

# **North Carolina Medication Aide Program**

## **Candidate Handbook**

**August 2018**

023400 08/18

# Quick Reference

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**Pearson VUE®**  
**Registration and Scheduling Services**  
**North Carolina Medication Aide**

(888) 723-6773

*Hours of Operation (Eastern Time Zone)*

*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
- Request an excused absence
- Ask questions about online registration

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**Pearson VUE®**  
**Website**

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

**Go to Pearson VUE's Web site ([www.pearsonvue.com](http://www.pearsonvue.com)) to:**

- Register online at <https://i7lp.integral7.com/ncna>
- Download a Candidate Handbook

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**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) 855-3969

*Hours of Operation:*

*8:00 a.m. – 12:00 p.m. (EST)*

*1:00 p.m. – 3:00 p.m. (EST)*

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## Introduction

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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®, 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

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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

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### Online Registration and Scheduling

**Effective December 13, 2017 all applications must be approved by North Carolina state-approved training programs PRIOR to completing the registration process.**

**Your approval will be loaded into the Pearson Credential Manager system. Once you have been approved, you will receive an email notification to complete the registration and scheduling process.**

The candidate will need to fill in all required fields, which are preceded by an asterisk (\*), on the online form in order to create an ID and be assigned a password. Step-by-step instructions will lead the candidate through the rest of the examination reservation process.

- Payment is in the form of a credit card or pre-paid credit card (American Express, MasterCard, Visa, or electronic voucher). Fees are non-refundable and non-transferable once submitted.
- You can access the online application at <https://i71p.integral7.com/ncna>
- You are responsible for completing the appropriate sections online. You may ask someone from your training program or facility employer for assistance in completing the on-line application.
- If you need help or have any questions about the **application process**, contact a Pearson VUE support representative at (888) 723-6773 between 8:00 a.m. and 8:00 p.m. (Eastern Time Zone).
- **Fees are non-refundable and non-transferable.**

## Exam Fees

There is an examination fee of \$55, if registering on or before 9/30/18, or \$59, if registering on or after 10/1/18, each time you test. **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. If you are not currently employed in a nursing home, you may pay the fee yourself.

## Exam Scheduling

For more information about scheduling, or on how to register for the examination online, please visit:

<http://www.pearsonvue.com/nc/nurseaides>

Walk-in testing is not available.

## Testing Locations

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

PEARSON VUE CENTER LOCATION	DAYS OPEN
<b>Raleigh NC — Pearson VUE Test Center</b> Site ID: 51938 2801 Blue Ridge Road Suite 105 Raleigh, NC 27607	<b>Tuesday – Saturday</b>
<b>Greenville NC — Pearson Professional Centers</b> Site ID: 47055 1105 Corporate Dr Suite B Greenville, NC 27858	<b>Monday – Friday</b>
<b>Statesville NC — Pearson VUE Test Center</b> Site ID: 51939 211 South Center Street Suite 218 Statesville, NC 28677	<b>Tuesday – Saturday</b>
<b>Charlotte (East-Hwy74) — Pearson Professional Centers</b> Site ID: 63114 7520 East Independence Blvd Suite 250 Quorum Office Park Charlotte, NC 28227	<b>Monday – Friday</b>
<b>Wilmington NC — Pearson Professional Centers</b> Site ID: 47057 2709 Market St. Suite 206 Market Street Central Wilmington, NC 28405	<b>Monday – Saturday</b>

PEARSON VUE CENTER LOCATION	DAYS OPEN
<b>Asheville NC — Pearson Professional Centers</b> Site ID: 47053 One Town Square Boulevard Suite 350 One Town Square Boulevard Asheville, NC 28803-5007	<b>Monday – Saturday</b>

## 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

## 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](mailto:accommodationspearsonvue@pearson.com)

# Testing Process

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## 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.

# Cancellation and Rescheduling

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## 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. See the following pages for specific circumstances. Pearson VUE Customer Care Representatives are available at (888) 723-6773 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

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



# Exam Day

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## 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 has changed you must:

- Contact Pearson VUE if you are **NOT** on the North Carolina Nurse Aide I Registry
- If you are on the North Carolina Nurse Aide I Registry, contact Pearson VUE and the Registry

You must do this at least seven (7) business days prior to your scheduled exam. Be prepared to provide official government documentation of the name change.

**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

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## 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.



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](http://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.

## Duplicate Score Report

You can now request a duplicate of your Score Report. Sign in to your account. Click on the HISTORY tab. Select the exam you would like a duplicate score report for, click on “details,” and print the report.

# Grievance Process

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Each candidate has a right to file a grievance to complain or contest the result of their Medication Aide Exam. Pearson VUE will follow up on each grievance within ten (10) business days of receipt of the candidate grievance letter. No grievance will be investigated if it is not received in writing.

## Process

All grievances must be in writing. The candidate must provide as much detail as possible in the grievance letter and forward it to Pearson VUE within thirty (30) days of their exam date. After receipt of the grievance letter, Pearson VUE will investigate and respond to the letter within ten (10) business days. Pearson VUE’s address is located on the inside front cover of this handbook.

# The Registry

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## 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](http://www.ncnar.org)). Alternately, you may call the Medication Aide Registry at (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](http://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 Handscored Answer Sheet**

**DIRECTIONS:** You may use this form to request Pearson VUE 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:

**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 \_\_\_\_\_