Government of the District of Columbia
Department of Health

Health Regulation and Licensing Administration

Board of Nursing

HOME HEALTH AIDE CERTIFICATION EXAMINATION

CANDIDATE HANDBOOK

November 2012
ELIGIBILITY TO TEST

All graduates of Home Health Aide Training Programs in the District of Columbia after August 31, 2012 must be certified by the Board of Nursing prior to obtaining employment as a Home Health Aide.

1. You must apply to the District of Columbia Board of Nursing by completing an application and submitting the supporting documents.
2. Applications may be found at: http://doh.dc.gov/node/323082
3. You must complete fingerprint scanning for the Criminal Background Check.
4. Upon approval of your application, you will receive an Authorization Letter with instructions on how to schedule your examination.
5. If you submit an application that is incomplete or otherwise deficient, the DC Board of Nursing processing staff will return the application. If the Board has questions or concerns, you will also be notified.
6. Your application will be closed ninety days after submission if you have not completed the application process.
7. Once you have been approved by the Board, you are responsible for contacting PSI to pay for and schedule your examination.
8. You have six (6) months, from the date on the Authorization Letter, to take the HHA exam and pass. After six (6) months your application will be closed. You will be required to submit another application to the Board of Nursing.
9. You are allowed to take the examination 3 times. If you do not pass the exam after your 3rd attempt, you must retake the HHA course and submit another application to the Board of Nursing.
10. All questions and requests for information about examinations should be directed to PSI.

Examination Fee—Initial $90
Examination Fee—Retake $60

Payable to: PSI

NOTE: EXAMINATION FEES ARE NOT REFUNDABLE OR TRANSFERABLE
INTERNET REGISTRATION

For the fastest and most convenient test scheduling process, PSI recommends that candidates register for their exams using the Internet. In order to register over the Internet, candidates will need to have a valid MasterCard or Visa. Candidates register online by accessing PSI’s registration website at www.psiexams.com. Internet registration is available 24 hours a day. In order to register by Internet, complete the steps below. For internet registration, you will need a valid VISA or MasterCard.

* Log onto PSI’s website, search for “DC Certified HHA Exam” and complete the associated registration form online and submit your information to PSI via the Internet.

* Upon completion of the online registration form, you will be given the available examination dates for scheduling your examination.

TELEPHONE REGISTRATION FOR EXAM

For telephone registration, you will need a valid VISA or MasterCard. To schedule an examination, please call (800) 211-2754. The times of operation for live operators are as follows:

Monday thru Friday    Saturday
8:00am – 8:00pm       9:00am - 5:30pm

STANDARD MAIL REGISTRATION

For those desiring to make payment for their examination using company check, cashier’s check or money order, or for those that simply do not wish to provide credit card information over the phone or Internet, you must use the Standard Mail Registration. In order to register, please follow the steps below.

Complete the PSI Registration Form (found at the end of this Candidate Information Bulletin), and appropriate examination fee to PSI. Payment of fees can be made by company check, money order or cashier’s made payable to PSI. Print your name on the check to ensure that your fees are properly assigned. **CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.** Please allow 2 weeks to process your Registration. After 2 weeks, you may call PSI to schedule the examination after 7:30 a.m., Eastern Time.

**Contact PSI Customer Service Center at (800) 211-2754 for scheduling and test center information.**

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your cancellation notice is received 24 hours before the scheduled examination date. **Note: A voice mail message is not an acceptable form of cancellation. Please use the telephone system and speak to a Customer Service Representative.**
MISSED APPOINTMENT OR LATE CANCELLATION

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:
- Do not cancel your appointment 24 hours before the scheduled examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification and letter of authorization when you arrive for the examination.

SPECIAL EXAMINATION ARRANGEMENTS

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate’s needs. Applicants with disabilities or those who would otherwise have difficulty taking the examination must fill out the form at the end of this Candidate Information Bulletin and fax to PSI at (702) 932-2666.

TESTING SITES

There are nationwide examination centers. You will be provided with the locations upon scheduling for your examination.

EXAMINATION SITE

Department of Consumer and Regulatory Affairs
Occupational and Professional Licensing Administration
1100 4th Street, SW
Suite E 500
Washington DC 20024
Metro: Waterfront – Green Line

On the day of the examination, you should arrive at least 30 minutes before your appointment. This extra time is for signing in and to allow you to become familiar with the examination process. If you arrive late, you may not be admitted to the examination site and you will forfeit your examination fee.

Required Identification at Examination Site

You must provide 1 form of identification. It must be a VALID form of one state issued identification (driver’s license or state ID), which bears your signature and has your photograph. All identification provided must match the name on the eligibility notice that you receive from the Board.
TESTING SECURITY PROCEDURES

The following security procedures will apply during the examination:

∗ While at an examination site, you are considered to be a professional and shall be treated as such. In turn, you must conduct yourself in a professional manner at all times.

∗ While at the site, you shall not use words or take actions that are vulgar, obscene, libelous, or that would denigrate the staff or other candidates.

∗ NO conversing or any other form of communication among candidates is permitted once you enter the examination area.

∗ Cell phones, pagers, and children are not allowed in the examination center. **NO personal items are to enter the testing center.** Candidates are encouraged to leave all personal belongings except their keys in their car.

∗ No smoking, eating, or drinking will be allowed at the examination site.

∗ Copying or communicating examination content is a violation of security policy. Either one may result in the disqualification of examination results and may lead to legal action.

Computer Examination

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are color coded and have prominent characters. An illustration of the special keyboard is shown here. You may also use the mouse.

IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.
TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included following the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

SCORE REPORTING

Your score report will be given to you immediately following completion of the examination. Duplicate score reports: write to PSI to request a duplicate of your score report.

EXAMINATION

The eight subject areas and the percentage of questions in each test are:

1. Understanding the Role of the Home Health Aide 18%
2. Ethics and Integrity 12%
3. Judgment and Interpersonal 23%
4. Personal Care Knowledge 11%
5. Health Related Knowledge 6%
6. In-Home and Nutritional Support 8%
7. Safety and Emergencies 14%
8. Knowledge of Consumer Specific Needs 8%

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer or press “MARK” to mark it for later review. You should then press “ENTER” to record your answer and move on to the next question. A sample question display follows.

<table>
<thead>
<tr>
<th>Knowledge Area Category</th>
<th># MC Items</th>
<th># SJT Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding the role of the HHA</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Ethics and Integrity</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Judgment and Interpersonal</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Personal Care</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Health Related</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>In-Home and Nutritional Systems</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Safety and Emergencies</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Consumer Specific Needs</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer or press “MARK” to mark it for later review. You should then press “ENTER” to record your answer and move on to the next question.
Sample Questions:

**IMPORTANT:** After you have entered your responses, you will later be able to return to any question and change your response, provided the examination time has not run out.

**Multiple Choice Questions (MC):**
1. Which is an important factor to consider when serving a meal to a consumer?
   - a. Temperature of the meal
   - b. The time the consumer eats the meal
   - c. The consumer's preferences
   - d. All of the above

2. To prevent the spread of infections and viruses, it is important to have knowledge of:
   - a. the immune system.
   - b. **standard precautions.**
   - c. which illnesses are communicable.
   - d. your environment.

**Situational Judgment Questions (SJT):**

**A.** Ann's doctor has given her instructions to exercise every day to increase mobility. Today, she does not want to do her exercises. Rate the effectiveness of each section.
1. Tell Ann it is her choice if she wants to stay in a wheelchair for the rest of her life. (LEAST)
2. Encourage Ann to exercise. (MOST)
3. Exercise with Ann to motivate her to exercise. (MOST)
4. Provide Ann with alternative activities that mimic exercise.
5. Let Ann miss her exercise, but make her exercise twice as long tomorrow.

**B.** Mary slipped on the floor after using the commode. After you determine she is not hurt, you must get her up from behind the tub. Rate the effectiveness of each action.
1. Get a blanket; roll Mary onto the blanket; slide her into the hallway; and call emergency professionals. (MOST)
2. Put a Hoyer net under Mary; lift her: take her into the bedroom and allow her to rest in bed. (MOST)
3. Lift Mary without assistance; and no one will know she fell. (LEAST)
4. Coach Mary into reaching for the handrail to pull herself to a standing position.

**CONTENT OF EXAM**

1. **Understanding of the Role of the Home Health Aide (HHA)**
   * Knowledge of how the relationship between the consumer, family caregiver(s), and HHA impacts quality of care
   * Understanding of the relationship between HHA and other members of the service team
   * Knowledge of the HHA role in providing care in different settings (e.g., long-term care, hospice, acute)
   * Ability to interpret and apply the service or care plan
   * Understanding how the HHA can support consumer engagement in the community, including the choice of engagements
   * Knowledge of time-management techniques
* Knowledge in implementing time-management techniques
* Knowledge of resources for personal wellness, including physical and mental, of the HHA
* Knowledge of resources, techniques, and strategies for dealing with aggressive behavior
* Knowledge of the structure and regulations of the organization for which the HHA works

2. Ethics and Integrity
* Knowledge of ways to promote overall independence
* Knowledge of how to support independent and consumer-directed living
* Knowledge of confidentiality issues, including HIPAA, state regulations, and employer confidentiality guidelines
* Knowledge of types and indicators of abuse, such as physical and psychological abuse, neglect and exploitation
* Knowledge of state law related to prevention and report of abuse
* Knowledge of consumer's and health care decision makers' rights related to health care decisions (e.g., advanced directives and living wills)
* Knowledge of the legal limits of the area of professional practice of the HHA
* Knowledge of legal and ethical restrictions on the HHA Consumer/HHA-Family Caregiver relationship (e.g., related to providing legal advice, selling and receiving objects)

3. Judgment and Interpersonal
* Knowledge of interpreting non-verbal forms of communication
* Knowledge of how to relate to others with empathy, compassion, and respect
* Knowledge of solving communication problems
* Knowledge of identifying and solving logistical problems (for example, identifying new ways to conduct a transfer when standard procedures are not possible)
* Knowledge of recognizing sources of conflict in interpersonal exchanges
* Ability to communicate orally
* Ability to communicate in writing
* Professionalism in appearance and actions
* Integrity in all behavior (e.g., honesty)
* Respect for diversity
* Knowledge of how to work independently (e.g., without on-site supervision)
* Knowledge of boundaries regarding personal information shared with consumers

4. Personal Care Knowledge
* Knowledge of techniques and methods for bathing and shampooing a consumer in a shower or bath
* Knowledge of techniques and methods for bathing, shampooing, and dressing a consumer who is bed-bound
* Knowledge of techniques and methods for bathing, shampooing, and dressing a consumer who is semi-mobile
* Knowledge of proper techniques and methods for using bedpans, urinals, commodes
* Knowledge of techniques and methods for providing pericare
* Knowledge of techniques and methods for providing oral hygiene
* Knowledge of techniques and methods for routine skin and nail care (excluding nail clipping)
* Knowledge of techniques and methods for safely shaving a consumer
* Knowledge of using wheelchair, lift, and other mobility devices
* Knowledge of the proper catheter care and storage of catheter supplies
* Knowledge of techniques and methods for applying external catheters

5. Health Related Knowledge
* Knowledge of how to use instruments that record temperature, pulse and respiration
* Knowledge of acceptable ranges of physical and physiological functions, including temperature, heart rate, respiration, blood pressure, and body size
* Knowledge of adding single- and double-digit values
* Knowledge of how to write and read forms and measurements
* Knowledge of signs and symptoms of medication overdose
6. In-Home and Nutritional Support Knowledge
- Knowledge of meal planning, food preparation and serving, food shopping, storage and handling
- Knowledge of kitchen utensils and measurement instruments
- Knowledge of basic nutritional dietary requirements
- Knowledge of methods and techniques for cleaning and organizing standard household objects
- Ability to read simple instructions and lists
- Knowledge of writing forms and lists
- Knowledge of methods and techniques for cleaning laundry

7. Safety and Emergencies
- Knowledge of proper body mechanics for safe transfer and lifting
- Knowledge of how to use basic equipment, including adaptive and lifting, such as required for direct care
- Knowledge of emergency procedures, including the areas of home security, weather related, and power outages
- Ability to recognize when HHA’s physical ability and health status changes in such a way as to impact his/her work performance
- Knowledge of who to notify and how, regarding safety issues
- Knowledge of common health and safety risks to consumer and HHA and prevention strategies
- Knowledge of standard (OSHA/CDC) hand washing procedures
- Knowledge of the principles (OSHA/CDC) of infection precautions and control, including the use appropriate self-protective equipment (e.g., gloves, masks, gowns)

8. Knowledge of Consumer-Specific Needs
- Knowledge of basic anatomy and physiology of body systems
- Knowledge of the physical signs and symptoms of common diseases and conditions of body (e.g., edema, heart, cancer, diabetes)
- Knowledge of the signs and symptoms of cognitive impairment (e.g., dementia)
- Knowledge of methods and techniques for caring for a cognitively impaired patient
- Knowledge of the disease-specific concerns at the end stages of the dying process
- Knowledge of methods and techniques for caring for a consumer during the end stages of the dying process
- Knowledge of the difference between signs and symptoms of the normal aging process and those of common diseases
HOME HEALTH AIDE (HHA)  
EXAMINATION REGISTRATION FORM  

Before you begin…

Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable.

1. Legal Name: 
   Last Name: ___________________________  First Name: ___________________________  M.I.: ___________________________

2. Candidate ID#: ___________________________  FOUND ON THE AUTHORIZATION LETTER

3. Mailing Address: 
   Number, Street: ___________________________  Apt/Ste: ___________________________
   City: ___________________________  State: ___________________________  Zip Code: ___________________________

4. Telephone: 
   Home: ___________________________  Office: ___________________________

5. Email: ___________________________  ___________________________  ___________________________

6. Examination: (Check one)  
   FIRST TIME  RETAKE

7. Total Fee $90 (Mastercard, VISA, Company Check, Money Order or Cashier’s Check only. Personal checks are not accepted.)

Retake Fee $60 (Mastercard, VISA, Company Check, Money Order or Cashier’s Check only. Personal checks are not accepted.)

Credit card (MasterCard or VISA) payment accepted for internet, phone or fax registrations only.  
   M  VISA  
   CardNo: ___________________________  ExpirationDate: ___________________________

Card Verification  
   For your security, PSI requires you to enter the card identification number located on your credit card.  
The card identification number is located on the back of the card and consists of the last three digits on the signature strip.

   Card  No. ___________________________  Cardholder Name (Print): ___________________________
   Signature: ___________________________

8. I am faxing the Special Arrangement Request (at the end of this bulletin) and required documentation.  
   Yes  No

9. Affidavit: I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of licensure. I have read and understand the Candidate Information Bulletin.

   Signature: ___________________________  Date: ___________________________

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If you are registering by mail or fax, sign and date this registration form on the lines provided.
Complete and forward this registration form with the applicable examination fee to:
PSI Services, LLC * ATTN: Examination Registration DC HHA
3210 E Tropicana Ave * Las Vegas, NV* 89121
Fax (702) 932-2666 * (800) 733-9267 * TTY (800) 735-2929 * www.psiexams.com
All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationary of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date____________________________________________________

Legal Name: _____________________________________________

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
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Address: _____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City, State, Zip Code</th>
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Telephone: (____) _______ - ____________

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<tr>
<th>Home</th>
<th>Work</th>
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<tr>
<td>(____) _______ - ____________</td>
<td>(____) _______ - ____________</td>
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</tbody>
</table>

Email Address: ___________________________________________

Check any special arrangements you require (requests must concur with documentation submitted):

- Reader (as accommodation for visual impairment or learning disability)
- Extended Time (Additional time requested: ____________)
- Large-Print written examination
- Other ____________________________

Complete and fax this form, along with supporting documentation, to (702) 932-2666.

After 4 business days, please call 800-733-9267 x6750 and leave a voice message.

PSI Special Accommodations will call you back to schedule the examination within 48 hours.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI SPECIAL ACCOMMODATION