Home Care Aide Examination Request Form
Instructions Checklist

If you are a first time test taker:

Submit the attached form and examination fee to the Department of Health at the address listed on the form. If you applied directly to Prometric (the examination company) before May 1st, 2016, you do not need to complete this form.

Once we have received notification that your training has been completed, the examination fee has been paid and all documents have been received by the Department of Health, then we will notify Prometric, the examination company that you are authorized to test and will email an examination authorization letter to you.

Prometric will email you an admission to test letter, to the email address that you provided with your application. The letter will list the time, date, and location of your examination appointment. To reschedule your examination appointment, contact Prometric immediately at 800-324-4689.

Note: All retesting is scheduled by Prometric. You can contact them at 800-324-4689 or see their website for more information about retesting.

You must print all information clearly in blue or black ink. It is your responsibility to submit the required forms and appropriate fees directly to the Department of Health.

☐ Application information:
  Legal Name: List your full name: first, middle, and last.
  Credential Number: The credential number can be found on the Department of Health website. Search by your credential type (Home Care Aide) and name.
  Email Address for Test Date (Required): Enter your email address for examination. Correspondence sent by the examination company will be sent to this email address. An email address is required for your examination.
  Personal Email Address: Enter your personal email address. Correspondence sent by the department will be sent to this address.
  Employer Email: Enter your employer’s email address. Your employer will be added to all correspondence sent to you by the department.
  Mailing Address: List the address we should use to send you any information about your license.

☐ Test Site Information (check one):
  • Select Regional Test Site, locate the site and site code, and list the site code in the space provided. See the online site code list on the Prometric website.
  • Select In-Facility Site if your employer or training program is scheduling the examination at their facility and list the site code.

Note: Regional test site locations could change. If you need to verify a location, you can contact the examination company at 800-324-4689.
Examination and payment selection:
- Select state pay, if your fees are being paid for by the SEIU Training Partnership.
- Select self pay if you or your employer are paying your fees. Send your payment with the completed attached form.

Reasonable Testing Accommodations:
If you are applying for reasonable testing accommodations recognized under the Americans with Disabilities Act (ADA), or to request to test with a one on one interpreter in a language not shown on the form, print the testing accommodations request packet and submit directly to Prometric at: Prometric, Attn: Washington Home Care Aide Program, 7941 Corporate Dr., Nottingham, MD 21236.

If you would like to take the exam in a language other than English, please mark the box for both the knowledge and skills exam.

Note: Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA) an opportunity to demonstrate their skills and knowledge.

Thirty days advance notice is required for all special testing. You will be notified the outcome of the review before testing is scheduled. There is no additional charge for these accommodations. If English is your second language, a language barrier is not considered a disability.

Applicant’s Affidavit and Release Statement:
You must sign and date this for us to process the form.
Home Care Aide Examination Request Form

This form is to be completed by first time test takers applying to be scheduled for the home care aide examination. If you need to retest, please see the [Prometric website](https://www.prometric.com/). This form can be completed and returned with payment before completing training. You will not be authorized to be scheduled to test until after you have completed training and your examination fee has been received by the Department of Health.

Print clearly in blue or black ink.

<table>
<thead>
<tr>
<th>Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: First</td>
</tr>
<tr>
<td>Credential #</td>
</tr>
</tbody>
</table>

**Email address for Test Date (Required)**

<table>
<thead>
<tr>
<th>Personal Email</th>
<th>Employer Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip code</th>
</tr>
</thead>
</table>

**Test Site Information—Check One:**

Select One of the following options:

- [ ] Regional Test Site—I am applying to test at a Regional Test Site.
  
  My preferred exam site code is: ____________________________
  
  See the online site code list on the [Prometric website](https://www.prometric.com/).

- [ ] In-Facility Site—My employer or training program is scheduling my testing and I will take the exams at their facility.
  
  The site code is________________. Your employer or training program can provide this to you.
Examination Selection and Fees:

Select a payment type: ☐ State pay ☐ Self pay

You can check the online fee page for current fees, payment must be made by check or money order and sent to the Department of Health.

Reasonable testing accommodations:

Are you applying for testing accommodations? ☐ Yes ☐ No—This question cannot be left blank.

If you are applying for reasonable testing accommodations recognized under the Americans with Disabilities Act (ADA). Print the testing accommodations request packet and submit directly to Prometric at:
Prometric, Attn: Washington Home Care Aide Program, 7941 Corporate Dr., Nottingham, MD 21236.

Note: 30 day advance notice is required for all special testing arrangements.

If you would like to take an exam in a language other than English, please indicate which language:

Knowledge Exam: ☐ Arabic ☐ Amharic ☐ Khmer ☐ Korean
☐ Laotian ☐ Russian ☐ Samoan ☐ Simplified Chinese
☐ Somali ☐ Spanish ☐ Tagalog ☐ Ukrainian
☐ Vietnamese

Skills Evaluation: ☐ Arabic ☐ Amharic ☐ Khmer ☐ Korean
☐ Laotian ☐ Russian ☐ Samoan ☐ Simplified Chinese
☐ Somali ☐ Spanish ☐ Tagalog ☐ Ukrainian
☐ Vietnamese

Individual Interpreter:

Are you applying for a one on one interpreter for a language that is not listed above? ☐ Yes ☐ No

To apply to test with a one on one interpreter, print and complete the testing accommodations request packet and submit directly to Prometric at:
Prometric, Attn: Washington Home Care Aide Program, 7941 Corporate Dr., Nottingham, MD 21236.

Applicant’s Affidavit and Release Statement:

• I understand I am responsible for making sure all of the information I have provided is completely true and correct.

• I understand if information given is not true, my status as a certified home care aide may be jeopardized.

• I understand I must pass both parts of the Washington Home Care Aide Certification Examination and meet all other Washington State requirements, to receive my certification.

• I understand that I may be asked to play the part of the client for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam.

• I agree that I am responsible for my own personal safety both while taking the exam and acting as a client. I hereby release Prometric, the Washington State Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Candidate Signature ___________________________ Date _________________________

Submit this completed form and your check or money order payable to:

Department of Health
Home Care Aide Credentialing
P.O. Box 1099
Olympia, WA 98507-1099
THIS CERTIFICATE IS PRESENTED TO

for successfully completing

75 hours of DSHS approved
Long Term Care Worker Training

Signature of DSHS approved instructor
who has provided or verified that a total of 75
hours of DSHS approved training has occurred

Date

Document Core Basic Training Instructor Here
Clearly print the following for the instructor that signed the training certificate for this worker's core basic (CB) training

Lead CB Instructor Name: ____________________________  Training Program Name: ____________________________

DSHS approved CB instructor #: 1 - _____________  Training Program Number: _____________

Training Program Name: Moran Vista Assisted Living

Training Program Number: WA1987
This certificate is presented to

for successfully completing ....

62 hours of DSHS approved

Core Basic Training

Signature of lead DSHS approved instructor for this course and for the Training Program listed below

I-

DSHS Core Basic Training Instructor Number

Training Program Name: Moran Vista Assisted Living

Training Program Number: WA1987
THIS CERTIFICATE IS PRESENTED TO

for successfully completing ....

6 hours of DSHS approved

Long Term Worker Dementia Specialty Training

Signature of DSHS approved instructor
for this course and for the Training Program listed below

Date

This section must be filled out by the instructor (see back for more information):
This worker successfully passed the DSHS: (check one)
☐ Test and took the course, OR
☐ Challenge test and did not take the course (no training hours can be applied towards continuing education credits).

Training Program Name: Moran Vista Assisted Living

Training Program Number: WA1987

Revised 3/2011
THIS CERTIFICATE IS PRESENTED TO

for successfully completing ....

4 hours of DSHS approved

Long Term Worker Mental Health Specialty Training

Signature of DSHS approved instructor
for this course and for the Training
Program listed below

Date

This section must be filled out by the instructor (see back for more information):
This worker successfully passed the DSHS: (check one)
☐ Test and took the course, OR
☐ Challenge test and did not take the course (no training hours can be applied towards continuing education credits).

Training Program Name: Moran Vista Assisted Living

Training Program Number: WA1987

Revised 3/2011