

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.

The screenshot shows the login interface for the North Carolina Department of Health and Human Services (DHHS) Division of Health Service Regulation (DHSR) Credential Management System. The header is blue with the DHHS logo on the left, the department name in the center, and the DHSR logo on the right. Below the header is a 'Login' tab. The main content area is white and contains the following sections:

- Returning Users Login :** Includes input fields for 'Username' and 'Password', a 'Login' button, and a link for 'Adult Care Examinees' to 'Please [click here](#) to create your testing account.'
- Forgot your Username or Password?** A paragraph explaining that if a user has registered for a North Carolina Nurse Aide / Medication Aide exam in the past 2 years and doesn't know their login details, they should click a link to recover their account.
- Having Trouble Logging In?** Contact information for customer service, including a phone number (888-723-6773) and email address (pearsonvuecustomerservice@pearson.com), along with their operating hours.

2. Click on [Create a profile](#) to agree to terms.

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

Terms of Use

Candidate ID Agreement

Welcome to the Nurse Aides North Carolina Credentials Management System for Certification and Licensing.

As a first time user of this web site, we want to inform you of the steps required to set up an account and to emphasize the importance of keeping your contact information current.

After reviewing and agreeing to these terms, you will be taken to the "New Registration - Candidate Record" page to begin the account creation process by filling in personal information such as email address, company name and Partner Company (if this is pre-populated, please verify it is correct, if not simply change it to the correct partner company) and all the required fields or to the "Edit Personal Information" page to add or verify the Partner Company and complete all the required fields.

New users to the system will be issued a candidate ID and directed to complete the account activation process.

Be sure to keep all of your contact information current through the "Update Personal Info" link in order to ensure we can contact you as necessary (i.e. important emails, certification achievement

Click on the following link:

[Create a profile](#)

If you do not agree to these terms, simply close out or leave this browser page.

Personal Information/New Candidate Record

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

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

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
* 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
Phone Country Code Number ext
Alternative Phone Number

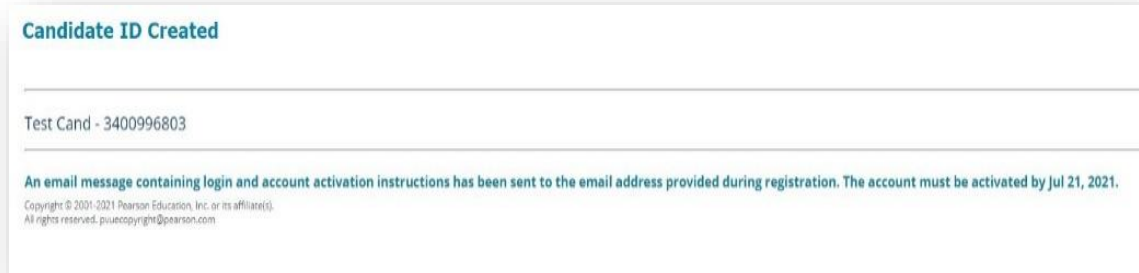
Email Addresses

* Primary Email Address
* Verify Email Address

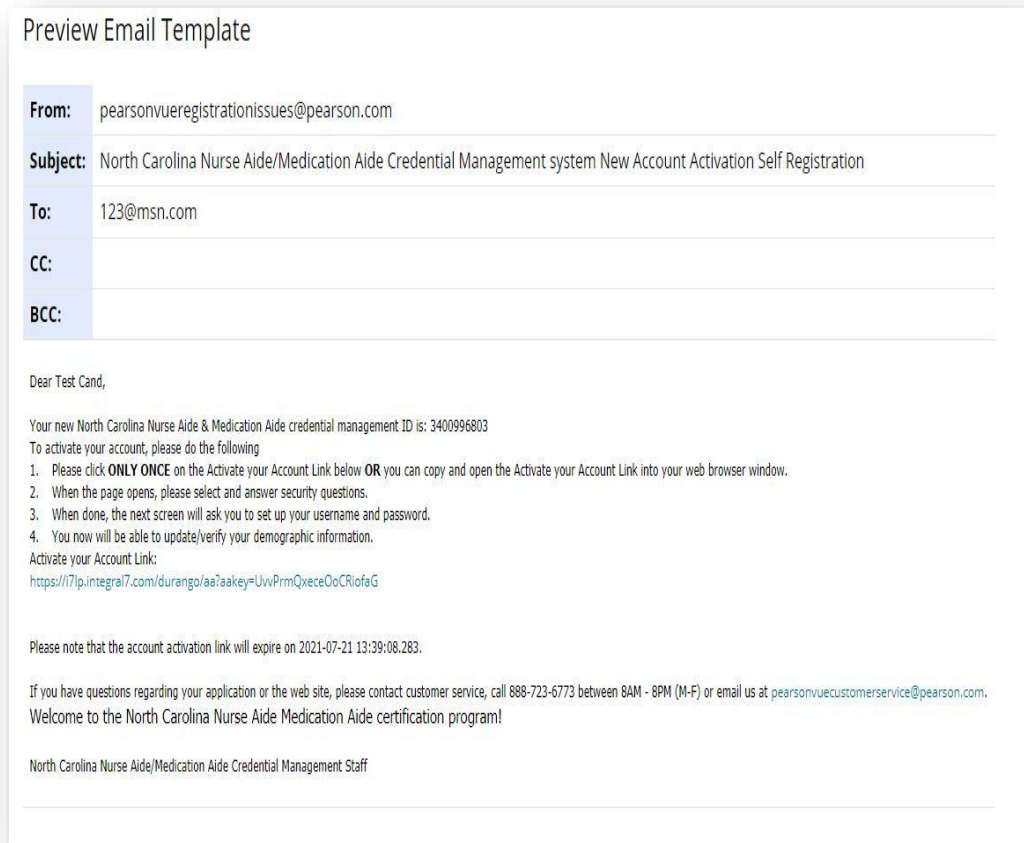
5. You will receive a message that your **Candidate ID** was created. An email message containing your login and account activation instructions will be sent to the email address you provided during the registration. *Note the account activation date*

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

provided.



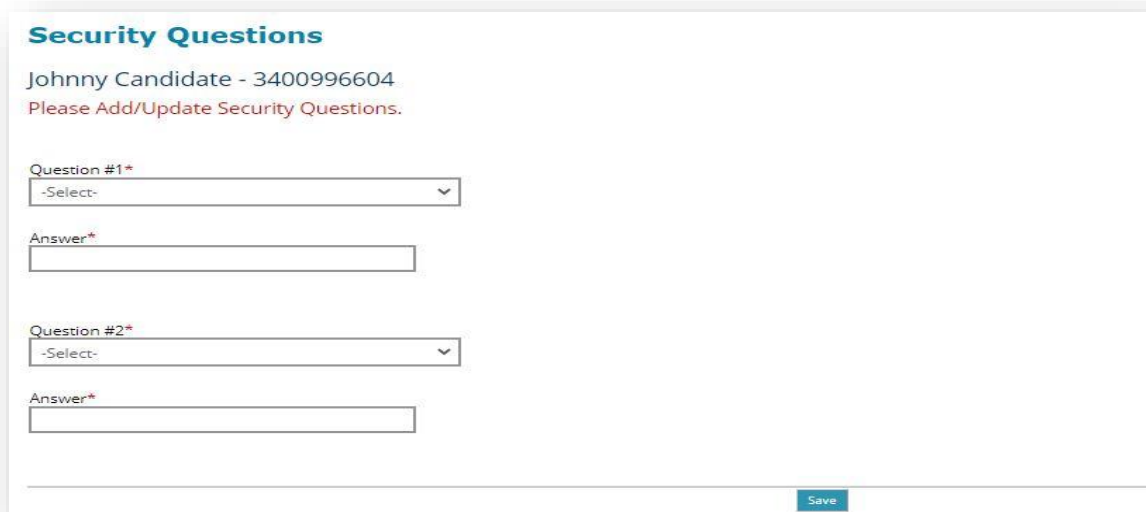
6. Open email from pearsonvueregistrationissues@pearson.com and complete the steps listed in the body of the email.
7. Click the Activate your Account Link. **Please note the link in the email is a one-time only use link. Do not click until you are ready to complete your online user profile.**



8. Security Questions - Add Security Questions and Answers. Click **Save** to continue.

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration



Security Questions

Johnny Candidate - 3400996604

Please Add/Update Security Questions.

Question #1*

-Select-

Answer*

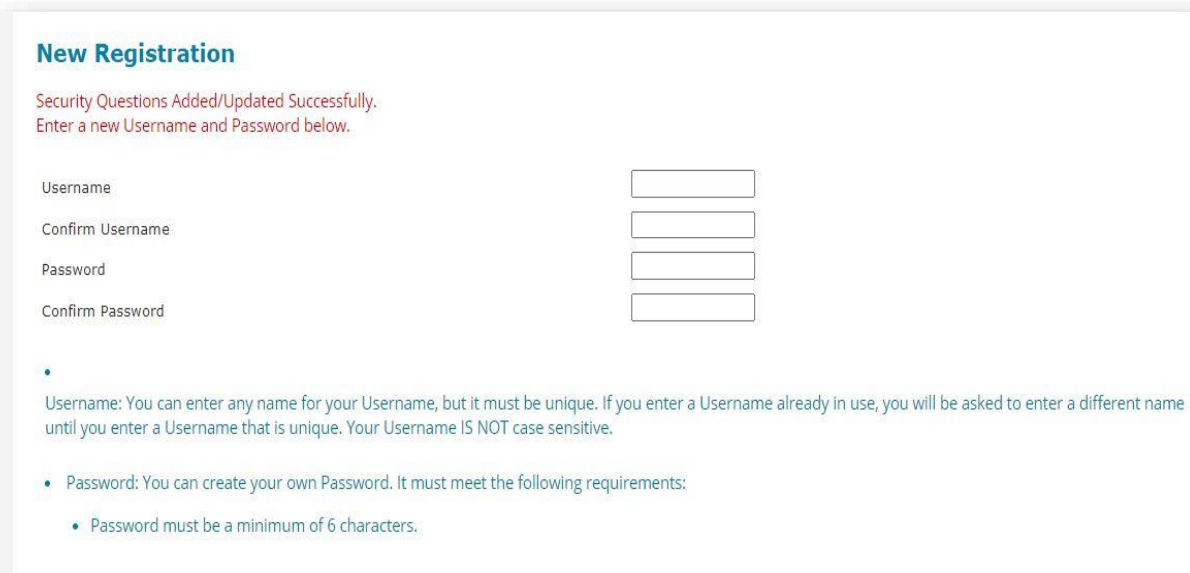
Question #2*

-Select-

Answer*

Save

9. New Registration - After your security questions are updated you will create your username and password.



New Registration

Security Questions Added/Updated Successfully.

Enter a new Username and Password below.

Username

Confirm Username

Password

Confirm Password

- Username: You can enter any name for your Username, but it must be unique. If you enter a Username already in use, you will be asked to enter a different name until you enter a Username that is unique. Your Username IS NOT case sensitive.
- Password: You can create your own Password. It must meet the following requirements:
 - Password must be a minimum of 6 characters.

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

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

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.

Copyright © 2001-2021 Pearson Education, Inc. or its affiliate(s).

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

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

Logout
[Logout](#)

Profile
[Next Step](#)
[Personal Information](#)
[Update Personal Info](#)
[History](#)
[Change Password](#)

Actions
[Complete a Form](#)
[Submit Incident](#)


Self Service
[FAQ](#)
[Contact Us](#)
[Incident History](#)

VUE
[Schedule Exams OR Access](#)
[Written Score Reports](#)

Next Step

Johnny Candidate - 3400996604

The changes to this candidate have been successfully saved.



IMPORTANT INFORMATION

Alert! - COVID-19 Scheduling Changes:
We know you're worried about rescheduling your exam. Due to COVID-19 scheduling changes, our customer service wait-times are longer than usual right now. We appreciate your patience as we work to help you and other candidates. In the meantime, for information on rescheduling, refunds, and other impacts to candidates, please check out our [FAQs](#) - Helpful resources for test-takers and COVID-19 scheduling changes // Pearson VUE

Alert! - COVID-19 Face Mask and Liability Waiver Requirement:
Due to COVID-19 exam day changes, candidates are required to bring and wear a face mask during their exam. Candidates should also bring the signed liability waiver to testing. The waiver can be found on the Pearson VUE website here: home.pearsonvue.com/nc/nurseaides/

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

SPECIAL NOTE: Candidates under the age of 18 will not be allowed to test without a parent/guardian signature on the liability waiver.

Please click here to complete NC Medication Aide Adult Care Eligibility Form

Welcome to the North Carolina Nurse Aide Credential Management System!

In order to apply for your examination, your training provider will need to upload proof of your training completion. Please contact your training provider to handle.

Get Your Score Report!

Score reports are now available online and can be viewed [here](#)

PLEASE NOTE: You will no longer be handed a score report at the test center or receive a mailed version. Please use the link above for score reports dating back to July 1, 2018.

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

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

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

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

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

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.

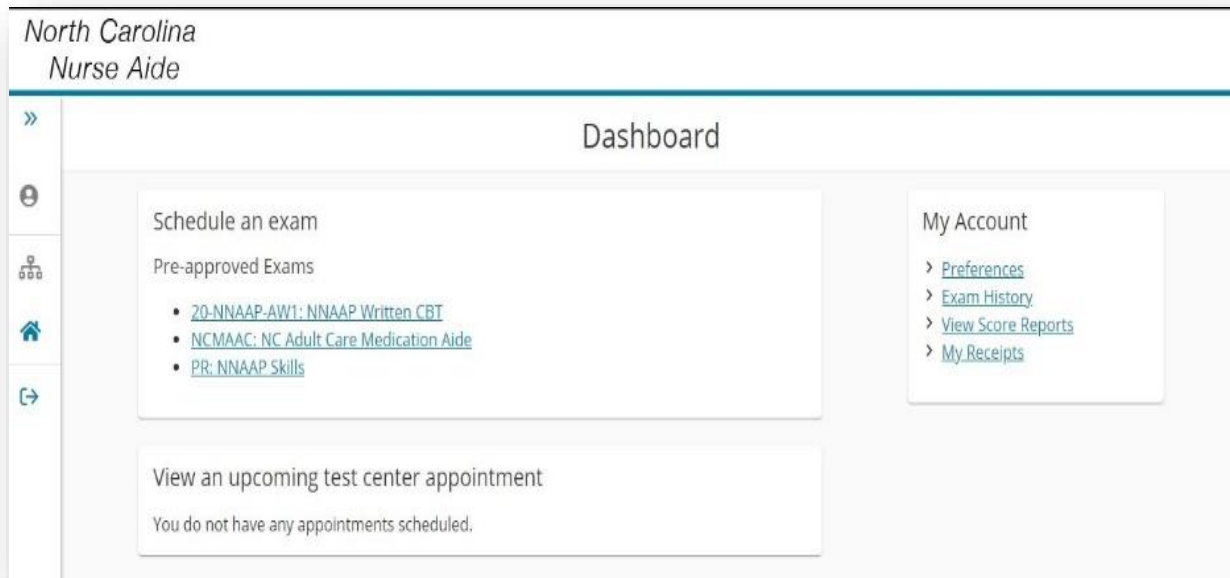
If you are absent from your exam, use the link above to reschedule (you will be required to pay an examination fee at the time of rescheduling).

Testing Facilities can be found on page 2 of the Medication Aide Candidate Handbook found on the [Pearson VUE Medication Aide website](#).

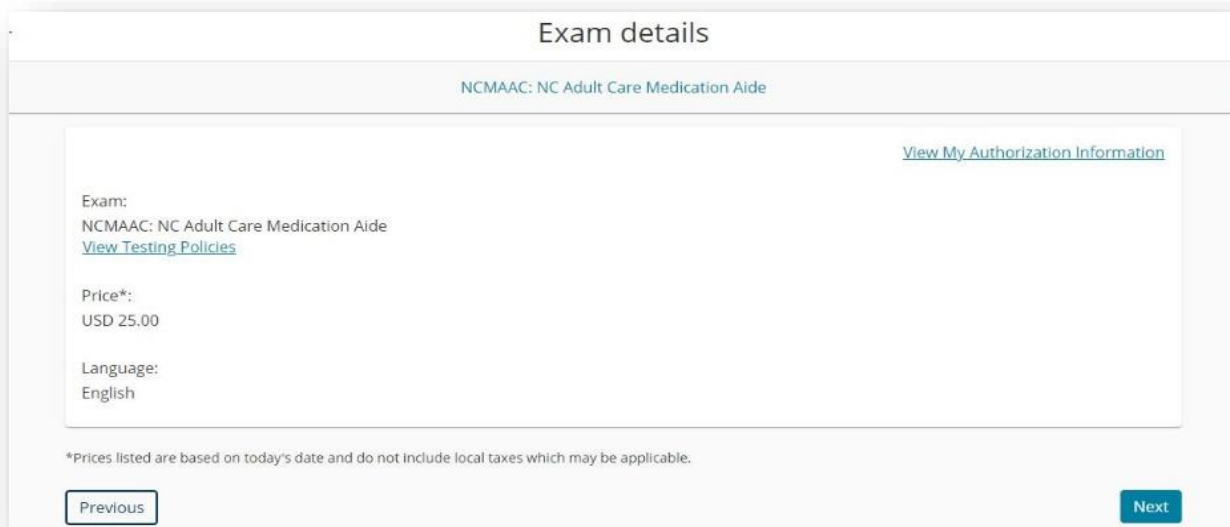
Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

17. From your Dashboard, under Schedule an exam, select **NCMAAC: NC Adult Care Medication Aide**.



18. This brings you to the Exam Details page, from here you can view **Testing Policies** and **My Authorization Information**. Click **Next** to continue.



Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

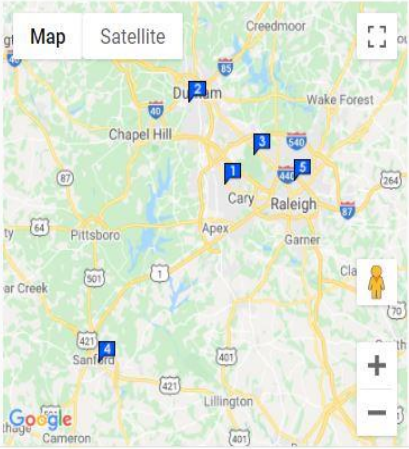
19. Test Center: Select up to three test centers at a time to compare appointment availability. Click **Next** to continue.

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
<input type="checkbox"/>	NC Elite Career Service Center 132 Quade Drive Cary, North Carolina 27513 United States Test Center Information	12.8 mi
<input type="checkbox"/>	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



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.

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

21. Select your exam start time.

☒ **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.

Available start times: Thursday, June 24, 2021 at NC Elite Career Service Center
Times shown in: America/New_York - EDT [Show 24-hour](#)

Morning

Afternoon

10:30 AM

None available

10:45 AM

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

North Carolina Nurse Aide

Cart

[Review and confirm](#) contact information to avoid issues on test day.

Description	Details	Price	Actions
Exam NCMAAC: NC Adult Care Medication Aide Language: English Exam Length: 120 minutes	Appointment Thursday, June 24, 2021 Start time: 10:45 AM EDT Change Appointment Location NC Elite Career Service Center 132 Quade Drive Cary, North Carolina 27513 United States Change Test Center	25.00	Remove

ESTIMATED TOTAL DUE: USD 25.00

[Proceed to Checkout](#)

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

You must schedule both the Written (or oral) Exam and Skills Evaluation before you can proceed to pay.

[Add Another Exam](#)

Confirm contact information

⚠ Your name must exactly match the identification (ID) that is presented at the test center or you will not be able to sit your exam.

Name:
Tester Testerson

Telephone:
+1 555-555-5555

Total Due	
Subtotal:	25.00
Estimated Tax:	0.00
ESTIMATED TOTAL DUE: USD 25.00	

ESTIMATED TOTAL DUE: USD 25.00 [Proceed to Checkout](#)

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

Agree to policies

No personal items may be taken into the testing room. This includes all bags, books not authorized by the sponsor and notes. Phones, pagers, or any other electronic devices are not permitted to be used and must be turned off during testing.

Please refer to the North Carolina Medication Aide handbook for additional details and information.

Reschedule Policy

You must contact Pearson VUE or access your online Pearson VUE account to reschedule your exam at least a minimum of 24 hours prior to your appointment. Rescheduling an exam less than 24 hours prior to your appointment or failure to appear for your appointment will result in the forfeiture of your exam fee. Exams scheduled with ADA specific needs require a three day reschedule notice.

Cancellation Policy

You must contact Pearson VUE or access your online Pearson VUE account at least a minimum of 24 hours prior to your exam appointment. Cancelling or failing to appear for an exam will result in the forfeiture of your exam fee. Exams scheduled with ADA specific needs require a three day cancellation notice.

[Cancel](#) [Accept](#)

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

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

Voucher Example:

North Carolina
Nurse Aide

Enter payment and billing

Order Total

Subtotal: 25.00

Estimated Tax: 0.00

ESTIMATED TOTAL DUE: **USD 25.00**

[Add Voucher or Promo Code](#)
[What is this?](#)

Voucher/Promotion Code:

Credit Card Example:

Card Details

We accept the following cards:

☐ ☐ ☐ ☐ ☐

*Card Type:

*Card Number:
(Do not include hyphens or spaces)

*Expiration Date:

*Cardholder's Name:
(Name as it appears on card)

*Security Code:
 [What is this?](#)

*State:

*Zip/Postal Code:

*Mobile/Phone Number:

[Country Codes](#)

*Email:

Your card will not be charged until you submit your order on the next page.

Medication Aide Adult Care & Credential Management System

New Account Activation – Self Registration

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

← Almost there...

Description	Details	Price
Exam NCMAAC: NC Adult Care Medication Aide Language: English Exam Length: 120 minutes	Appointment Thursday, June 24, 2021 Start time: 10:45 AM EDT Location NC Elite Career Service Center 132 Quade Drive Cary, North Carolina 27513 United States	25.00

Exams for	Order Total
Name: Tester Testerson	Subtotal: 25.00
Candidate ID: 3400988200	Tax: 0.00
	Voucher: -25.00 100% off of exam price

TOTAL DUE: USD 0.00 **Submit Order**

26. Your appointment is now booked.

North Carolina
Nurse Aide

»

You are booked!
Order #: 0058-9479-0845

An email confirmation has been sent to: aaron.peterson@pearson.com

Return to Dashboard

Description	Details	Order Information	Price
Exam NCMAAC: NC Adult Care Medication Aide Language: English Exam Length: 120 minutes	Appointment Thursday, June 24, 2021 Start time: 10:45 AM EDT Location NC Elite Career Service Center Test Center Information	Order Number/Invoice 0058-9479-0845 Registration ID 400473431 Status Scheduled	25.00

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](#).