roster. The roster may be created in advance of program completion but may not be submitted until the program has completed.
2. Student information that must be collected to complete the roster creation process includes: First Name, Middle Name, 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 program completers to the online INACE system to complete the competency exam registration process. The training program should not submit a roster for individuals who did not 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 is available at 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 BNATP. 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 containing names of students who have not 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. IDPH 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 Worker Registry. 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)

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

BNATP 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 Project's 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 ensure that proper accommodations are arranged for the testing time requested.

There is no additional charge for approved special needs accommodations.

NOTE: English as a second language is not recognized as a special needs disability by IDPH 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 Project as early as possible either through the online process available at www.nurseaidetesting.com under EXAM REGISTRATION, or email to wednat@siu.edu, or fax to 618-453-4300 or USPS 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 on an individual case. 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 IDPH. 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.

INACE PROGRAM COORDINATOR INSTRUCTIONS

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 in a submitted roster.

Creating 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 (the lead instructor for the course as listed on the IDPH master schedule). 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 saved roster.
12. To check each Applicant's data for accuracy: Click the Applicants button and click the Applicant's Edit link. Changes to the Applicant's data are made here. No changes can be made after the roster is submitted.
13. If all of the information entered into the Roster is correct and the program is complete, then Click Submit.
14. Applicants sign up using their email address, SSN and date of birth matching the data in the submitted roster.
15. You must ensure 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 and submit a new roster.

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

The Program Coordinator is responsible for ensuring that the registration 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 \$65 multiplied by the number of vouchers needed (i.e., \$65 fee x 4 students = \$260), should be sent to Nurse Aide Testing via mail. 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 take?

- Major credit cards: Visa, Mastercard, Discover, American Express
- Prepaid Debit Cards

- Vouchers purchased through the SIUC INACE project

Fee Schedule

<u>First time applicant</u>	<u>\$65</u>
<u>Failed test previously, reapply</u>	<u>\$35</u>
<u>No Show, reschedule</u>	<u>\$25</u>
<u>All Purchases are Final</u>	<u>No Refunds</u>

Recertification or qualifying exam with IDPH approval is the same fee schedule above beginning with \$65 for the first scheduled examination. Exam must be completed successfully within 12 months of the program completion date.

Applying to Retake an Exam

An Applicant who does not pass the exam has the option of two (2) retakes. After failing the exam three times, the Applicant must complete an approved training program again. Applicant(s) wishing to retake the competency exam may purchase a seat online and pay the re-apply Fail fee of \$35.

Applying to Reschedule an Exam

An Applicant who missed the exam may purchase a seat online and pay the reschedule No Show fee of \$25.

- ❖ If an Applicant 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 contact the INACE office by phone (877-262-9259) or email (wednat@siu.edu) to request accommodations.

PREPARING FOR THE COMPETENCY EXAM

The written examination consists of 85 multiple-choice questions. Applicants will have 90 minutes (1 ½ hours) to complete the exam.

What does the Applicant need to bring to the exam?

- A printed copy of the "Exam Confirmation". This is helpful if there is a question about registration. If taking a computer-based test, the Applicant will also need their login ID and password.
- Bring photo ID (i.e. driver's license, state ID, school ID, passport).
- To be admitted to the examination center, the Applicant's name must be on the test roster.

- The Applicant must memorize or bring their social security number as it is a required field in your exam answer sheet.
- Bring No.2 pencils, test facilities will not provide them.
- On the day of the examination, the Applicant should arrive at the examination center at least 30 minutes before the time listed on the “Exam Confirmation”. Applicants arriving after the start of the exam will not be admitted to the room nor be allowed to test during the testing period and will need to reschedule their test at the reschedule testing fee of \$25.

EXAMINATION RESULTS

Distribution of Results (Paper-Based Test)

Approximately two weeks after taking the paper-based examination, each Applicant will be sent results of the test via USPS mail. The result letter 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. Employers are **NOT** to accept this result letter or accompanying certificate 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 the exam results. Due to the Privacy Act, we are unable to provide any exam results information by phone, fax or email.** Applicant may check their exam results online by visiting hcwrpub.dph.illinois.gov.

Distribution of Results (Computer-Based Test)

Approximately forty eight hours after taking the computer-based examination, each Applicant will be sent results of the test via email. The result letter 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. Employers are **NOT** to accept this result letter or accompanying certificate 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 the exam results. Due to the Privacy Act, we are unable to provide any exam results information by phone, fax or email.** The Applicant may check their exam results online by visiting hcwrpub.dph.illinois.gov.

Verifying Results

Approximately two weeks after the test, all test results will be posted on the Illinois Health Care Worker Registry. Employers are required by state law to verify an individual’s eligibility to work as a Nurse Aide in the state of Illinois by visiting the Illinois Health Care Worker Registry at hcwrpub.dph.illinois.gov. Employers are **NOT** to accept a copy of the test result letter or certificate as proof of an individual’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 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)