Medication Aide Adult Care & Credential Management System
New Account Activation – Self Registration

Access the Credential Management System to create account or login to existing account at
https://i7lp.integral7.com/durango/do/login?ownername=ncna

1. From the Login screen:
    a. If you already have an account, enter your Username and Password. You will then be taken to your home page.
    b. To create a new testing account, click on the click here link.

2. Click on Create a profile to agree to terms.

Personal Information/New Candidate Record

3. Enter in your personal information. Fields marked with an * are required.
4. Click **Submit** to continue.

Personal Information

New Candidate Record

Fields marked with an * are required.

General Information

Enter your name and social security number EXACTLY as it appears on your government-issued identification.

* First Name

Middle Name

* Last Name

* Birth Date   [Month ▾] [Day ▾] [Year ▾]

* Gender [▾]

SSN (A valid SSN is required to be added to the registry)

Enter IDs below. The text to right of each field indicates the format of the ID. # is used to designate numbers, * is used to designate alpha characters and % is used to designate alphanumeric characters.

* Social Security Number   #########

* Confirm Social Security Number   #########

Addresses

* Country/Territory   [UNITED STATES ▾]

* Primary Address

* City

* State/Province   [-None- ▾]

* Postal Code

Phone Numbers

|	Phone Country Code	Number	ext
* Primary Phone Number	-Select- ▾		
Alternative Phone Number	-Select- ▾		

Email Addresses

* Primary Email Address

* Verify Email Address

[Submit]

5. You will receive a message that your **Candidate ID** was created. An email message containing your login and account activation instructions will be sent to the email address you provided during the registration. *Note the account activation date*

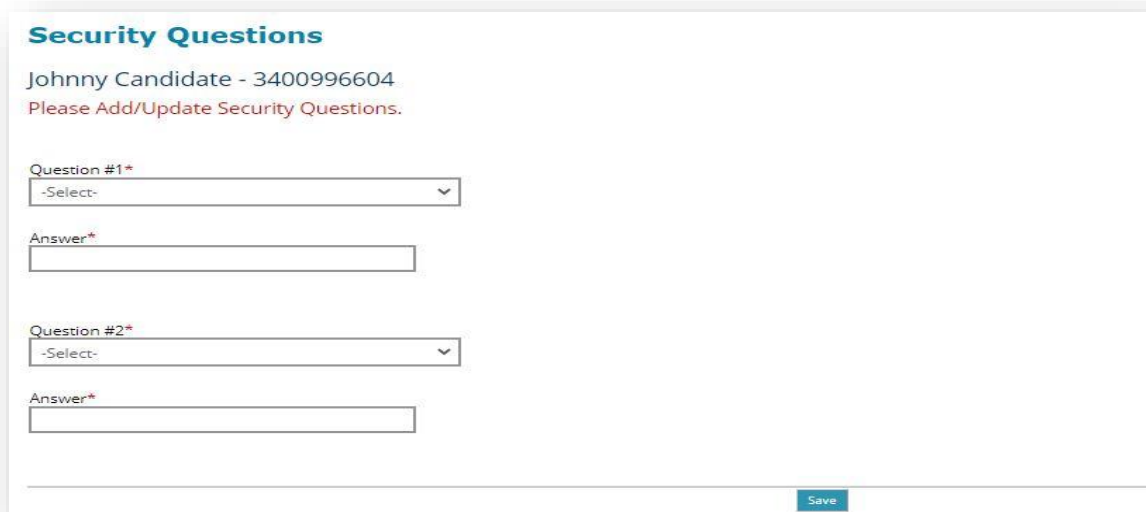*provided.*
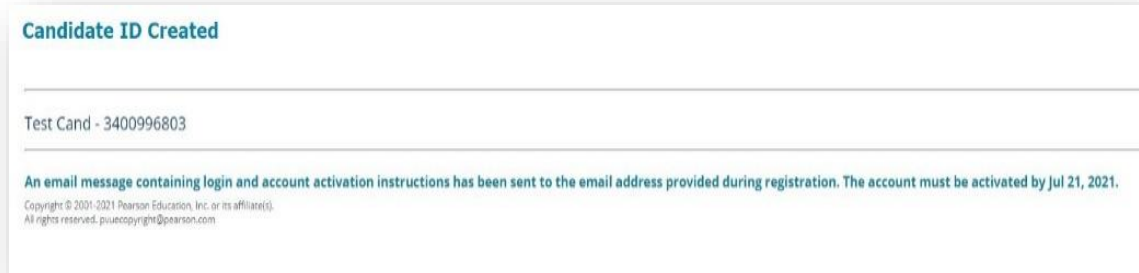
6. Open email from pearsonvueregistrationissues@pearson.com and complete the steps listed in the body of the email.
7. Click the Activate your Account Link. **Please note the link in the email is a one-time only use link. Do not click until you are ready to complete your online user profile.**
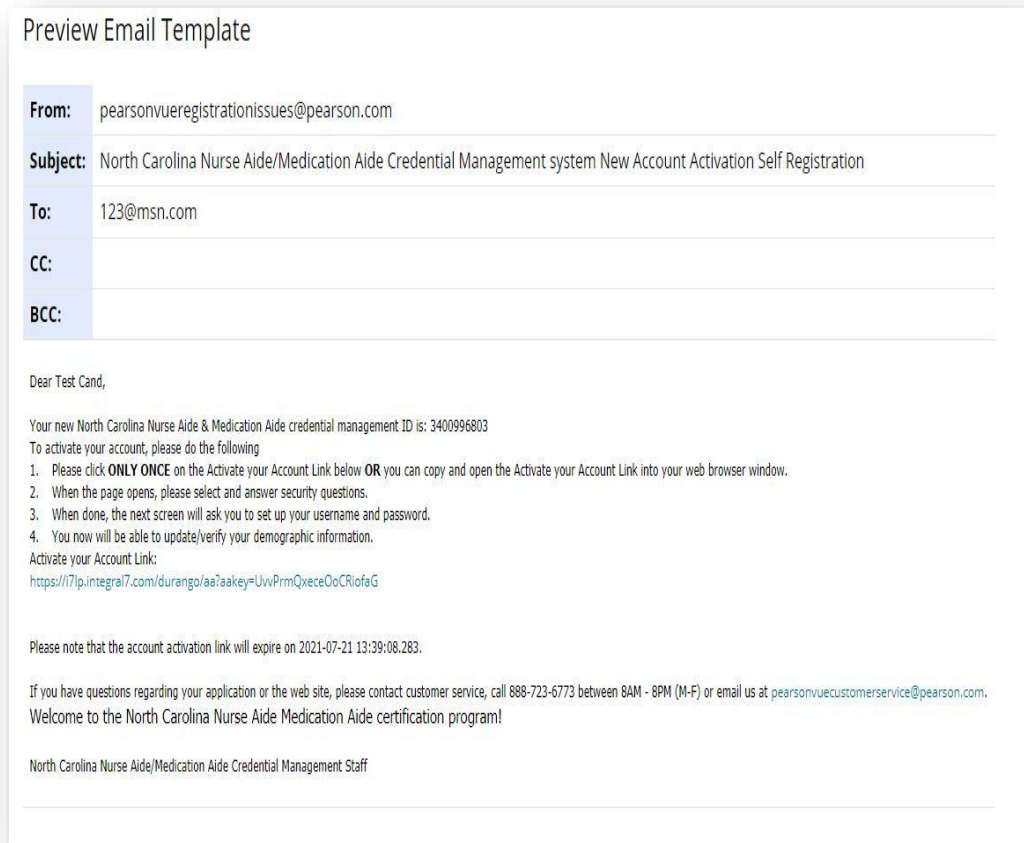
8. Security Questions - Add Security Questions and Answers. Click **Save** to continue.
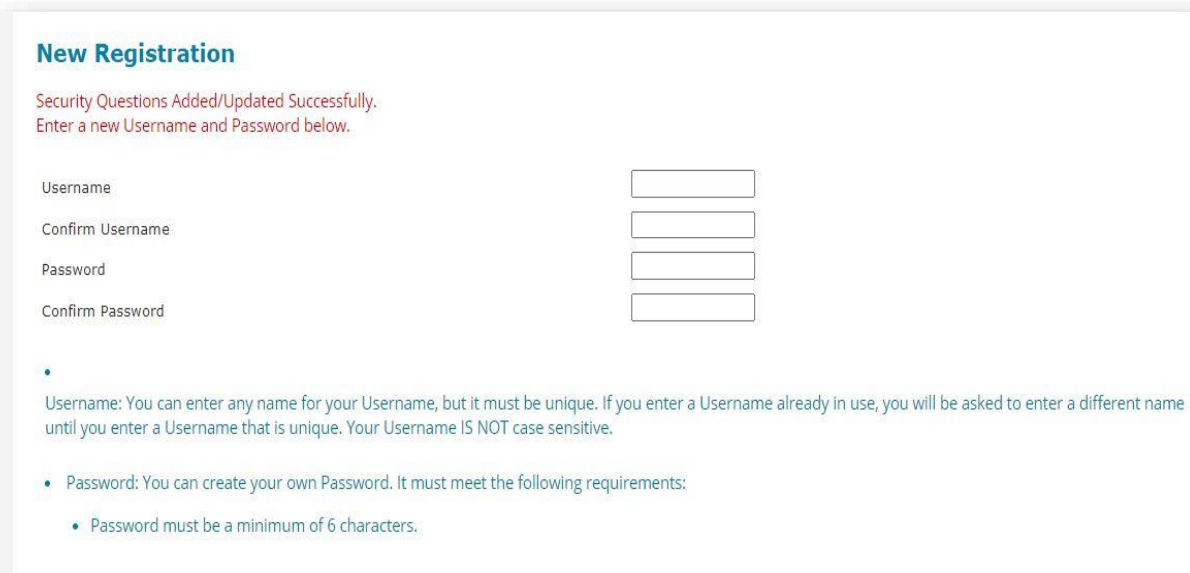
9. New Registration - After your security questions are updated you will create your username and password.

10. Review your registration information for accuracy and click **Verify** to continue.

Email Addresses

* Primary Email Address	aaron.peterson@pearson.com
* Verify Email Address	aaron.peterson@pearson.com

Verify

2. **License Restrictions.** You may not copy, reverse engineer, translate, modify or make derivative works of any software that is part of, or used with, the System. You may not disclose, publish, sell, assign, lease, sublicense, market or transfer the System, or any component thereof, or use the System in any manner not expressly authorized by this Agreement. You shall not attempt to derive the source code, source files or structure of all or any portion of the software contained in the System by reverse engineering, disassembly, decompilation or any other means and shall not use the System to create a service bureau or for any other use involving processing of data of other persons or entities. The software contained in the System is copyrighted and may not be copied, even if modified or merged with other products. You shall not remove any copyright notice or proprietary legend contained in any component of the System.

3. **Ownership.** You agree that, as between you and PCM, PCM is the sole owner of all right, title and interest (including all intellectual property rights) in and to the System and all components thereof.

4. **Your Obligations.** You represent and warrant to PCM that you will only use the System as permitted under this Agreement, and that you will not introduce into the System any "back door," "time bomb," "Trojan horse," "worm," "drop dead device," "virus," or other computer software routines or hardware components designed to disable, damage or erase any software, hardware or data contained in the System. You also warrant that you will only use the System to access your own account, that you will not attempt to access other users accounts, and that you will not provide access to the System to any other third parties. You consent to and authorize the publication of your contact information by Credential Sponsor within the System and any publication created by authorized access to the System, including but not limited to your name, address, telephone number, fax number, and email address and you agree that your personal data can be transferred to and stored in the United States of America. You represent and warrant that you use of the System shall not be in violation of any applicable laws. In the event that PCM determines at its sole discretion, that your use of the System violates or threatens to violate the applicable material terms hereof, you agree that PCM shall have the right to terminate your access to the System and/or to delete any data or materials that PCM believes violates the applicable material terms hereof.

5. **Disclaimer of Warranties.** TO THE MAXIMUM EXTENT PERMITTED BY APPLICABLE LAW, THE SYSTEM IS PROVIDED "AS IS" WITHOUT ANY WARRANTY OF ANY KIND, AND PCM DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION, ANY IMPLIED WARRANTIES AS TO QUALITY, PERFORMANCE, TITLE, NONINFRINGEMENT, MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. YOUR USE OF THE SYSTEM UNDER THIS AGREEMENT IS SOLELY AT YOUR OWN RISK. PCM DOES NOT WARRANT THAT THE SOFTWARE WILL MEET YOUR REQUIREMENTS OR THAT ITS OPERATION WILL BE UNINTERRUPTED, ERROR-FREE, SECURE OR VIRUS-FREE. SOME JURISDICTIONS DO NOT ALLOW THE DISCLAIMER OF IMPLIED WARRANTIES; SO THE FOREGOING DISCLAIMER MAY NOT APPLY TO YOU.

11. After clicking on Verify, your online profile is complete, and you will be taken to your homepage.

12. To complete your testing application, click on **Please click here to complete NC Medication Aide Adult Care Eligibility Form.**

13. Complete Section I, II, and III.
14. Select the **Submit Form** button to continue.

Medication Aide Application for Adult Care

Instructions: Complete the following application to apply for eligibility to take the *Medication Aide - Adult Care Exam.*

When you have completed your application, select the *Submit Form* button.. Please note that if you have requested testing accommodations, your application must be reviewed before you will be eligible to test.

SECTION I: Accommodations Request (For Individuals with a Disability)

Pearson VUE is committed to ensuring access for all individuals with disabilities and supports the intention of the Americans with Disabilities Act as Amended (ADAAA). Pearson VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations. The purpose of accommodations is to provide candidates with full access to the test.

All accommodation requests must be approved by Pearson VUE before you make your exam reservation. For more information on testing accommodations or to submit your accommodations request, refer to the *North Carolina Accommodations Request* page located on the Pearson VUE website.

* **Are you requesting testing accommodations?**
○ No
○ Yes

SECTION II: Employment Information

If you are employed as a medication aide - adult, or have an offer for employment, please check one of the following to indicate type of place where you are/will be working as a medication aide.

☑ Adult / Family Care Home (A)

SECTION III: Candidate Attestation

*

Candidate Attestation - I understand that I am responsible for making sure that all of the information provided in this application is completely true and correct. I understand that any information I give that is not true may jeopardize my certification status and listing as a medication aide and may result in prosecution by the state of North Carolina.

☐ I agree to the above stated *Candidate Attestation.*

Submit Form

15. If you selected that you require testing accommodations, please follow the accommodations approval process outlined in the Candidate Handbook located at https://home.pearsonvue.com/nc/medaides/ .

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 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

To requesting test accommodations, go to:

http://pearsonvue.com/accommodations

Then select North Carolina Medication Aide from the alphabetized list. Candidates who have additional questions concerning test accommodations may contact the ADA Coordinator at:

accommodationspearsonvue@pearson.com

If you do not require testing accommodations, your application will automatically be approved.
You are now eligible to test and authorized to schedule your exam.

16. You can schedule your exam from here by clicking on "**Click here to schedule your
exam**".   This will bring you to your Dashboard.

Your exam registration has been approved.

You are now eligible to test and authorized to schedule your exam.

- ### Click here to schedule your exam

  - To schedule by phone, contact Pearson VUE reservations at 1-888-723-6773

After you have taken your exam, please allow two business days from your exam date for your information to be updated in
our system.

If you are absent from your exam, use the link above to reschedule (you will be required to pay an examination fee at the time
of rescheduling).

Testing Facilities can be found on page 2 of the Medication Aide Candidate Handbook found on the
Pearson VUE Medication Aide website.

17. From your Dashboard, under Schedule an exam, select **NCMAAC: NC Adult Care Medication Aide.**
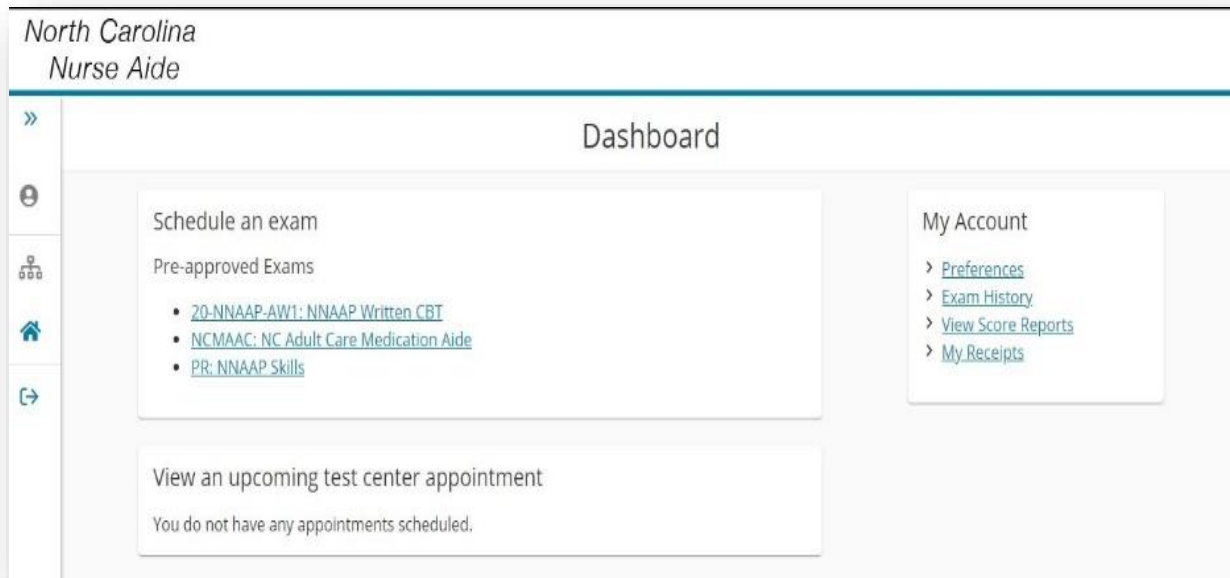
18. This brings you to the Exam Details page, form here you can view **Testing Policies** and **My Authorization Information**. Click **Next** to continue.
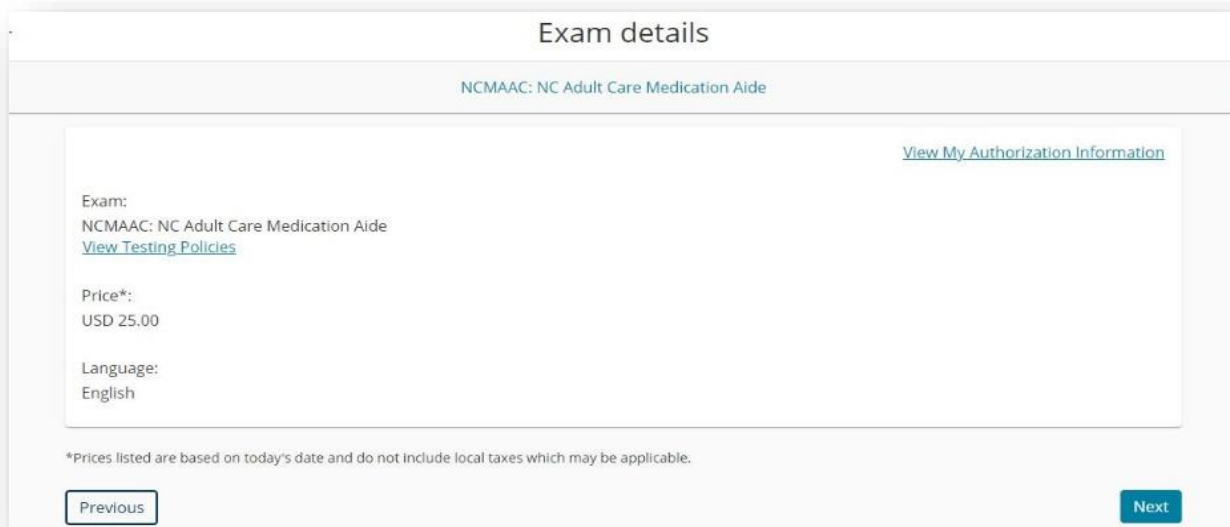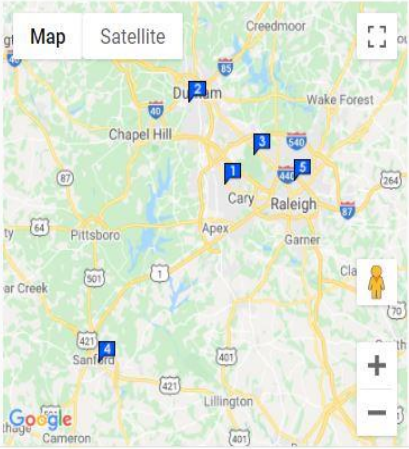
19. Test Center: Select up to three test centers at a time to compare appointment availability. Click **Next** to continue.

You can select up to three test centers to compare availability.

Helpful hints:

- The test center information link may provide directions, parking, wheelchair support or other physical access considerations.
- Distance (mi/km) is a straight line calculated from the center point of your search criteria and does not reflect driving distance.

	Test Center	Distance Show km
☐ 1	**NC Elite Career Service Center** 132 Quade Drive Cary, North Carolina 27513 United States Test Center Information	12.8 mi
☐ 2	**North Carolina Central University** 1801 Fayetteville Street University Testing Center Taylor Education Building, Room 112 Durham, North Carolina 27707 United States Test Center Information	16.3 mi

Map Satellite

Next

20. View availability calendar and select a day to see available times.

Helpful hints:

- When you select your appointment time, double-check the time format and time zone to avoid confusion, as some exams support delivery nearly 24 hours a day. For example, depending on the time format you prefer, note whether you have chosen an early morning (01:00 AM) or midday (13:00 or 1:00 PM) appointment.
- Time format and time zone display use default settings but can be adjusted to your personal preference.

◉ **NC Elite Career Service Center**

132 Quade Drive
Cary, North Carolina 27513
United States

○ **North Carolina Central University**

1801 Fayetteville Street
University Testing Center
Taylor Education Building, Room 112
Durham, North Carolina 27707
United States

Change Test Centers

Select Date
Why can't I find an available appointment?

<			June 2021			>
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Select a date from the calendar. Only available dates can be selected.

21. Select your exam start time.

22. Review and confirm the appointment details. Click **Proceed to Checkout.**

23. Review and agree to the exam policies. Click **Accept** to continue.

24. Enter payment information. Vouchers or major credits are required to complete exam registration. Enter details and c **Next** to continue.

Voucher Example:

Credit Card Example:

25. Review for accuracy and click **Submit Order**.

26. Your appointment is now booked.

27. You will receive an email exam confirmation and a payment confirmation email from
   pearsonvueconfirmation@pearson.com
28. If you need to reschedule or cancel your exam appointment, please follow the
   instructions in the Candidate Handbook.