



# District of Columbia **HOME HEALTH AIDE**

written examination  
& skills evaluation

**CANDIDATE HANDBOOK**

January 2017

# QUICK REFERENCE

---

## DC DEPARTMENT OF HEALTH DISTRICT OF COLUMBIA

### Board of Nursing

899 North Capitol Street, NE

Suite 200

Washington, DC 20002

(877) 672-2174

Web site: <http://doh.dc.gov/service/health-professionals>

Email: [dc.bon@dc.gov](mailto:dc.bon@dc.gov)

*Hours of Operation:*

*Monday through Friday*

*8:15 a.m. – 4:30 p.m.*

*(Eastern Standard Time)*

### ***Go to the Board of Nursing Website***

***(<http://doh.dc.gov/bon>) to:***

- View or download the Home Health Aide Candidate Handbook
- Download HHA Certification Application
- Download a copy of District of Columbia Home Health Regulations
- Clarify information about the HHA Registry
- Change your current address or name once you are on the HHA Registry
- Obtain information on continued certification on the HHA Registry

---

## PEARSON VUE® REGISTRATION AND SCHEDULING SERVICES

### District of Columbia

To contact a customer service agent, call 877-833-4542  
or email: [pearsonvuecustomerservice@pearson.com](mailto:pearsonvuecustomerservice@pearson.com)

*Hours of Operation:*

*Monday through Friday*

*8:00 a.m. – 11:00 p.m.*

*Saturday 8:00 a.m. – 5:00 p.m.*

*Sunday 10:00 a.m. – 4:00 p.m.*

*(Eastern Standard Time)*

***Call Pearson VUE to:***

- Obtain information regarding your Score Report
- Request a duplicate Score Report
- Obtain information regarding the examination

***Go to Pearson VUE's website***

***([www.pearsonvue.com](http://www.pearsonvue.com)) to:***

- Download a Candidate Handbook

Pearson VUE and Credentia do not discriminate on the basis of age, sex, race, creed, disabling condition, religion, national origin, or any other protected characteristics.

---

Copyright © 2016 Pearson Education, Inc., or its affiliate(s).  
All Rights Reserved. Pubs\_orders@Pearson.com

NNAAP® Written Exam Content Outline and Practical Skills Listing  
Copyright © 2010-2012 National Council of State Boards of Nursing, Inc. (NCSBN®). All rights reserved.

# TABLE OF CONTENTS

---

<b>QUICK REFERENCE</b> .....	inside front cover
<b>INTRODUCTION</b> .....	1
Criminal Background Check Requirement .....	1
HHA Exam Overview.....	1
Home Health Aide Program.....	2
HHA Exam Overview.....	2
<b>ELIGIBILITY</b> .....	3
Eligibility Routes for Home Health Aide .....	3
<b>APPLICATION AND SCHEDULING</b> .....	4
Exam Fees.....	5
Exam Scheduling.....	5
Testing Locations.....	5
Accommodations .....	6
<b>CANCELLATION</b> .....	7
Re-scheduling .....	7
Refunds .....	7
Absence Policy .....	7
Weather Emergencies.....	8
<b>EXAM DAY</b> .....	8
Checking In.....	8
What to Bring .....	8
Proper Identification.....	9
Security and Cheating.....	9
Testing Policies .....	10
Lateness .....	10
Electronic Devices .....	10
Study Aids .....	10
Eating/Drinking/Smoking.....	10
Misconduct.....	10
Guests/Visitors.....	10
<b>CONTENT OUTLINE - HOME HEALTH AIDE</b> .....	11-12

*continued on next page*

<b>THE SKILLS EVALUATION.....</b>	<b>13</b>
What to Expect .....	13
Setting .....	13
Who Will Act as a Client? .....	13
Candidate Volunteer Requirements .....	13
Candidate Dress Requirements.....	13
The Tasks .....	14
Recording a Measurement .....	15
Sample of Recording Sheet for Measurement Skills .....	16
Tips for the Skills Evaluation.....	17
<b>SKILLS LISTING.....</b>	<b>19-31</b>
<b>SCORE REPORTING .....</b>	<b>32</b>
Exam Results .....	32
Written Exam .....	32
Skills Evaluation .....	32
Failing.....	32
How to Read a Failing Score Report .....	33
Passing - HHA .....	34
<b>GRIEVANCE PROCESS.....</b>	<b>35</b>
<b>THE HHA REGISTRY.....</b>	<b>36</b>
Change of Address or Name.....	36
Certification Renewal.....	36
Registering as a Home Health Aide.....	36
<b>DISTRICT OF COLUMBIA NURSING ASSISTANT     FREQUENTLY ASKED QUESTIONS.....</b>	<b>37-39</b>
<b>APPENDIX</b>	
<b>Appendix A:</b> Request for Duplicate Score Report	
<b>Appendix B:</b> Change of Address or Name Form	

# INTRODUCTION

---

This handbook is designed for candidates seeking home health aide certification in the District of Columbia.

The District of Columbia Department of Health, Health Regulation Licensing Administration, has contracted with Pearson VUE®, a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to develop, score, and report the results of the HHA Examination for the DC Home Health Aide. Credentia will be working with Pearson VUE to schedule and administer the HHA Examination.

## CRIMINAL BACKGROUND CHECK

To be certified as a Home Health Aide in the District of Columbia you must complete a criminal background check (fingerprinting). Background checks are provided by our vendor, Morphtrust. Schedule your appointment by either going on-line or calling:

1. On-line Live-Scan Scheduling is available 24 hours a day, 7 days a week. To access:
  - a. Go to <http://www.l1enrollment.com/state/?st=DC>
  - b. Click on the map link to DC.
  - c. Choose Online Scheduling and enter required information and select desired appointment
2. Call Center Scheduling is available Monday - Friday, 9am – 5pm EST.
  - a. Call (877) 783-4187 and speak to one of our experienced, friendly operators.
  - b. Operators will collect required information and schedule your appointment.
  - c. Be sure to write down your appointment date, time and location provided by the operator.

## HHA EXAM OVERVIEW

The Home Health Aide exam consists of two (2) parts - the Written and the Skills.

The Written Examination consists of seventy (70) multiple-choice questions written in English.

At the Skills Evaluation you will be asked to perform five (5) randomly selected skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Registered Nurse Evaluator. A complete listing of the skills is shown on pages 19 to 31.

## **HOME HEALTH AIDE PROGRAM (HHA)**

The District of Columbia Home health Aide certification by examination was established July 2012 with the final publication of the Home Health Aide Regulations. The regulations were derived from the revised Health Occupations Revisions Act of 2009, which place Nursing Assistive Personnel (NAP) under the authority of the Board of Nursing. Together with the District of Columbia Department of Health/Board of Nursing, Pearson VUE has developed a testing program called the HHA Program. This program provides an assessment of home health aide knowledge and skills and is designed to determine minimal competency of the home health aide in the District of Columbia.

The examination for the HHA Program consists of the HHA Written Examination together with the Skills Evaluation.

## **HOME HEALTH AIDE EXAM OVERVIEW**

The HHA exam contains two parts: Written Examination and the Skills Evaluation. The written examination consists of seventy (70) multiple-choice questions written in English. Sample questions are provided in this handbook.



# ELIGIBILITY

---

## ELIGIBILITY ROUTES FOR HOME HEALTH AIDE

You are eligible to apply to take the HHA Examination for certification as a home health aide in DC if you qualify under one of the following eligibility routes:

*Note: You are permitted three (3) attempts to pass the exam. After the third failure, you must complete another HHA training program and submit another application for examination.*

### H1

You have completed a DC Board of Nursing approved home health aide training program within the last twenty-four (24) months.

### H2

You have completed a CNA to HHA bridge course within the last twenty-four (24) months that was approved by the DC Board of Nursing and you have previously taken and passed the NNAAP Examination. Select the appropriate Examination Types and Fees box to complete only the HHA written examination.

### H3

You have completed a Nurse Assistant program and a HHA bridge course within the last twenty-four (24) months that was approved by the DC Board of Nursing and you have not passed the NNAAP Examination. Select the appropriate Examination Types and Fees box to complete the HHA written and Skills examination

### H4

You have completed a practical or registered nursing “Fundamental of Nursing” course in the United States with a clinical component within the last thirty-six (36) months from the date of application. Submit course description and official transcript in sealed envelope.

Select the appropriate Examination Types and Fees box to complete the HHA written and skills examination

### H5

You have obtained a Commission on Graduates of Foreign Nursing School (CGFNS) certificate within the last thirty-six (36) months from the date of application of certification, indicating education as a registered nurse (RN or licensed practical nurse (LPN) outside the United States. Submit CGFNS certificate. Select the appropriate Examination Types and Fees box to complete the HHA written and skills examination.

# APPLICATION AND SCHEDULING

---

## ONLINE REGISTRATION AND SCHEDULING

Online registration is quick, convenient and an environmentally responsible way to register for your examination. This process will eliminate the transit time associated with mailing a paper application. First time users are required to create an account. The candidate will need to fill in all required fields, which are preceded by an asterisk (\*), on the online form in order to create an ID and be assigned a password. Step-by-step instructions will lead the candidate through the rest of the examination reservation process.

- Payment is in the form of a credit card or pre-paid credit card (American Express, Master Card, Visa or electronic voucher). Fees are non-refundable and non-transferable once submitted.
- To access the online form go to:  
[www.pearsonvuecom/dc/nurseaides](http://www.pearsonvuecom/dc/nurseaides)
- You must make an on-line reservation at least 10 days prior to the test date.
- You are responsible for completing the appropriate sections online. You may ask someone from your nurse aide training program or facility employer for assistance in completing the application.
- If you need or have any questions about the application process, contact a Pearson VUE representative at (877) 833-4542 between 8:00 a.m. and 11:00 p.m. (Eastern Time Zone).
- Fees are non-refundable and non-transferable.

The fees listed below have been established for the Home Health Aide Examination in DC.

HHA EXAM		FEE
Written Examination & Skills Evaluation	<i>first time</i>	\$105
Written Examination & Skills Evaluation	<i>re-test exam</i>	\$105
Written Examination <b>ONLY</b>	<i>re-test exam</i>	\$40
Skills Evaluation <b>ONLY</b>		\$65

## EXAM SCHEDULING

After completing your Profile and Application, you will receive a message on your Home Page to "click here to schedule your examination(s)". Follow the directions provided.

## TESTING LOCATIONS

The HHA written exam can be taken at one of two Pearson VUE Test sites in DC (1000 Vermont Ave NW or 1615 L Street NW). The exam can also be taken in Alexandria, VA (1900 N Beauregard ST) or in Bethesda, MD (4350 East West Highway).

## ACCOMMODATIONS

Pearson VUE complies with the provisions of the Americans with Disabilities Act as amended. The purpose of accommodations is to provide candidates with full access to the test. Accommodations are not a guarantee of improved performance or test completion. Pearson VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations.

Test accommodations may include things such as:

- A separate testing room
- Extra testing time for the Written exam
- A Reader or Recorder, for individuals with mobility or vision impairments and cannot read or write on their own

Test accommodations are individualized and considered on a case-by-case basis. All candidates who are requesting accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This may include:

- Supporting documentation from the professional who diagnosed the condition, including the credentials that qualify the professional to make this diagnosis
- A description of past accommodations the candidate has received

The steps to follow when requesting test accommodations vary, depending on your test program sponsor. To begin, go to <http://pearsonvue.com/accommodations>, and then select your test program sponsor from the alphabetized list. Candidates who have additional questions concerning test accommodations may contact the ADA Coordinator at [accommodationspearsonvue@pearson.com](mailto:accommodationspearsonvue@pearson.com).

# CANCELLATION

---

If you are unable to attend your examination, ***you must call Pearson VUE at (877) 833-4542 at least three (3) business days*** before the examination date to re-schedule (Saturday and Sunday and national holidays are not considered business days). If you do not call Pearson VUE at least three (3) business days in advance of your examination date to re-schedule, and do not show up for your scheduled examination, you will be responsible for the examination fee. Your fee will not be refunded and cannot be transferred to a new examination date, and you may not give your examination date to another person.

- If you notify Pearson VUE in time, there is no penalty, and your fee may be transferred to your new examination date. If your employer paid your examination fee, you should tell them about missing the examination or re-scheduling. Let them know how you have handled re-scheduling and when you plan to re-test.
- If you do not report to the testing location on the day of your scheduled examination, you will be considered a “no-show” and the absence will count as one of the three attempts to pass the examination.

## RE-SCHEDULING

To re-schedule your examination, please call Pearson VUE at (877) 833-4542 weekdays between 8:00 a.m. and 11:00 p.m.

## REFUNDS

Once payment of exam fees is received, **NO REFUNDS WILL BE ISSUED.**

## ABSENCE POLICY

Since unexpected situations sometimes occur, Pearson VUE will consider excusing an absence for a serious illness or an emergency. A request for an excused absence must be submitted at least two (2) business days prior to, or within one (1) day after, the scheduled examination. You may be asked to provide evidence of the situation.

**Acceptable reasons for an excused absence are:**

- Illness of yourself or a member of your immediate family

*Continued on next page*

- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty

With proper notification, there is no fee for re-scheduling an examination; however, you are only permitted to re-schedule one time.

Pearson VUE's decision regarding whether an absence is excused will be final.

## WEATHER EMERGENCIES

The examination will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled.

# EXAM DAY

---

## CHECKING IN

You must arrive 30 minutes prior to your scheduled time for BOTH the written and skills examinations. If you are late for the written examination you will not be allowed to test and your fees will not be refunded. Please arrive 30 minutes prior to your scheduled time for the skills exam. Skills Evaluation test times are approximate. You will be required to check in for both the written and for the skills examinations. You will be required to present proper identification.

## WHAT TO BRING

Be sure to arrive at least thirty (30) minutes prior to your examination. You **MUST** have the following items with you when you take the examination:

- Two (2) forms of signature identification, one of which must be photo identification

*No other materials will be allowed.*

## PROPER IDENTIFICATION

You are required to bring two (2) forms of official, signature-bearing identification to the test site (one of which must be a photo identification). Photocopies of identification will NOT be accepted. Examples of proper identification include:

- Driver's license
- Signature-bearing Social Security card (or affidavit stating that you have applied for your Social Security number. Please Note: Your Social Security number will be required when you renew your certification.)
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card

The name on your identification must be the same as the name you used on the Credential Management System to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test center.

**If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.**

## SECURITY AND CHEATING

If you give help to or receive help from anyone during the examination, the examination will be stopped. The incident will be reported to the DC Board of Nursing for review, and your examination will not be scored (see *Testing Policies*).

All examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of, or licensed to Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. ***Anyone who removes or tries to remove examination material or information from the test site will be prosecuted.***

## TESTING POLICIES

The following policies are observed at the test site.

### LATENESS

Plan to arrive about thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all of your required items (see *What to Bring*), you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

### ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing. There is no place for storage of personal belongings at the Regional Test Sites.

### STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Pearson VUE is not responsible for lost or misplaced items.

### EATING/DRINKING/SMOKING

You are not permitted to eat, drink, or smoke during the examination.

### MISCONDUCT

If you cause a disturbance of any kind or engage in any kind of misconduct, you will be dismissed from the examination and reported to your state licensing agency. Decisions regarding disciplinary measures are the responsibility of this agency.

### GUESTS/VISITORS

No guests, visitors, pets, or children are allowed at the Regional Test Sites for the skills, or at Pearson VUE test sites.



# CONTENT OUTLINE - HOME HEALTH AIDE

---

The HHA Written Examination is comprised of seventy (70) multiple-choice questions.

*% of  
the exam*

## **I. Role of the Home Health Aide ..... 25%**

- A. Professional boundaries and behaviors
  - 1. Tasks and responsibilities
  - 2. Delegated tasks
  - 3. Moral, legal and ethical behavior
  - 4. Professional communication
  - 5. Professional conduct
- B. Data collection, recording and reporting

## **II. Physical Care.....50%**

- A. Activities of daily living
  - 1. Personal hygiene, grooming and bathing
  - 2. Ambulating, transferring and positioning
  - 3. Toileting, and bowel and bladder incontinence care
  - 4. Dressing
  - 5. Feeding, eating and drinking
- B. Basic care skills
  - 1. Maintaining safety
  - 2. Performing range-of-motion exercises
  - 3. Infection control
  - 4. Providing basic emergency care
  - 5. Performing simple dressing changes
  - 6. Assisting with self-administration of medication
  - 7. Assisting in activities directly supportive of skilled services
  - 8. Assisting with routine care of prosthetic, orthotic or assistive devices
- C. Care across lifespan
  - 1. Care of infants, children, adolescents and the elderly, including those with chronic and terminal illness
  - 2. Care for those with physical disabilities

## **III. Psychosocial Care..... 13%**

- A. Providing care sensitive to the spiritual beliefs, culture, sexual orientation, preferences and

*Continued on next page*

gender identity of the client

- B. Addressing social, emotional and mental health needs
- C. Communicating with the client and family

**IV. Personal and Household Maintenance Activities**

..... **12%**

- A. Shopping in accordance with dietary guidelines
- B. Accompanying the client to appointments as required
- C. Assisting with telephone usage
- D. Planning and preparing meals, and following food safety guidelines
- E. Keeping the client's home environment in a condition that promotes health and comfort

# THE SKILLS EVALUATION

---

## WHAT TO EXPECT

### SETTING

The Skills Evaluation is set up to resemble an actual caregiving situation. The Skills Evaluation area will look similar to your work setting. It will have all the equipment necessary to perform the assigned skills. The Skills Evaluation will be administered by a Registered Nurse Evaluator. Before your skills evaluation begins, the Evaluator will show you where equipment is located and answer questions about operating the equipment.

**Please arrive at the designated test site thirty (30) minutes early. Test times are approximate, so please plan to spend the entire day.**

*See pages 19-31 for the complete skills listing.*

### WHO WILL ACT AS A CLIENT?

The part of the “client” will be played by a candidate who volunteers to act as a weakened elderly person. While you perform the skills, speak to the candidate volunteer as you would speak to an actual client in a home care setting. You are encouraged to speak to the candidate volunteer not only because it is part of quality care, but also because it will help you to relax as you perform the skills.

### CANDIDATE VOLUNTEER REQUIREMENTS

You will need to act as a candidate volunteer for another Home Health Aide Skills Evaluation and play the role of a home patient (client). Registered Nurse Evaluator will give you verbal instructions that will describe how you should act in performing the role of the client.

### CANDIDATE DRESS REQUIREMENTS

You **must wear flat, slip-on, non-skid shoes**, a loose-fitting top with short sleeves that can be rolled up to the shoulder, or tank top, and loose fitting pants that can be rolled up, or bathing suit. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments.

Prior to beginning the exam, you should inform the Registered Nurse Evaluator of any food or latex allergy or sensitivity to skin soaps or lotion. Any limitations to range of motion must also be communicated to the Registered Nurse Evaluator prior to the start of the skills examination.

For infection control purposes, you should not come to the test site with open areas/sores on the skin. Candidates with any open areas or sores on their skin should reschedule their skills test to a later date after their skin fully heals.

## THE TASKS

The Skills List contains all of the skills that you may be asked to demonstrate during the Skills Evaluation. Each skill represents a task that you will be asked to perform in your job and has been broken down into a series of steps.

A step that is highlighted in **bold type** is called a **Critical Element Step**. Critical Element Steps are important steps that must be performed correctly in order for you to pass the skill. If you leave out a Critical Element Step or do not perform a Critical Element Step properly, you will not pass the skill. However, if you perform only the Critical Element Step correctly in a skill, you do not automatically pass that skill. You must also correctly demonstrate enough steps to meet the passing standard (or *cut score*) for each skill.

Before your Skills Evaluation begins, the Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. The remaining four (4) skills are randomly chosen from the complete set of skills listings on pages 19 to 31 of this handbook. You are strongly encouraged to perform the skills in the order they are listed on the instruction card.

If you make a mistake, say so, and you will be instructed to tell the Evaluator which step(s) is to be corrected and then to perform the step(s). You will not have to redo the entire skill, just the steps you wish to correct. There are, however, some exceptions to this rule. If you fail to put on gloves or take them off when it is required to do so and the evaluator reminds you to do so, for infection control purposes, then you will not receive credit for attempting to correct this step. If you wish to correct an order-dependent step (a step stating that an action should be performed **before** or **after** another step) and you fail to say **when** the corrected step should be performed, you will not receive credit for the correction.

Once you begin a new skill, you may not go back to correct a previous skill. The Evaluator will not answer questions **during** the Skills Evaluation and will not tell you whether you performed a skill correctly. You may not receive help

from anyone during the Skills Evaluation. If you do have any questions, please ask them before the Skills Evaluation begins.

One (1) of the four (4) randomly-selected skills will include a measurement skill (see the section below, *Recording A Measurement*, for more information regarding measurement skills).

*You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation.* You will have twenty-five (25) minutes to demonstrate all five (5) skills.

**When you have completed your skills evaluation, the Home Health Aide Evaluator will direct you to wash your hands. Although this will not effect your examination results, for the purposes of infection control, you must wash your hands.**

## RECORDING A MEASUREMENT

The Skills Evaluation requires every candidate to perform one measurement skill, such as radial pulse, respirations, urine output, or weight. You will be given a special form, called a Recording Sheet for Measurement Skills, to write down, or *record*, the measurement. For example, if performing the *Measures & Records Weight of Ambulatory Client* skill, you will write the actual weight in a box labeled "Candidate Results."

On the following page is a copy of the recording sheet that will be used during the skills exam. The candidate must record his/her results in the Candidate Results box on this sheet. This sheet will be used to record the results of the following measurement skills:

- Measures and Records Weight of Ambulatory Client
- Measures and Records Urinary Output
- Counts and Records Radial Pulse
- Counts and Records Respirations

# RECORDING SHEET FOR MEASUREMENT SKILLS

Date \_\_\_\_\_

Test Site ID \_\_\_\_\_

**CANDIDATE NAME** \_\_\_\_\_

**CANDIDATE ID** \_\_\_\_\_

**EVALUATOR NAME** \_\_\_\_\_

**EVALUATOR ID** \_\_\_\_\_

## SKILL TESTED

*Evaluator must check one box next to the skill being tested.*

Respirations

Urine Output

Radial Pulse

Weight

<b>CANDIDATE RESULTS</b>	<b>EVALUATOR RESULTS</b>



## TIPS FOR THE SKILLS EVALUATION

- You will be expected to perform the skills as you would in a home setting. When water is required, you must use running water. All candidates will be required to perform the *Hand Hygiene* skill. The Home Health Aide Evaluator will inform you after you have washed your hands for the first time that you should just tell him or her when you would wash your hands during your performance of the rest of the skills, rather than actually washing them for each skill. For all steps other than hand-washing, you must actually perform the skill in order to receive credit. You may not simply tell the evaluator what you would do for simulating a step. For example, you may not simply tell the evaluator that you would wash the client. You must actually demonstrate washing the client. You may not simply tell the evaluator that you would feed the client. You must actually demonstrate feeding the client.
- After you have introduced yourself to the client for the first time, it is not necessary for you to introduce yourself each time you begin a new skill.
- To receive full credit for a measurement skill, you must accurately make the required measurement and then write that measurement on the *Recording Sheet for Measurement Skills*. The evaluator will provide the Recording Sheet to you at the test site. A sample of the Recording Sheet is shown on page 16 of this handbook. You are encouraged to become familiar with the Recording Sheet before your scheduled test date.
- You must know how to operate both a standing a non-digital bathroom scale and a digital scale, and must know how to set both types of scales to zero.
- You **may not bring** any of your own equipment to the test site (i.e. transfer/gait belt).
- *Where the word “client” appears, it refers to the person receiving care.*





# SKILLS LISTING

---

The 22 skills that follow are arranged in alphabetical order, except for the *Hand Hygiene (Hand Washing)* skill. Hand Hygiene is listed first as a reminder of the importance of performing this skill before all other skills. The numbered lines below each skill are the steps needed to perform that skill. Critical Element Steps are in bold type.

## HAND HYGIENE (HAND WASHING)

- 1 Address client by name and introduces self to client by name
- 2 Turns on water at sink
- 3 Wets hands and wrists thoroughly
- 4 Applies soap to hands
- 5 **Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
- 8 Uses clean, dry paper towel/towels to dry all surfaces of hands, wrists, and fingers then disposes of paper towel/towels into waste container
- 9 Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
- 10 Does not touch inside of sink at any time

## APPLIES ONE KNEE-HIGH ELASTIC STOCKING

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Client is in supine position (lying down in bed) while stocking is applied
- 4 Turns stocking inside-out, at least to the heel
- 5 Places foot of stocking over toes, foot, and heel
- 6 Pulls top of stocking over foot, heel, and leg
- 7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints

*Continued on next page*

- 8 **Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area**
- 9 After completing skill, wash hands

## **ASSISTS TO AMBULATE USING TRANSFER BELT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 **Before assisting to stand, client is wearing shoes**
- 3 Before assisting to stand, bed is at a safe level
- 4 Before assisting to stand, checks and/or locks bed wheels
- 5 **Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
- 6 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 7 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing
- 8 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 9 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs
- 10 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
- 11 After ambulation, assists client to bed and removes transfer belt
- 12 Client is placed in a supine position (lying down in bed).
- 13 After completing skill, wash hands

## **ASSISTS WITH USE OF BEDPAN**

- 1 Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before placing bedpan, lowers head of bed
- 4 Puts on clean gloves before handling bedpan
- 5 Places bedpan correctly under client's buttocks**
- 6 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 7 After positioning client on bedpan and removing gloves, raises head of bed
- 8 Toilet tissue is within reach
- 9 Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
- 10 Client is asked to notify when finished
- 11 Puts on clean gloves before removing bedpan
- 12 Head of bed is lowered before bedpan is removed
- 13 Avoids overexposure of client
- 14 Empties and rinses bedpan and pours rinse into toilet
- 15 After rinsing bedpan, places bedpan in designated dirty supply area
- 16 After placing bedpan in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Client is placed in a supine position (lying down in bed)

## **CLEANS UPPER OR LOWER DENTURE**

- 1 Puts on clean gloves before handling denture
- 2 Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
- 3 Rinses denture in moderate temperature running water before brushing them
- 4 Applies toothpaste to toothbrush
- 5 Brushes surfaces of denture
- 6 Rinses surfaces of denture under moderate temperature running water
- 7 Before placing denture into cup, rinses denture cup and lid
- 8 Places denture in denture cup with moderate temperature water/solution and places lid on cup

*Continued on next page*

- 9 Rinses toothbrush and places in designated toothbrush basin/container
- 10 Maintains clean technique with placement of toothbrush and denture
- 11 Sink liner is removed and disposed of appropriately and/or sink is drained
- 12 After rinsing equipment and disposing of sink liner, removes and disposes of gloves (without contaminating self) into waste container and washes hands

## COUNTS AND RECORDS RADIAL PULSE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Places fingertips on thumb side of client's wrist to locate radial pulse
- 3 Count beats for one full minute
- 4 Before recording, washes hands
- 5 **After obtaining pulse by palpating in radial artery position, records pulse rate within plus or minus 4 beats of evaluator's reading**

## COUNTS AND RECORDS RESPIRATIONS

- 1 Explains procedure (for testing purposes), speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Counts respirations for one full minute
- 3 Washes hands
- 4 **Records respiration rate within plus or minus 2 breaths of evaluator's reading**

## **DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Asks which shirt he/she would like to wear and dresses him/her in shirt of choice
- 4 While avoiding overexposure of client, removes gown from the unaffected side first, then removes gown from the affected side and disposes of gown into soiled linen container
- 5 Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm**
- 6 While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 7 Finishes with clothing in place
- 8 Client is placed in a supine position (lying down in bed)
- 9 After completing skill, washes hands

## **FEEDS CLIENT WHO CANNOT FEED SELF**

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding client, client is in an upright sitting position (75-90 degrees)**
- 3 Places tray where the food can be easily seen by client
- 4 Candidate cleans client's hands with hand wipe before beginning feeding
- 5 Candidate sits facing client during feeding
- 6 Tells client what foods are on tray and asks what client would like to eat first
- 7 Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
- 8 Offers beverage at least once during meal
- 9 Candidate asks client if they are ready for next bite of food or sip of beverage
- 10 At end of meal, candidate cleans client's mouth and hands with wipes
- 11 Removes food tray and places tray in designated dirty supply area
- 12 After completing skill, washes hands

## **GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Removes gown and places in soiled linen container, while avoiding overexposure of the client
- 4 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 5 Puts on clean gloves before washing client
- 6 Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
- 7 Dries face with towel
- 8 Exposes one arm and places towel underneath arm
- 9 Applies soap to wet washcloth
- 10 Washes arm, hand, and underarm keeping rest of body covered
- 11 Rinses and dries arm, hand, and underarm
- 12 Moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 13 Puts clean gown on client
- 14 Empties, rinses, and dries basin
- 15 After rinsing and drying basin, places basin in designated dirty supply area
- 16 Disposes of linen into soiled linen container
- 17 Avoids contact between candidate clothing and used linens
- 18 After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 19 Client is placed in a supine position (lying down in bed)

## MEASURES AND RECORDS URINARY OUTPUT

- 1 Puts on clean gloves before handling bedpan
- 2 Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
- 3 Measures the amount of urine at eye level with container on flat surface
- 4 After measuring urine, empties contents of measuring container into toilet
- 5 Rinses measuring container and pours rinse into toilet
- 6 Rinses bedpan and pours rinse into toilet
- 7 After rinsing equipment, and before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 8 Records contents of container within plus or minus 25 ml/cc of evaluator's reading**

## MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Client has shoes on before walking to scale
- 3 Before client steps on scale, candidate sets scale to zero
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale; then obtains client's weight
- 5 While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
- 6 Before recording, washes hands
- 7 Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading)**

## PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain is experienced during exercise
- 4 Supports leg at knee and ankle while performing range of motion for knee
- 5 Bends the knee and then returns leg to client's normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 6 Supports foot and ankle close to the bed while performing range of motion for ankle
- 7 Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 8 While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 9 Client is placed in a supine position (lying down in bed)
- 10 After completing skill, washes hands

## PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain experienced during exercise
- 4 Supports client's upper and lower arm while performing range of motion for shoulder
- 5 Raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 6 Moves client's straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES**

*Continued on next page*



**unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**

- 7 Client is placed in a supine position (lying down in bed)
- 8 After completing skill, washes hands

## **POSITIONS ON SIDE**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before turning, lowers head of bed
- 4 Raises side rail on side to which body will be turned
- 5 Slowly rolls onto side as one unit toward raised side rail
- 6 Places or adjusts pillow under head for support
- 7 Candidate positions client so that client is not lying on arm
- 8 Supports top arm with supportive device
- 9 Places supportive device behind client's back
- 10 Places supportive device between legs with top knee flexed; knee and ankle supported
- 11 Returns side rail to original position
- 12 After completing skill, washes hands

## **PROVIDES CATHETER CARE FOR FEMALE**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing
- 5 Places linen protector under perineal area before washing
- 6 Exposes area surrounding catheter while avoiding overexposure of client
- 7 Applies soap to wet washcloth
- 8 While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
- 9 While holding catheter at meatus without tugging,**

*Continued on next page*

**rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke**

- 10 While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus
- 11 Empties, rinses, and dries basin
- 12 After rinsing and drying basin, places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 14 Avoids contact between candidate clothing and used linen
- 15 After disposing of used linen and cleaning equipment, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Client is placed in a supine position (lying down in bed)

## **PROVIDES FOOT CARE ON ONE FOOT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Basin is in a comfortable position for client and on protective barrier
- 5 Puts on clean gloves before washing foot
- 6 Client's bare foot is placed into the water
- 7 Applies soap to wet washcloth
- 8 Lifts foot from water and washes foot (including between the toes)
- 9 Foot is rinsed (including between the toes)
- 10 Dries foot (including between the toes)
- 11 Applies lotion to top and bottom of foot, removing excess (if any) with a towel
- 12 Supports foot and ankle during procedure
- 13 Empties, rinses, and dries basin
- 14 After rinsing and drying basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container
- 16 After cleaning foot and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands

## PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before providing mouth care, client is in upright sitting position (75-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places clothing protector across chest before providing mouth care
- 6 Secures cup of water and moistens toothbrush
- 7 Before cleaning mouth, applies toothpaste to moistened toothbrush
- 8 Cleans mouth (including tongue and surfaces of teeth), using gentle motions**
- 9 Maintains clean technique with placement of toothbrush
- 10 Candidate holds emesis basin to chin while client rinses mouth
- 11 Candidate wipes mouth and removes clothing protector
- 12 After rinsing toothbrush, empty, rinse and dry the basin and place used toothbrush in designated basin/ container
- 13 Places basin and toothbrush in designated dirty supply area
- 14 Disposes of used linen into soiled linen container
- 15 After placing basin and toothbrush in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Client is placed in a supine position (lying down in bed)

## **PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing perineal area
- 5 Places pad/ linen protector under perineal area before washing
- 6 Exposes perineal area while avoiding overexposure of client
- 7 Applies soap to wet washcloth
- 8 Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 9 Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 10 Dries genital area moving from front to back with towel
- 11 After washing genital area, turns to side, then washes and rinses rectal area moving from front to back using a clean area of washcloth for each stroke. Dries with towel**
- 12 Repositions client
- 13 Empties, rinses, and dries basin
- 14 After rinsing and drying basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 16 Avoids contact between candidate clothing and used linen
- 17 After disposing of used linen, and placing used equipment in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 18 Client is placed in a supine position (lying down in bed)

## TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before assisting to stand, wheelchair is positioned along side of bed, at head of bed facing foot or foot of bed facing head
- 4 Before assisting to stand, footrests are folded up or removed
- 5 Before assisting to stand, bed is at a safe level
- 6 Before assisting to stand, locks wheels on wheelchair**
- 7 Before assisting to stand, checks and/or locks bed wheels
- 8 Before assisting to stand, client is assisted to a sitting position with feet flat on the floor**
- 9 Before assisting to stand, client is wearing shoes
- 10 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 11 Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing
- 12 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 13 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position) and maintaining stability of client's legs
- 14 Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair
- 15 Lowers client into wheelchair
- 16 Positions client with hips touching back of wheelchair and transfer belt is removed
- 17 Positions feet on footrests
- 18 After completing skill, washes hands

# SCORE REPORTING

---

## EXAM RESULTS

### WRITTEN EXAM

After you finish the Written exam, you will receive an official Score Report. It will indicate if you Passed or Failed the exam.

### SKILLS EVALUATION

The Home Health Aide Evaluator will fax your Skills Evaluation results for scoring. After the Home Health Aide Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. An official Score Report will be faxed back to the test center and will indicate whether you have passed or failed the Skills Evaluation.

Although technical difficulties are infrequent, Score Reports occasionally may not be received at the test center on the day of testing. If this happens, your answer sheet will be mailed to Pearson VUE for handscoring. Your Score Report will then be mailed to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Pearson VUE at (888) 274-6060.

**Results will not be given over the telephone.**

## FAILING

If you fail the Written Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-take either or both parts. A new examination fee is required each time you re-take any part of the HHA Examination. To re-take either or both parts, you must reschedule on Credential Management and include a retake fee.

State and federal regulations allow you three (3) attempts to pass both the Skills Evaluation and the Written Examination. If you should fail either part or both parts three (3) times, you will be required to successfully complete a Board-approved training program and re-take both parts. You must pass both the Written Examination and the Skills Evaluation within a twenty-four (24) month period in order to receive certification as a Home Health Aide.

## HOW TO READ A FAILING SCORE REPORT

If you do not pass the Skills Evaluation, you will receive a Failing Score Report. The score report will list the five (5) skills that you performed and a score of *Satisfactory* or *Unsatisfactory* for each skill. Any skill with an *Unsatisfactory* result is considered a failed skill. You must receive a *Satisfactory* result on all five (5) skills in order to pass the Skills Evaluation.

Use your failing Score Report as an aid in studying to re-take the Skills Evaluation. A failed skill will show the reason for the failure. You may not have performed the steps of a skill correctly, or you may have forgotten a step, especially a Critical Element Step.

The failing Score Report will list steps that were missed or incorrect—look for numbers printed directly under a skill marked *Unsatisfactory*. A list of all the skills and the steps needed for each skill can be found in this handbook. Find the skill you failed, and study the steps, especially steps listed as *Unsatisfactory* on the score report.

In the example below, a candidate received a result of *Unsatisfactory* on the skill *Hand Hygiene*. The numbers 1, 5, and 10 printed below the skill refer to steps that were missed or performed incorrectly. To study for re-taking the Skills Evaluation, this candidate should turn to the Skills Listing in this handbook, look for the *Hand Hygiene* skill, and review all the steps, especially steps 1, 5, and 10.

<b>District of Columbia NNAAP® Examination Results</b>	
<b>Exam: Skills</b>	<b>Result: Fail</b>
<b>Skills Performance:</b>	
<b>Hand Hygiene</b> 1, 5, 10	<b>Unsatisfactory</b>
<b>Positions on Side</b>	<b>Satisfactory</b>
<b>Assists with Use of Bedpan</b>	<b>Satisfactory</b>
<b>Puts One Knee-High Elastic Stocking on Client</b>	<b>Satisfactory</b>
<b>Measures and Records Weight of Ambulatory Client</b>	<b>Satisfactory</b>

*A sample of a Failing Score Report*

## PASSING - HHA

Once you have passed both the Written Examination and the Skills Evaluation, you may apply to the DC Board of Nursing for certification as a HHA. You may request an application by calling 1-877-672-2174 or download the application from **<http://doh.dc.gov/bon>**. Once your application has been approved, you will receive a paper copy of the certification and the DC Health Professional Licensing Administration's online database will also indicate your certification.

**NOTE:** *Certification is valid for the time period indicated on the certificate and will expire if not renewed.*



# GRIEVANCE PROCESS

---

All grievances must be in writing and submitted through the online system. The candidate must provide as much detail as possible in the grievance form. The grievance must be submitted within thirty (30) days of the candidate's exam date. After receipt of the grievance form, the complaint will be investigated. Once the investigation is complete, Pearson VUE will send written correspondence back to the candidate informing him/her of the outcome of the investigation. If the grievance is substantiated, the candidate will be allowed to retest at no additional cost.

You can access the grievance form by logging into your account. Once you are in your account, go to Actions on the left side, and select Complete a Form. Under Other Forms you will select the Grievance Form. Please ensure you complete all information in the form and then Submit. You will receive a response within thirty (30) business days of receipt.

# THE HHA REGISTRY

---

## CHANGE OF ADDRESS OR NAME

To change your name or address, go to <http://doh.dc.gov/node/173772> and follow the instructions to complete the change. In order to receive your renewal notification to maintain an active certification, you **MUST** inform the Board of Nursing about any changes in your name or address. Non-compliance may result in a fine.

## HHA CERTIFICATION RENEWAL

Approximately sixty (60) days prior to the expiration of your Certification, you will be sent a postcard with instructions for renewing your certification.

**NOTE:** *The requirements for renewal of your certification include the performance of paid nursing-related services for a minimum of eight (8) hours and twenty four (24) hours of continuing education or in-services including any Board mandated topics required for the renewal of your certification.*

## REGISTERING AS A HOME HEALTH AIDE

After passing both the Written and Skills exams, submit a Home Health Aide application to the District of Columbia Board of Nursing. You may access the application from the website: <http://doh.dc.gov/bon>.

After your DC Board of Nursing Home Health Aide application and criminal background check (fingerprints) have been received and approved by the District of Columbia Board of Nursing, you will be issued a certification placing you in the District of Columbia health professional licensing database.

For additional information or follow-up, you may contact the District of Columbia Board of Nursing staff at 202-535-2508.

## HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
1. How do I become a HHA?	<ul style="list-style-type: none"> <li>You must successfully complete an approved training program and pass both portions of the examination within two (2) years of training at an approved testing site. Check the Exam Overview Section of this handbook for other options.</li> </ul>
2. May I perform the duties of a Home Health Aide before I am certified?	<ul style="list-style-type: none"> <li>No, you may not be employed prior to certification</li> </ul>
3. How do I arrange for Special accommodations?	<ul style="list-style-type: none"> <li>Special requests must be submitted and approved prior to testing. Documentation from your physician or other qualifying professional must be included with the request. Please refer to the Accommodations section of the candidate handbook for details.</li> </ul>
4. Is there a time limit in which I must pass both exams?	<ul style="list-style-type: none"> <li>You must pass both exams within 24 months of the completion of your training program.</li> </ul>
5. Can I register for an exam or check my scores online?	<ul style="list-style-type: none"> <li>Registration must be done online.</li> <li>Results are given to each candidate at the test site for each examination taken.</li> <li>If you passed both parts of the examination, your name will be placed on the list sent to DC Board of Nursing. You may then submit an application to DC Board of Nursing for certification.</li> </ul>

## HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
6. What form of payment do you accept and may I take it to the test site?	<ul style="list-style-type: none"> <li>All payments must be made by credit card, debit card or single use card. Your training program may also purchase electronic vouchers.</li> </ul>
7. How long will it take me to find out if I passed or failed?	<ul style="list-style-type: none"> <li>Score Reports are provided the day of the examination. If the site experiences technical difficulties with faxing answer sheets, they will be sent to Pearson VUE for hand scoring and results will be mailed or emailed within 5-7 business days after testing.</li> </ul>
8. How do I verify my certification status?	<ul style="list-style-type: none"> <li>You can verify your certification status for Home Health Aide online after the application is completed and submitted. You may view your certification status at: <b><a href="https://app.hpla.doh.dc.gov/mylicense">https://app.hpla.doh.dc.gov/mylicense</a></b></li> </ul>
9. How do I change my name and/or address?	<ul style="list-style-type: none"> <li>HHA - Go to the DC Department of Health website and follow the instructions: <b><a href="http://doh.dc.gov/node/173772">http://doh.dc.gov/node/173772</a></b></li> </ul>
10. How long is my certification active?	<ul style="list-style-type: none"> <li>HHA certifications expire October 31st every odd numbered year. A renewal Notice will be sent at least 60 days prior to your expiration date.</li> </ul>

## HOME HEALTH AIDE CERTIFICATION FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>11. My certification expired. How do I renew it or become certified again?</p>	<ul style="list-style-type: none"> <li>• Home Health Aides must retrain and retest when the certification has expired more than 24 months.</li> <li>• Home Health Aides who have expired certifications less than 24 months may reinstate their certification by providing proof of having worked as an HHA a minimum of eight hours and completion of twenty four (24) hours of continuing education or inservice.</li> </ul>
<p>12. I'm moving to or from another state. May I perform nurse aide duties in that state?</p>	<ul style="list-style-type: none"> <li>• If you are moving TO DC, and you have worked as a Home health Aide in another state, you may apply for endorsement by visiting the website: <b><a href="http://doh.dc.gov/node/149382">http:// doh.dc.gov/node/149382</a></b></li> <li>• If you are moving FROM DC, you should contact the Board of Nursing or Department of Health for that state, to obtain state requirements.</li> </ul>

District of Columbia  
Home Health Aide

REQUEST FOR DUPLICATE SCORE REPORT

**DIRECTIONS:**

You may use this form to ask Pearson VUE for a copy of your Score Report. Please print or type all information on the back of this form, or your request will be returned.

Skills Evaluation

Written Examination

**SEND TO:**

DC Nursing Assistant – Reports  
Pearson VUE  
PO Box 13785  
Philadelphia, PA 19101-3785

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**PLEASE COMPLETE THE FOLLOWING FORM WITH YOUR CURRENT NAME AND ADDRESS. ALL INFORMATION MUST BE COMPLETE AND ACCURATE TO ENSURE PROPER PROCESSING.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ Pearson VUE Identification Number or Social Security Number \_\_\_\_\_

**IF THE ABOVE INFORMATION WAS DIFFERENT AT THE TIME YOU WERE TESTED, PLEASE INDICATE ORIGINAL INFORMATION.**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

