

Medication Aide Adult Care Examination

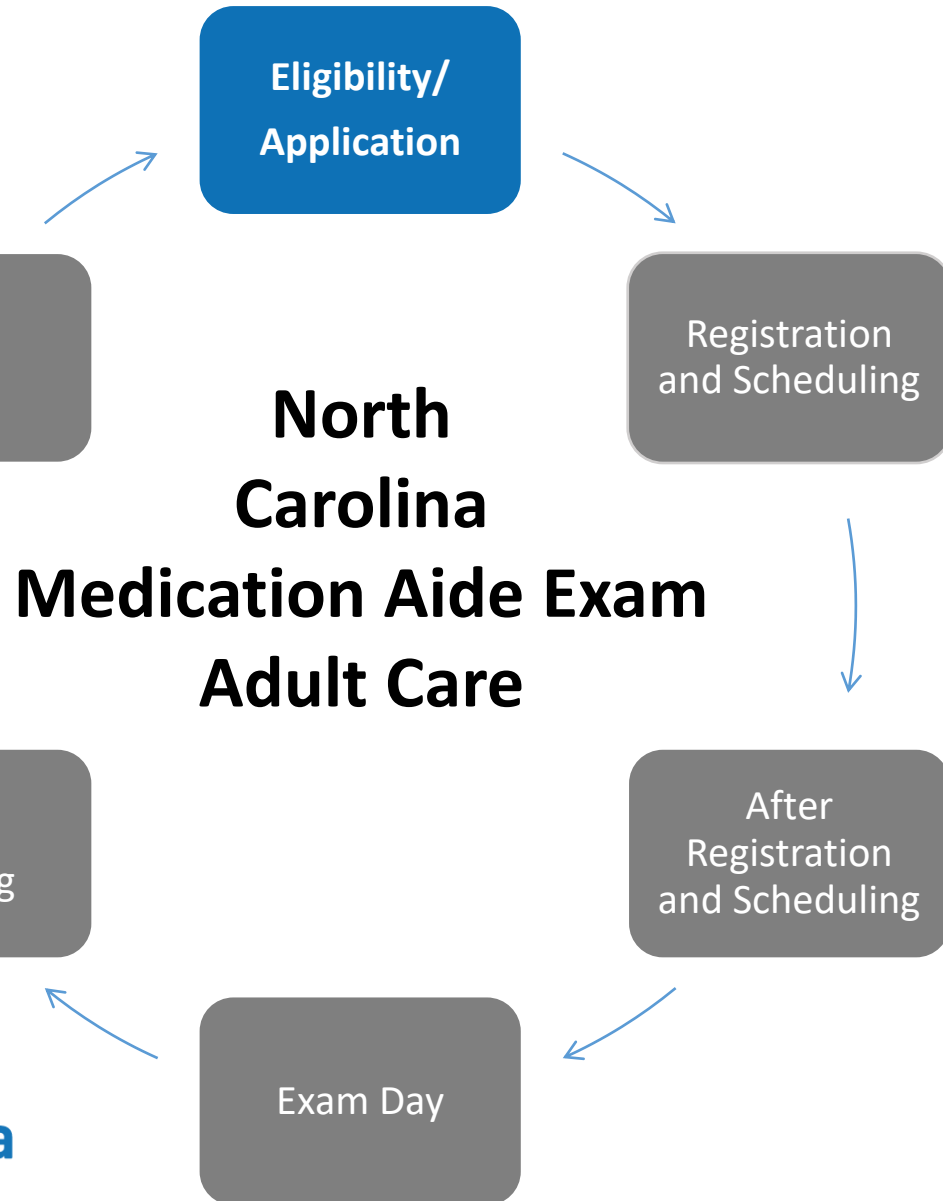


Computer-Based Testing (CBT)

Medication Aide Adult Care exam transitioned to computer-based testing in March 2021.

1-day lead time for written and oral exams

Candidates



- All Candidates applying to take the Medication Aide Adult Care Exam **MUST** complete an Application for Registration by Competency Examination online.
- Once approved, Candidates will receive an email notification to complete the registration and scheduling process.
- Candidates will complete the online form in order to create an ID and be assigned a password.

(888) 723-6773

Monday – Friday 8 a.m. – 11 p.m.

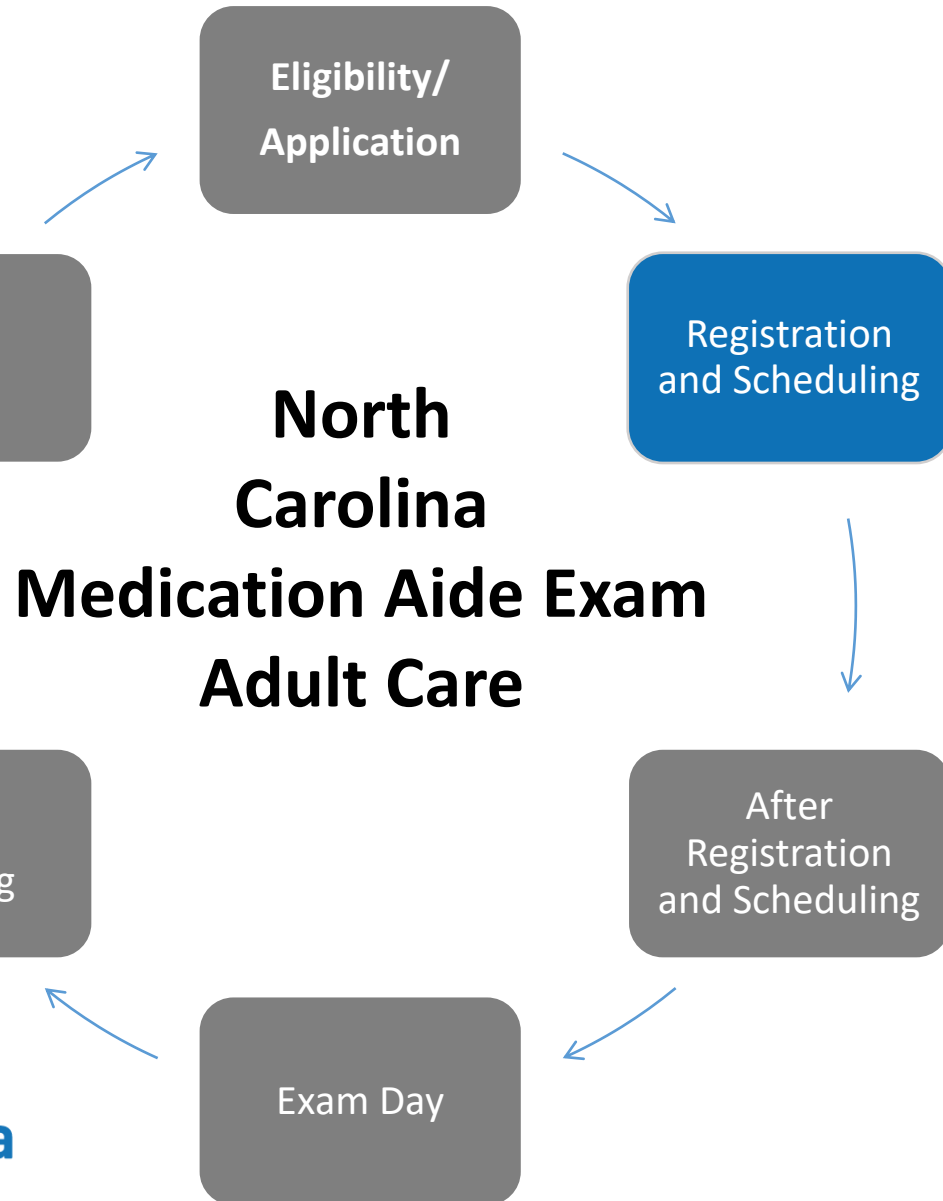
Saturday 8 a.m. – 5 p.m.

Sunday 10 a.m. – 4 p.m. (all ET)

or email

pearsonvuecustomerservice@pearson.com

Candidates



Call Pearson VUE Customer Service to:

- Schedule an examination (Candidates can schedule their exam online as well)
- Ask questions about online registration
- Ask questions about test accommodations

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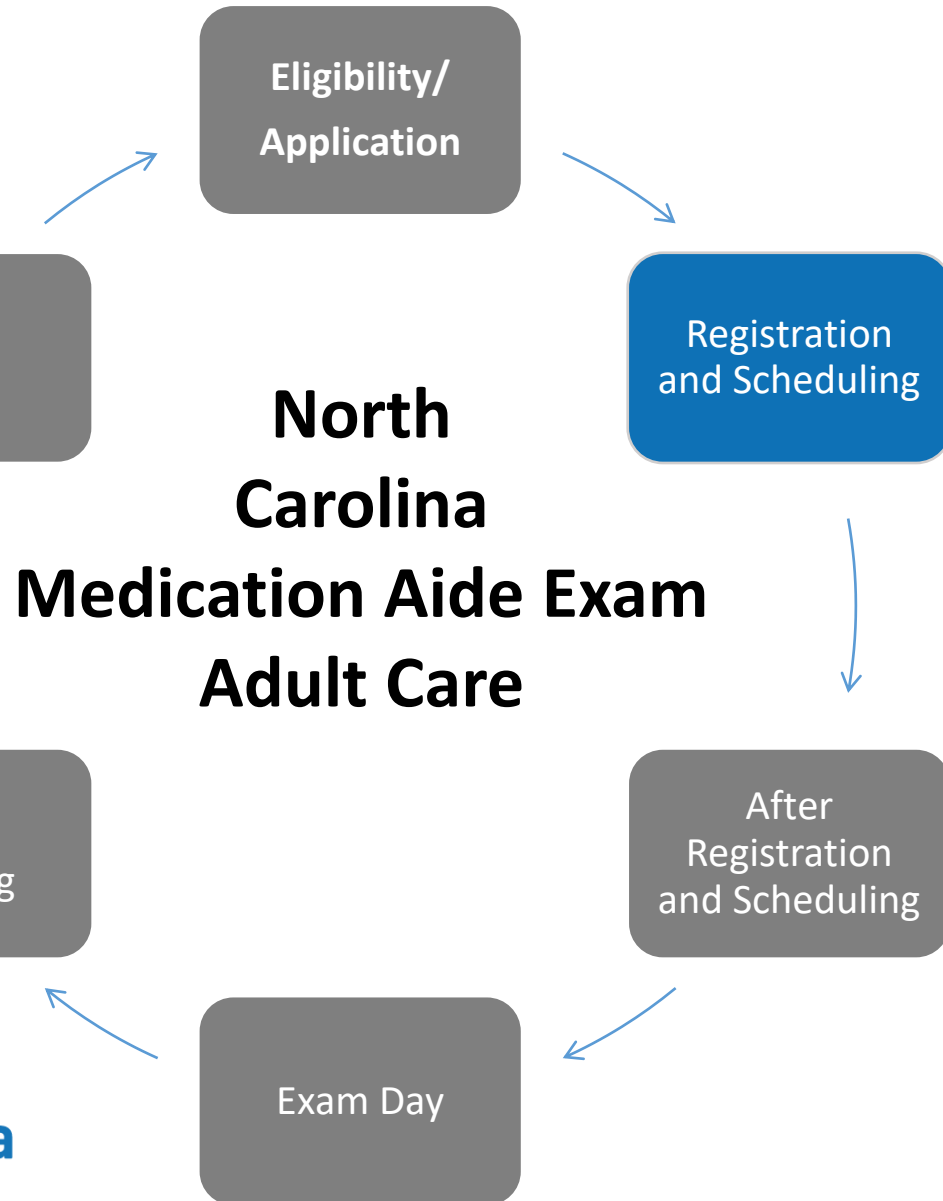
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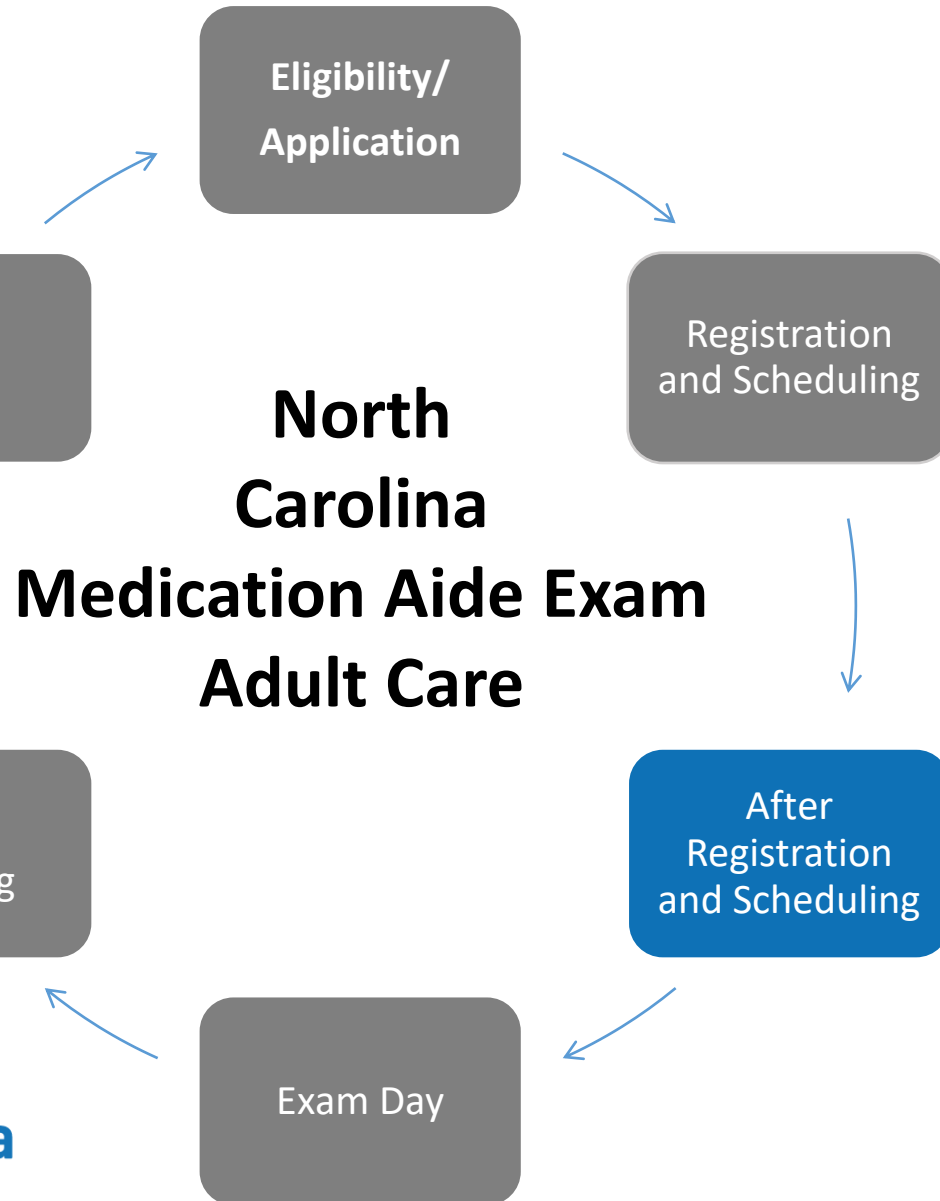
Candidates



Candidates can go to Pearson VUE's website (www.pearsonvue.com) to:

- View the most current exam dates
- Register online
- Download a Candidate Handbook

Candidates



Call Pearson VUE Customer Service to:

- Reschedule or cancel an examination
 - Candidates can reschedule one time without penalty charges, and their fee will be transferred to the new exam date.
 - 48 hours notice must be given before their written examination date.
- Obtain information regarding their examination (test site information, times and dates)
- Request an excused absence
 - Candidates who are late or absent from an exam may call Pearson VUE within 14 days of the exam date to request an excused absence. Verification will be required.

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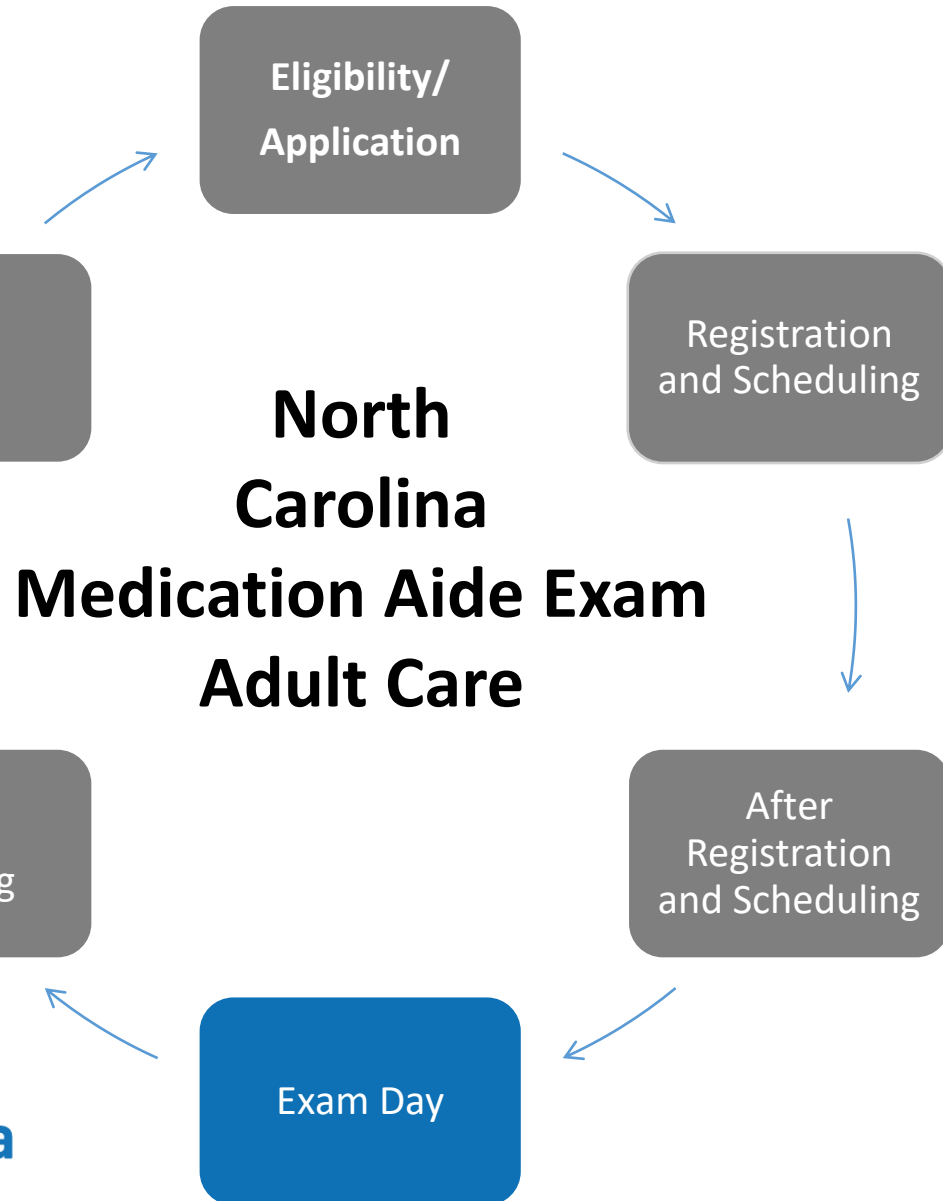
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Candidates



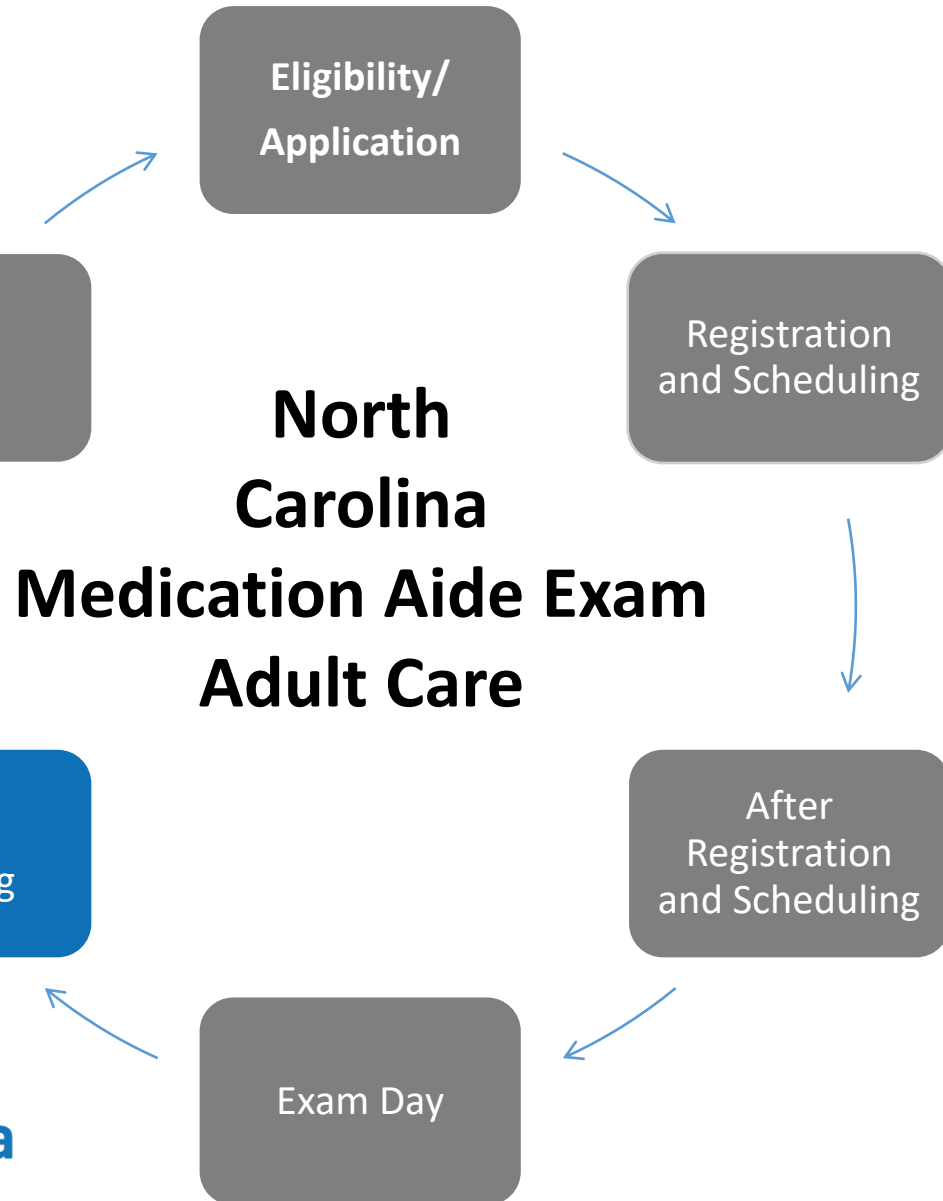
Check In Process:

- Arrive 30 minutes prior to scheduled time for the examination.
- No refunds if a Candidate is late.
- Must bring proper identification (2 forms of ID) current, not expired official U.S. government – issued signature-bearing identification.

Written Exam (CBT)

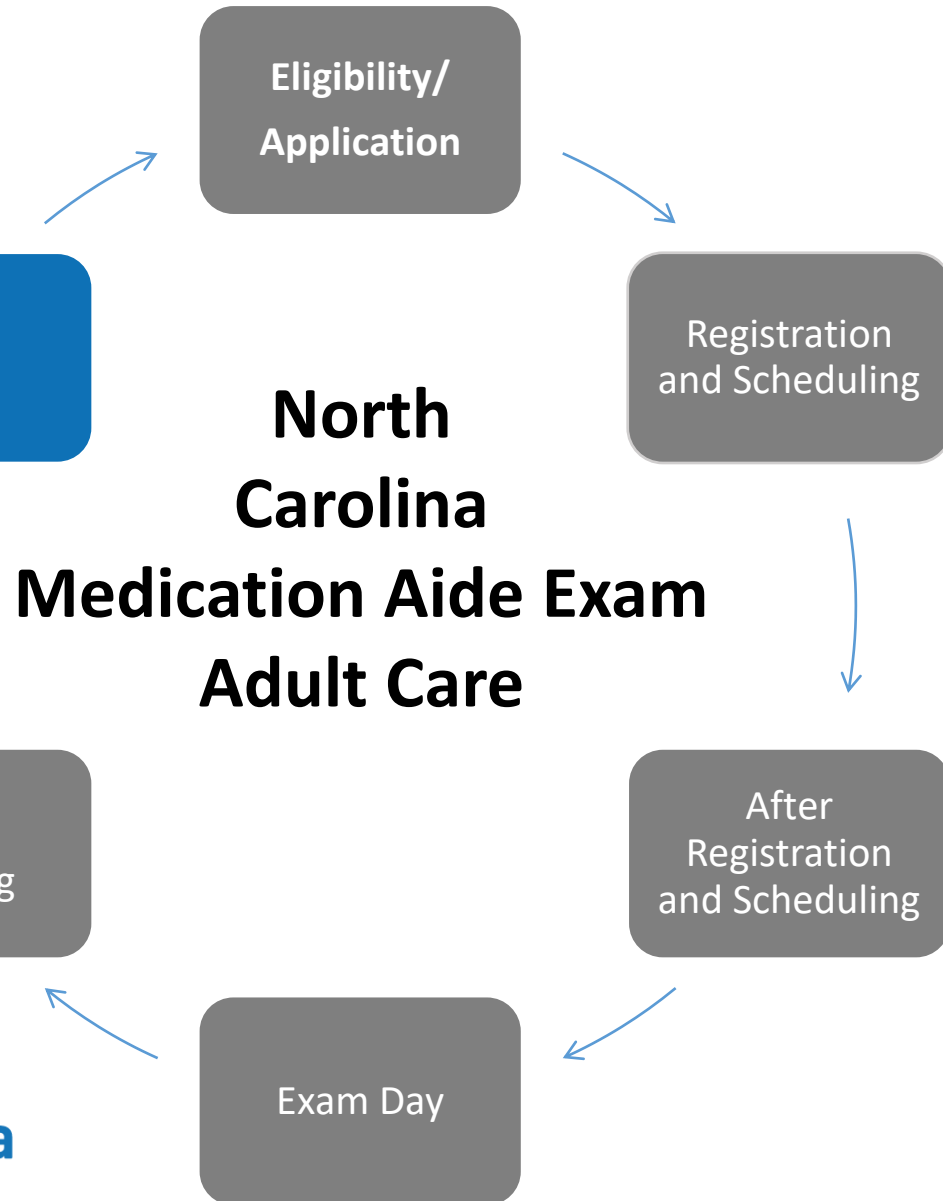
- Candidates will take the written exam on the computer in a Pearson VUE Test Center (PVTTC).

Candidates



- **Written (or Oral):** receive official Score Report at the test site.
 - The Score Report will indicate a pass/fail result.
 - The Score Report will provide information on how to re-take the examination.
 - They must re-register online. Candidates must wait at least 24 hours to reschedule after completing exam.
- **Grievances:** must be submitted within 30 days of the exam date.
 - If a Candidate has any issues that they need to report regarding the testing site, they must complete a grievance form. This can be done by logging into their account.

Candidates



The Registry

- After successful completion of the exam, the Candidate's name will be submitted to the State for listing in the Med Aide Adult Care Registry.
- Verifications can be made by calling:

NC Registry Office

(919) 855-3969

Monday – Friday

8 a.m. – 12 p.m. and

1 p.m. – 3:00 p.m.

OR

Via the registry's website

<https://www.ncnar.org/index1.jsp>

Account Recovery

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Credential Management System



Returning Users Login :

Username [Adult Care Examinees:](#)

Password Please [click here](#) to create your testing account.

Forgot your Username or Password?

If you **have** registered for a North Carolina Nurse Aide / Medication Aide exam **in the past 2 years**, and you don't know your user name or password, please [Click Here](#) to recover your account. You will be required to enter your last name and the email address you used when you originally registered.

Having Trouble Logging In?

Contact customer service, call 888-723-6773 between
(M-F) 8AM - 11PM (EST)
(Sat) 8AM - 5PM (EST)
(Sun) 10AM - 4PM (EST)

or email us at
pearsonvuecustomerservice@pearson.com

For Candidates who did not receive email notification or do not remember account information.

- Candidates will access the online system at https://i7lp.integral7.com/durang_o/do/login?ownername=ncna
- Candidates should first try using “[Click Here](#)” under **Forgot your Username or Password?**

Account Recovery

North Carolina Department of Health and Human Services Division of Health Service Regulation Credential Management System

Account Recovery

Enter the following information to recover your account:

Last Name

Email address

Submit

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- This will bring them to the Account Recovery Screen.
- Candidates must enter in their Last Name and Email address that they used when they created their account.
- Candidates will receive an email with instructions to activate their account.
- If that does not work, they should contact Pearson VUE Customer Service.

(888) 723-6773

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Sunday 10 a.m. – 4 p.m. (all ET)

or email pearsonvuecustomerservice@pearson.com

Name Change

- If a Candidate's name has changed, then they should complete the online Candidate Correction Form.
- Once it is processed, Candidates will receive an email indicating that their name has been updated and will be reflected in their display name when logged into their account.

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or email

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Candidate Correction Form

This form will not be accepted without the proper required identification attachments. See your Candidate Handbook section for proper identification.

ALL name change must be made at least nine (9) calendar days prior to your scheduled exam. If you are on the North Carolina Nurse Aide I Registry (active or inactive), you must contact the registry to make the name change.

If you would like to correct your First, Middle, and Last Name, please complete this section.

- All documentation must be submitted with a copy of a valid, non-expired government issued photo ID.
- Documentation must include the candidate's legal name that matches the requested change.
- You will need to attach one of the following supporting documents for the First, Middle, and Last Name change(s): marriage certificate, divorce decree, or a court order recognizing a gender reassignment; or a signed letter from a healthcare provider confirming you have had appropriate clinical treatment for gender transition.

First Name

Middle Name

Last Name

Supporting documentation for First, Middle, and Last Name change.
Add File

Name
There are no results found.

If you would like to correct your Date of Birth, please complete this section.

- You will need to attach a valid, non-expired government issued photo ID that includes the Date of Birth.

Date of Birth
(MM/DD/YYYY)

Name Change

- If a Candidate's name needs to be updated on the Medication Aide Adult Care Registry, then they must contact the State.
- Candidates should notify the Registry by submitting the Name/Address Change Reporting Form.

NC Registry Office
(919) 855-3969
Monday – Friday
8 a.m. – 12 p.m. and
1 p.m. – 3:00 p.m.
OR
Via the registry's website
<https://www.ncnar.org/index1.jsp>

2709 Mail Service Center
Raleigh, NC 27699-2709
Division of Health Service
Regulation

Center for Aide Regulation and Education Branch
Health Care Personnel Education and Credentialing Section

Phone: 919-855-3969
Fax: 919-733-9764
N.C. Department of Health
and Human Services

Name/Address Change Reporting Form

Nurse Aide I / Medication Aide / Geriatric Aide/ Medication Aide for Adult Care Homes

To report your address or name change to the N.C. Nurse Aide I Registry, the N.C. Medication Aide Registry, N.C. Geriatric Aide Registry or Medication Aide for Adult Care Homes, please complete all fields below. Sign in the space provided and fax or mail the form with copies of legal documents, if required, to the fax number or address below.

- Fax: (919) 733-9764
- U.S. Mail: Center for Aide Regulation and Education
2709 Mail Service Center
Raleigh, NC 27699-2709

Type or Print Clearly

Aide Name as it Appears on Registry _____
Last 4 Digits of Your Social Security Number _____
Your Nurse Aide I Listing Number (if applicable) _____
Date of Birth (Month/Day/Year) _____
If you ever been listed as an NC Medication Aide for Adult Care Homes, please check here, _____

New Address

Street or PO Box _____
City _____ State _____ Zip _____
Home Telephone Number with Area Code _____
Work Telephone Number with Area Code _____
Email Address _____

New Full Name (Proof Required*)

Aide Signature _____

*Required Proof of Name Change

If reporting a name change, please provide copies only - not originals - of 1) your new, signed social security card with the new name on it and 2) the legal document (such as the court-issued marriage certificate, divorce decree, or legal resumption of prior name document) that clearly demonstrates the name change. A driver's license copy is NOT acceptable.

DHSR/HCPEC 4503 (Rev. 03/15, 8/17 NCDHHS)