



NORTH CAROLINA MEDICATION AIDE PROGRAM

CANDIDATE HANDBOOK



July 2009
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QUICK REFERENCE

PEARSON VUE® NORTH CAROLINA

PO Box 13785
Philadelphia, PA 19101-3785
(888) 204-6207

Hours of Operation 8:00 a.m. – 5:00 p.m. (EST)

Call Pearson VUE to:

- Obtain a Handbook
- Obtain an Application

Go to Pearson VUE's Web site (www.pearsonvue.com) to:

- Download a Candidate Handbook
 - Download an Application
 - View Testing Locations
-

PEARSON VUE®

(800) 274-7176

Hours of Operation (EST)

Monday through Friday 8 am – 11 pm

Saturday 8 am – 5 pm

Sunday 10 am – 4 pm

Call Pearson VUE to:

- Schedule an examination
 - Cancel and/or reschedule an examination
-

Refer any additional questions to:

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

2709 Mail Service Center
Raleigh, NC 27699-2709
(919) 715-0562
(919) 855-3969

Hours of Operation 9:00 a.m. – 3:00 p.m. (EST)

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INTRODUCTION

This handbook is designed for candidates seeking Medication Aide certification in North Carolina, leading to listing on the North Carolina Medication Aide Registry. It describes the process of applying for and taking the Medication Aide Examination.

It is important that you read the entire handbook and keep a copy of it until you are notified of your examination results.

The purpose of the Medication Aide Examination is to ensure that individuals who administer medication have the basic knowledge and skills to perform their duties.

The North Carolina Department of Health and Human Services (DHHS) has contracted with Pearson VUE® (formerly Promissor), a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to administer the examination. Pearson VUE will develop, score, and report the results of the Medication Aide Examination to the North Carolina Medication Aide Registry.

Completion of this medication aide examination and subsequent listing on the NC Medication Aide Registry will qualify an individual for consideration of employment in a skilled nursing facility in North Carolina. It will not qualify an individual in an adult care home.

Individuals who wish to work as a medication aide in an adult care home should contact the NC Division of Health Service Regulation at 919-855-3765 for information on medication aide testing required for work in an adult care home.

MEDICATION AIDE EXAMINATION

Pearson VUE has developed this examination to meet the medication aide evaluation requirement of state laws and regulations.

The examination is a measure of medication aide-related knowledge, skills, and abilities. The purpose of the examination is to make sure that you understand and can safely perform the job of an entry-level medication aide.

EXAM OVERVIEW

The Medication Aide Examination consists of sixty (60) multiple-choice questions written in English. Sample examination questions are provided in this handbook.

The examination will be administered on an electronic testing system. The examination is scored immediately after you complete it, and you will leave the test center with your score report.

NCDHHS is responsible for the content of the examination and for determining the passing score for the examination, as well as for decisions regarding who is eligible to take the examination.

ELIGIBILITY

All candidates applying to take the Medication Aide Examination in North Carolina **MUST** complete an *Application for Registration by Competency Examination* form. The completed application, fees, and signed **COPY** of your training completion certificate must be submitted.

You have three (3) attempts to pass the Medication Aide Examination within two (2) years from the completion date of your training program in order to be placed on the North Carolina Medication Aide Registry. If you do not pass the examination after 3 attempts or within two (2) years of training, you will need to repeat a training course and retake the examination.

APPLICATION AND SCHEDULING

FILLING OUT AN APPLICATION

You may get an examination application by contacting Pearson VUE. You may also print one from the Pearson VUE web site, <http://www.pearsonvue.com>.

- You are responsible for completing the appropriate sections of the Examination Application. You may ask someone from your medication aide training program or facility employer for assistance in completing the application.
- If you need help or have any questions about the application, please contact a Pearson VUE Customer Service Representative at (888) 204-6207.
- All required documentation (application, fee, and a copy of your training program's certificate) must be received by Pearson VUE before your application can be approved.
- Mail your completed application, a copy of your training program's certificate of completion, and appropriate fees **together in one envelope** to:

Pearson VUE
P.O. Box 13785
Philadelphia, PA 19101-3785

EXAM FEES

Effective August 1, 2009 there is an examination fee of \$55 each time you test. This fee must be submitted with your application for the first attempt and a copy of your failing score report for subsequent attempts. Please keep your original failing score report. **Payment will NOT be accepted at the test center.** Examination fees are non-refundable and non-transferable.

Under federal and North Carolina state laws, candidates employed in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying their examination fees. Employers must pay the examination fee and any re-test fee for those candidates in their employ as nurse aides or candidates who have a written commitment or signed acceptance of employment on file in a Medicaid-certified nursing home. Candidates not employed in a

Medicaid-certified nursing home or who have not received an offer of employment from a Medicaid-certified nursing home are permitted to pay their own examination fee.

Payment must be made in the form of a money order, certified check, or company check made payable to “Pearson VUE”. Even if it is from your employer, the money order, certified check, or company check must display your name so it can be applied to your examination. If you are not currently employed in a nursing home, you may pay the fee yourself. Company checks may pay for more than one candidate. **Personal checks and cash will not be accepted.** Fees are non-refundable and non-transferable once submitted to Pearson VUE.

EXAM SCHEDULING

Once Pearson VUE receives your application, required documents, and fees, your application will be processed. If your application is approved, an authorization letter will be mailed to you. The authorization letter will provide instructions on how to make a reservation for testing. Pearson VUE will mail your authorization letter to you at the address listed on your application within forty-eight (48) hours after they receive your materials (application, documents, and fees).

AUTHORIZATION LETTERS

If you do not get your authorization letter within ten (10) business days from the day you mailed your application, please contact Pearson VUE at 888-204-6207. Pearson VUE is NOT responsible for lost, misdirected, or delayed mail.

TESTING LOCATIONS

The Medication Aide Examination is given by Pearson VUE at the following testing locations.

TEST SITE CODE	PEARSON VUE CENTER LOCATION	TESTING FREQUENCY
3442	Wilmington Pearson Professional Centers Market Street Central 2709 Market St. Suite 206 Wilmington, NC 28405	Tuesday 8am–2pm Saturday 8am–5pm
3443	Raleigh 2801 Blue Ridge Road Suite 105 Raleigh, NC 27607	Tuesday–Saturday 8am–5pm
3444	Statesville 211 S. Center St. Suite 218 Statesville, NC 28687	Wednesday–Saturday 8am–5pm
3445	Huntersville Northcross Corp. Center 16419 B Northcross Drive Huntersville, NC 28078	Tuesday–Saturday 8am–5pm
3446	Asheville Pearson Professional Center One Town Square Blvd Suite 350 Asheville, NC 28803	Saturday 8am–5pm
3447	Greenville Greenville Pearson Professional Center 1105 Corporate Drive, Suite B Greenville, NC 27858	Check Pearson VUE website for schedule at pearsonvue.com

HOLIDAY SCHEDULE

The examination will not be scheduled on the following holidays or holiday weekends:

New Year’s Day / Eve
Martin Luther King Jr. Day
Memorial Day / Weekend
Independence Day / Weekend
Labor Day / Weekend
Thanksgiving Day / Weekend
Christmas Day / Eve

SPECIAL EXAM REQUESTS AND SERVICES

Pearson VUE complies with the provisions of the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. 2000e *et seq.*), in accommodating disabled candidates who need special arrangements to take an examination.

Candidates who require special testing arrangements due to impaired sensory, manual or speaking skills, or other disability, should forward the Special Accommodations Request Form (found in the back of this guide, appendix B) to Pearson VUE with your application or failing score report. The form must be accompanied by supporting documentation from a physician or other qualified professional reflecting a diagnosis of the candidate’s condition and an explanation of examination aids or modifications. Pearson VUE will provide auxiliary aids and services, except where such may fundamentally alter the examination or results, or result in an undue burden. The examination will be scheduled upon receipt of all required information by Pearson VUE.

TELECOMMUNICATION DEVICES FOR THE DEAF (TDD)

Pearson VUE is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available during all Pearson VUE hours through a special toll-free number, (866) 274-4777. This TDD phone option is for the express use of individuals equipped with compatible TDD machinery.

RESERVATION AND TESTING PROCESS

EXAM PROCEDURES

You should report to the test center thirty (30) minutes before the scheduled start of your examination to complete registration. When you arrive at the test center, you should check in with the test center manager. At this time you will present the manager with your confirmation number, identification, and other required documents (see Proper Identification, page 5). After the manager gathers your information, he or she will take your photograph, which will be printed on your score report.

After registration, the test center manager will assign you a seat and assist you with the testing unit. You will have an opportunity to go through a tutorial on the testing system. The time spent on the tutorial will not reduce the examination time. The test center manager will answer questions at this time, but you should be aware that the manager is not familiar with the content of the examination.

Once you are familiar with the testing system, you may begin the examination. The examination begins the moment you look at the first examination question. You will be given two (2) hours to complete the examination. After the examination time has expired, the testing unit will automatically turn off. Under no circumstances will you be permitted to work beyond the allotted time. Official scoring of your examination will take place immediately. You will leave the test center with your official score in hand.

PHONE RESERVATIONS: WALK-IN TESTING IS NOT AVAILABLE

Candidates who have received an authorization letter may contact the Pearson VUE Reservation Unit at **(800) 274-7176** to make a reservation.

CALL CENTER HOURS	
Monday – Friday	8am -11pm
Saturday	8am - 5pm
Sunday	10am - 4pm

Eastern Standard Time

BEFORE CALLING, CANDIDATES SHOULD HAVE THE FOLLOWING:

- Legal name, address, Social Security number, daytime telephone number, and date of birth
- The name of the examination
- The preferred examination date and test center location
- A failing score report (if retaking an examination)

A Pearson VUE representative will help candidates select a convenient examination date and location, and will answer questions. Candidates should make a reservation at least one (1) business day before the desired examination date.

CONFIRMATION NUMBER

Candidates will be provided with a confirmation number, which should be written down. You may use the space provided below. This number should be used for any contact with Pearson VUE.

CONFIRMATION NUMBER:
EXAMINATION DATE:
PEARSON VUE TEST CENTER:
PEARSON VUE REPRESENTATIVE:
EXAMINATION TIME:

CANCELLATION AND RE-SCHEDULING

CHANGE/CANCEL POLICY

To change or cancel your examination reservation without monetary penalty, you must notify Pearson VUE by phone at least one (1) business day before your scheduled examination. If you call at least one (1) business day before your scheduled examination, the fee from your first reservation will be applied to your new reservation, or it will be refunded. See the following pages for specific circumstances. Pearson VUE Customer Care Representatives are available at (800) 274-7176 from:

Monday through Friday, 8:00 a.m. to 11:00 p.m.

Saturday, 8:00 a.m. to 5:00 p.m.

Sunday, 10:00 a.m. to 4:00 p.m.

(Eastern Standard Time)

If you call Pearson VUE less than one (1) business day before your scheduled examination, you will forfeit the full examination fee for the canceled reservation and you must pay another fee for a new reservation.

ABSENCE POLICY

Since unexpected situations occasionally occur, Pearson VUE will consider excusing an absence from a scheduled examination in certain situations.

Acceptable reasons for re-scheduling are as follows:

- Illness of yourself or a member of your immediate family
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

Requests for excused absences must be made in writing and received **within ten (10) business days** following the scheduled examination. This request must include verification of your absence from an appropriate source. For example, if you had jury duty, you must supply a copy of your court notice.

The decision of Pearson VUE will be final regarding whether an absence is excused and whether you must pay the examination fee if you are absent.

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.

WEATHER EMERGENCIES

Examinations will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test center inaccessible or unsafe, the examination will be delayed or cancelled. Candidates may call Pearson VUE at (800) 274-2615 for details on weather delays and cancellations. If the examination has been cancelled, you will be re-scheduled for the next available examination at that site.

TEST PLAN / CONTENT OUTLINE

I. AUTHORIZED DUTIES (10% of test content)

- A. Roles, responsibilities, legal aspects and limitations of Medication Aides
 - 1. Authorized duties for a Medication Aide, including:
 - a. Permitted routes of medication administration: oral, eye, ear, nasal, inhalant, transdermal, topical, vaginal and rectal
 - b. Prohibited routes: subcutaneous, intradermal, intramuscular, and intravascular injections and medications via tubes and ostomies
 - 2. Medication Aide's responsibility for reporting to a nurse
 - 3. How to address conflict with role and authorized duty issues
 - 4. Medication Aide role under state regulations
 - a. Completed an NC Board of Nursing approved course
 - b. Completed a state-approved competency examination
 - c. Listed on NC Medication Aide Registry

II. MEDICATION ADMINISTRATION (80% of test content)

- A. Administering and charting medications
 - 1. Medication packaging
 - 2. Preparation and administration of medications by approved routes
 - 3. Special Circumstances for administering medications
 - a. Liquid medication
 - b. Cutting medications
 - c. Crushing medications
 - d. Difficulty swallowing
 - e. Administering medications to children
 - f. Allergies
 - 4. Correct medication administration procedure (Six rights)
 - a. Right client
 - b. Right medication
 - c. Right dose
 - d. Right route
 - e. Right time
 - f. Right documentation
 - 5. Client medication rights, including the right to confidentiality and the right to know and refuse medications
 - 6. Client safety and error prevention
 - 7. Appropriate communication with supervising licensed nurse
 - 8. Infection control procedures including standard precautions
 - 9. Use of Medication Administration Record (MAR) to:
 - a. Administer medications; and
 - b. Document medication administration
 - 10. Medication errors and reporting techniques
 - 11. Auditing and inventory systems
 - a. Controlled substance counts
 - b. Disposition of unused or contaminated medications

III. MEDICATION CONCEPTS (10% of test content)

- A. Concepts in administration of medications
 - 1. Commonly used abbreviations
 - 2. Terminology and definitions

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Examination. Check your answers to these questions in the box below.

1. **Information that should be located on the MAR includes:**
 - (A) medication dose
 - (B) client's next of kin
 - (C) medication side effects
 - (D) agency medication administration policies
2. **When should a medication aide report a medication error to the supervisor?**
 - (A) before the next medication is due
 - (B) during the end of shift report
 - (C) as soon as the error occurs
 - (D) after calling the physician
3. **One teaspoon of an elixir is equal to:**
 - (A) 10 milliliters
 - (B) 5 milliliters
 - (C) 1 ounce
 - (D) 1 pint
4. **A symptom of anaphylaxis, a life-threatening allergic reaction, is:**
 - (A) high blood pressure
 - (B) quiet breathing
 - (C) slow heart rate
 - (D) wheezing
5. **The site selected for applying a transdermal patch should be:**
 - (A) cold
 - (B) warm
 - (C) hairless
 - (D) odor free

Correct Answers
1. A 2. C 3. B 4. D 5. C

EXAM DAY

PROPER IDENTIFICATION

Candidates are required to bring two (2) forms of **current, not expired** official U.S. government-issued signature-bearing identification to the test site. One form of identification must be a U.S. government issued Social Security (SS) card signed and non-laminated. Medication Aide candidates who are in the armed services may use their current U.S. Military I.D. in place of a SS card. The test taker's SS number must be on the I.D, if used. The second form must be any of those listed below. Examples of proper identification include:

- Current, non-expired Driver's license
 - Candidates choosing driver's license as a form of photo id, and who do not have their new license by exam day **MUST** bring the expired driver's license AND the 20 day temporary permit.
- Military I.D.
 - The test-taker's SSN **MUST** be on the I.D.
 - Sponsor Military I.D. cards and the Dependent Military I.D. may be used as a second I.D. (one with photo) when presented with a valid SS card.
- State- or federal-issued identification card
- Passport
- Alien registration card

If a candidate fails to present proper identification, he or she may not test. Photocopies of identification will **NOT** be accepted.

The name on your identification must be the same as the name you used on the application to register for the examination. If your name is different, you **MUST** bring proof of your name change (a copy of an official government-issued document such as a marriage license or divorce decree) to the test center. The I.D.s you present at this time must match your name and social security number that was on your application.

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

SECURITY

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 NC DHHS for review, and your examination will not be scored (see *Testing Policies*).

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by and the property of 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 materials or information from the test site will be prosecuted.***

TESTING POLICIES

The following policies are observed at each test center.

LATENESS

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

If you are late or do not bring all your required materials, you will **NOT** be allowed to test and you will be required to re-apply and pay another examination fee (see *Cancellation* for more details).

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 test center.

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 are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the examination and the incident will be reported to the North Carolina Department of Health and Human Services.

GUESTS/VISITORS

No guests, visitors, pets, or children are allowed at the test center.

SCORE REPORTING

EXAM RESULTS

When candidates complete the examination, they will receive a score report marked "pass" or "fail". Candidates who pass the examination will receive a score report that includes information about his or her certification as a Medication Aide in North Carolina.

To protect candidates' privacy and to maintain the confidentiality of results, Pearson VUE does not give score information over the telephone.

FAILING

Candidates who fail the examination will receive a score report that includes a numeric score and diagnostic information relating to the general portions of the examination as well as information about retesting. If you fail the examination, your Score Report will provide you with information on how to re-take the examination. A new examination fee is required each time you re-take any part of the

examination. To re-take the examination, you must submit your official Score Report and a re-take fee to Pearson VUE.

State regulations allow you three (3) attempts to pass the examination. If you should fail three (3) times within two (2) years from the completion date of your training program, you will be required to successfully complete a state-approved training program and re-take the examination. You must take and pass the examination to be placed on the North Carolina Medication Aide Registry.

PASSING

Once you have passed the examination, your name will be submitted to the North Carolina Medication Aide Registry. Once listed, you may view your name on the Registry by going to www.ncnar.org. If you have any questions regarding your listing on the Registry you may contact the North Carolina Division of Health Service Regulation, Monday through Friday from 9:00 a.m. to 3:00 p.m. (E.S.T.) at (919) 855-3969 or (919) 715-0562.

DUPLICATE SCORE REPORT

If you lose your Score Report or need a duplicate Score Report, or would like a handscoring of your examination, complete the *Request for Duplicate Score Report or Handscored Answer Sheet Form* and mail it to Pearson VUE (see *Appendix A*).

THE REGISTRY

CHANGE OF ADDRESS OR NAME

The North Carolina Medication Aide Registry must be kept informed of your current address and name once you become listed on the registry.

There is no charge for changing your name or address on the Registry. You may notify the Registry of a name or address change by using the Address or Name Change Reporting Form on the Medication Aide Registry website (www.ncnar.org). Alternately, you may call the Medication Aide Registry at (919) 715-0562 or (919) 855-3969 to change your mailing address on the Registry.

If your name changes at any time after you are placed on the Registry, you must send written notification of this change to the Registry. Please remember, however, that if you changed your name, you **MUST** provide official documentation along with your notification. Written documentation must include 1) a COPY of your signed social security card with the new name on it, AND 2) a COPY of a court-issued marriage certificate, divorce decree, or other legal document that demonstrates the name change. Your notification must include your previous name, current name, mailing address, phone number, and Social Security number. All documents provided to the Registry in support of your name change **MUST** be official and legal documents. Any documents provided may be subject to verification with the issuing source.

Failure to inform the Registry of an address or name change may jeopardize your listing status. A correct address is required for you to receive notification for renewal.

LISTING RENEWAL

Medication aides on the Medication Aide Registry must renew their registry listing to remain eligible for employment as a medication aide. To be eligible for renewal based on employment, you must work for pay as a medication aide for at least eight (8) hours every twenty-four (24) months. This employment must be documented and reported to the Medication Aide Registry prior to each listing expiration date. The listing expiration date is 24 months from either the date of your last successful competency examination or your last reported date worked, whichever is more recent. If your listing expires, you will be required to complete a NC Board of Nursing-approved training program and a new competency examination to be relisted on the Registry.

Failure to inform the Registry of an address or name change may jeopardize your listing status. A correct address is required for you to receive notification for renewal. If you work in a skilled nursing facility as a medication aide, you must also maintain a current listing on the Nurse Aide I Registry.

RENEWAL NOTICE

Approximately two to three months before the expiration of your Registry listing, the Registry will send a Renewal Application to the mailing address listed for you on the Registry. It is your responsibility to renew by the expiration date, even if you do not receive the Renewal Application from the Registry. If you do not receive a Renewal Application, or you misplace it, a *Request for Replacement Medication Aide Renewal Application* is available on the Registry web site (www.ncnar.org).

When you receive your Renewal Application, you will need your supervisor from your current or most recent employer to complete the employment verification section of the Application. The date of hire on your Renewal Application **MUST** be a date prior to the date your listing expired.

RENEWAL FEE

There is **no fee** for re-listing on the North Carolina Medication Aide Registry.



**North Carolina
Medication Aide**

**REQUEST FOR DUPLICATE SCORE REPORT
OR HANDSCORED ANSWER SHEET**

DIRECTIONS: You may use this form to request Pearson VUE to send a duplicate copy of your Score Report or to request a handscore of your Examination answer sheet. Please print or type all information on this form and include correct fees, or your request will be returned. Check the service requested:

Duplicate Score Report

Handscore

FEE: \$15 each. Please enclose a certified check or money order made payable to “Pearson VUE Processing Center”. Do not send cash. Write the Pearson VUE identification number found on your Score Report or your Social Security number on your payment.

SEND TO: North Carolina Duplicate Score Report/Handscore Request
Pearson VUE Processing Center
PO Box 13785
Philadelphia, PA 19101-3785

AMOUNT ENCLOSED:

\$ _____

**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 or the handscored results of my examination.

Your Signature _____ Date _____



**North Carolina
Medication Aide**

SPECIAL EXAM REQUEST FORM

Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act (ADA) may request special testing arrangements.

Candidates who wish to request special testing arrangements because of a disability should mail this form with his or her application or failing score report to the address at the bottom of this form. Documentation on official letterhead from a physician, school official, licensed psychiatrist, licensed psychologist, or other appropriate authority should be included with the form. This documentation should identify the disability and the need for the requested accommodations, and may be in the form of a letter, test results, signed school Individual Education Plan diagnosis and plan, or other official documentation identifying the disability and the accommodations prescribed.

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone (_____) _____

Description of Disability _____

REQUIRED ACCOMMODATIONS:

- Large-print written exam Marker
 Additional time Separate testing room
 Reader Sign language interpreter
 Other equipment or accommodation (please explain): _____

Accommodations previously provided to you (list accommodation and purpose, such as "sign language interpreter for SAT examination"):

Candidates who have questions about special exam requests should contact Pearson VUE:

Pearson VUE North Carolina Medication Aide Processing
 P.O. Box 13785
 Philadelphia, PA 19101-3785
Phone: (800) 274-3707 (choose option 1)
TDD: (800) 274-2617 • Fax: (610) 617-9397

Note: Only candidates who require special testing arrangements should use this form.