

# WADOH Candidate Application and Scheduling Guide

## Self Service Training Guide

For Candidate Use

August 2023 – **DRAFT**

At the end of this guide, you will better understand the following:

- The SMT Application and Self Scheduling Process
- How to access SMT to Complete the Application
- Tips for Completing the Application
- How to access IQT to Schedule Exams
- How to obtain Knowledge and Clinical Score Reports
- Helpful Hints

# UNDERSTANDING THE PROCESS

- Once we receive confirmation of your eligibility to test, you will receive an email from "**Home Care Aide Certification Application (HCACA) Registered** to sign in and complete the application. Click Candidate User Login.
- Follow the instructions sent in the email.
- **The system saves the information when you click the Next tab in case you have to sign out and back in to complete it.**
- Once you complete the application, you will receive an email to schedule your exams or to work with Prometric Testing Accommodations Team to get it scheduled.
- Do NOT click "Register" on Exam Registration as it creates duplicate profile accounts.

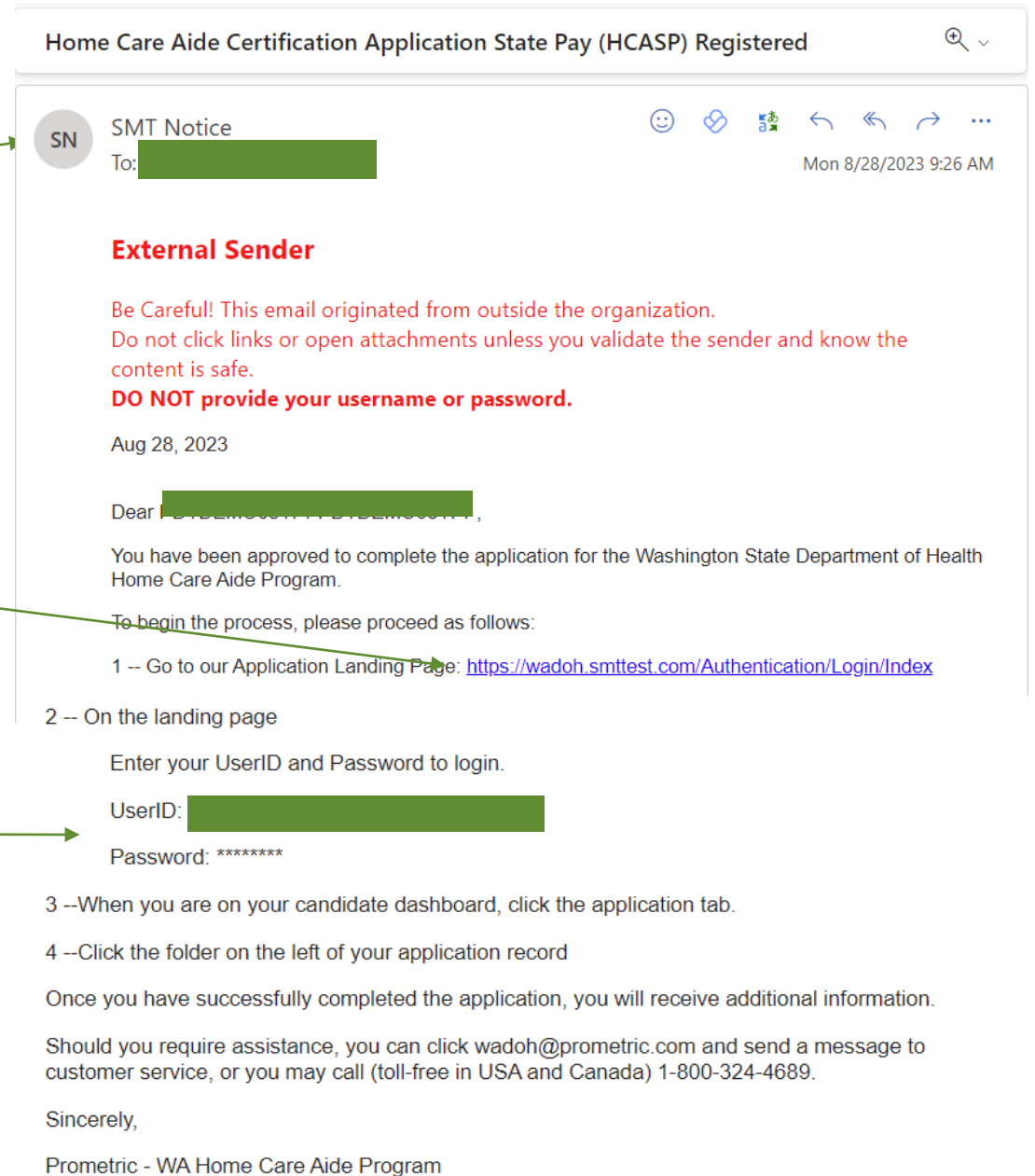
# Completing the Application

Check your inbox and/or spam junk folder for an email titled SMT Notice/  
registrations@isoqualitytesting.com

- Click on the link for SMT or copy/paste the link into your web browser

[wadoh.smttest.com/Authentication/Login/Index](https://wadoh.smttest.com/Authentication/Login/Index)

- Enter UserID and the password you received on the email
- Accept the Prometric Data Policy
- Reset your password (?)



Home Care Aide Certification Application State Pay (HCASP) Registered

SMT Notice  
To: [REDACTED] Mon 8/28/2023 9:26 AM

**External Sender**

Be Careful! This email originated from outside the organization.  
Do not click links or open attachments unless you validate the sender and know the content is safe.  
**DO NOT provide your username or password.**

Aug 28, 2023

Dear [REDACTED],

You have been approved to complete the application for the Washington State Department of Health Home Care Aide Program.

To begin the process, please proceed as follows:

- 1 -- Go to our Application Landing Page: <https://wadoh.smttest.com/Authentication/Login/Index>
- 2 -- On the landing page  
Enter your UserID and Password to login.  
UserID: [REDACTED]  
Password: \*\*\*\*\*
- 3 --When you are on your candidate dashboard, click the application tab.
- 4 --Click the folder on the left of your application record

Once you have successfully completed the application, you will receive additional information.

Should you require assistance, you can click [wadoh@prometric.com](mailto:wadoh@prometric.com) and send a message to customer service, or you may call (toll-free in USA and Canada) 1-800-324-4689.

Sincerely,  
Prometric - WA Home Care Aide Program

# Completing the Application

To log into the SMT system, click on the link for Login or copy/paste the link into your web browser

- Click Candidate User Login

Using the information from the email:

- Enter your User ID
  - Enter the email supplied password.
  - Enter text from the image
  - Click "Login".
- 
- Note: You will be prompted to change your password the first time you log in to the system.

[wadoh.smttest.com/Authentication/Login/Index](http://wadoh.smttest.com/Authentication/Login/Index)



|   |   |   |
|---|---|---|
| Candidate User Login<br>Click here for Candidate User Login | Client User Login<br>Click here for Client User Login | Prometric User Login<br>Click here for Prometric User Login |
|---|---|---|

## Login

User ID \*

Password \*

Enter the text from the image below. \*

Login

[Forgot your password?](#) [Forgot your username?](#)  
[Forgot your email?](#)

# Completing the Application

- Once signed back in, read the **Personal Data Privacy Disclosure Consent** statement.
- Click **"I Agree"**.
- Click **"Consent"**.
- Click **"Continue"**.

**PROMETRIC**

### PERSONAL DATA PRIVACY DISCLOSURE & CONSENT

At Prometric, protection of your personal data and information, and making sure you understand how and why it is processed, is of paramount importance to us. As a data processor for your test sponsor, Prometric processes your personal information only for the purposes of registering and scheduling you for a test, administering that test, and processing the results. At no time will your personal information be used by Prometric for any other purpose without your permission. Your personal information, including your test results, will be provided to your test sponsor for the purposes of providing scores, certification, or other test-related services. The full Prometric Privacy Policy can be found at <https://www.prometric.com/en-us/documents/PrometricPrivacyPolicy.pdf>.

We may employ other companies and individuals to perform functions on our behalf. Our employees, agents and contractors who have access to personal data and information are required to protect the information in a manner that is consistent with the Prometric Privacy Policy and upholds the confidentiality of the information and the rights of data subjects, and we seek assurances from such third parties that they will provide the same level of privacy protection as Prometric requires of its employees and adheres to, including in regards to applicable data protection law. We do not transfer information to third parties who are not acting as Prometric's agent or on Prometric's behalf under an appropriate contractual relationship.

Prometric LLC is headquartered in the United States of America. Personal data of domestic U.S. and international candidates will be accessed from or transferred to the United States for processing, or to our affiliates and data processors elsewhere in the world. "International candidates" are candidates or employees residing outside of the United States on a permanent basis who do not hold a United States passport. Prometric will always protect the privacy and security of personal data, regardless of the location of the individual where it is originally collected or ultimately processed or stored. Personal Data that is collected and processed from you, the data subject and/or exam candidate, is authorized through your application and/or contract with your test sponsor to take an exam, your registration and scheduling through Prometric, and the collection of your express consent by clicking "I Consent" below.

Prometric maintains certification to the EU/U.S. Privacy Shield as well as the Swiss/U.S. Privacy Shield for the purposes of transfers of Personal Data from the European Economic Area. At any time, you may request access, rectification, erasure, portability, restriction, or object to the processing of your Personal Data, or make inquiries, requests, complaints, or withdraw consent related thereto by contacting your test sponsor during normal business hours. You may also submit a Data Subject Access Request directly to Prometric.

I Agree  
 I Consent     I Do Not Consent

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# Completing the Application

- For security purposes, once you sign back in for the first time you will now be prompted to reset your password.
- Enter your new password.
- Confirm your new password.
- Click "Reset Password".

Note: Write down the new password or save it in your contacts as you will need it to sign in and schedule your exam(s).

- You will receive a message that your password was successfully reset.
- Click "Return to Log in" to sign back in.

The screenshot shows the Prometric 'Reset Password' form. The form includes a 'User ID' field with the email 'Saran2Reach+0823202320@gmail.com', a 'New Password' field, and a 'Confirm Password' field. Below the fields is a 'Password instruction' section with the following requirements:

- at least 8 characters
- at least one letter (a-z, A-Z)
- at least one uppercase character (A-Z)
- at least one lowercase character (a-z)
- at least one number (0-9)
- at least one specific symbol (! @ # \$ % ^ & \* =)

At the bottom of the form are two buttons: 'Reset Password' (highlighted in green) and 'Login'. A green arrow points from the 'Reset Password' button in the form to the 'Return to Login' button in the success message below.

The success message reads: 'You have reset your password successfully. Please log in again to enter into the system and continue!' with a 'Return to Login' button below it.

Footer text: 'Trusted Provider of Market Leading Test Development and Delivery Solutions', 'Career Opportunities | Terms | Privacy | Ethics | Site Status | Contact Us | ©2023 Prometric', and the Prometric logo.

If you forget your username or password, go to [wadoh.smttest.com/Authentication/Login/Index](http://wadoh.smttest.com/Authentication/Login/Index)

- Click Forgot username
- Click Forgot password

# Login

User ID \*

Password \*

Enter the text from the image below. \*



Login

[Forgot your password?](#)

[Forgot your username?](#)

[Forgot your email?](#)



# Completing the Application

- After logging in, the candidate will see their information.

PROMETRIC


Candidate

Logout

**CANDIDATE DETAILS**

User Name: PDTDEMO08231 PDTDEMO08231    UserID: Saran2Reach+0823001@gmail.com    Candidate ID: HM0823202301    Email: Saran2Reach+0823001@gmail.com

| View | Edit | Products | First Name | Last Name | User ID      |              |                               |
|------|------|----------|------------|-----------|--------------|--------------|-------------------------------|
|      |      |          |            |           | PDTDEMO08231 | PDTDEMO08231 | Saran2Reach+0823001@gmail.com |

- Click this icon  to view the application.

View Edit Products First Name Last Name User ID

PDTDEMO08231 PDTDEMO08231 Saran2Reach+0823001@gmail.com

Click to see the Applications

- Click the Application tab  icon.

PROMETRIC

Applications

Candidate

Logout

**CANDIDATE DETAILS**

User Name: PDTDemo082320 PDTDemo082320    UserID: Saran2Reach+0823202320@gmail.com    Candidate ID: HM0823202320    Email: Saran2Reach+0823202320@gmail.com

Create a new application by clicking the + Create link below.  
Your existing application(s) are listed below. Click the **folder icon** to open and work with your application.  
You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

[+ Create an Application](#) [Export to Excel](#)

| Open | Application                                     | App Type      | Id     | App Expires | Status     | Status Date | Attachments | Download | View App |
|------|---|---------------|--------|-------------|------------|-------------|-------------|----------|----------|
|      | Home Care Aide Certification Application - HCAC | Certification | 927078 |             | In Process | 08/23/2023  |             |          |          |

1 - 1 of 1 items

# Completing the Application

- Click "Begin".

- Click link here to change demographic information

- Update your information if necessary.
- Click Next

View Application  
Applications  
Candidate  
Logout

Washington State Department of HEALTH  
HCACA - Home Care Aide Certification Application

The Washington State Department of Health has contracted with Prometric to develop and administer its Home Care Aide Competency Exam. For any questions please visit <https://www.prometric.com/wadoh> and select Candidate Information Bulletin to learn more about Eligibility Requirements. Please complete the application in full, and then you will receive exam scheduling instructions. You will receive two separate emails with scheduling instructions. One for the multiple choice Knowledge exam, and one for the Skills Evaluation exam.

**Please note:**

- Even though you paid one fee, you will need to schedule each exam (Knowledge Exam and Skills Evaluation Exam) separately.
- You will receive two emails, one with scheduling instructions for the Written, and one with scheduling instructions for the Skills Evaluation exam

Please note: Scheduling for the Skills Evaluation Exam will be open in two to three weeks. You will receive an email with instructions when the Skills Evaluation Exam is ready.

Begin

View Application  
Applications  
Candidate  
Logout

**CANDIDATE DETAILS**

User Name: PDTDemo082320 PDTDemo082320    UserID: Saran2Reach+0823202320@gmail.com    Candidate ID: HM0823202320    Email: Saran2Reach+0823202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

1 2 3 4 5 6 7 8 9

**Demographic**    Training and Site Preference Details    Exam Options    Special Accommodations    Documentation Upload    Affidavit and Release    Payment    Verify / Submit    Receipt

Mandatory fields are marked with an asterisk \*

**Note:**  
If you need to update your address here, please update it on the DOH site as well. Click [this link](#) to transfer.

\* User ID: Saran2Reach+0823202320@gmail.com    \* Email: Saran2Reach+0823202320@gmail.com

Prefix    \* First    Middle    \* Last    Suffix

Candidate Name:    PDTDemo082320    PDTDemo082320

Alias Name:

\* Primary Phone: (999) 333-3333    Alternate Phone: (000) 000-0000

\* Birth Date: 01/11/1970    Gender:  Male  Female

Ethnicity: American Indian or Alaskan Native    Marital Status: Single

Step 1 of 9

Next

# Completing the Application

- Training Information
- Click "Next".

**View Application**

**Applications**

**Candidate**

**Logout**

**CANDIDATE DETAILS**

User Name: PDTDemo082320 PDTDemo082320    User ID: Saran2Reach+0823202320@gmail.com    Candidate ID: HM0823202320    Email: Saran2Reach+0823202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

1 2 3 4 5 6 7 8 9

Demographic    **Training and Site Preference Details**    Exam Options    Special Accommodations    Documentation Upload    Affidavit and Release    Payment    Verify / Submit    Receipt

Mandatory fields are marked with an asterisk \*

Training Completion Date (MM/DD/YYYY)

08/15/2023

Preferred Test Site Location

waifftcih

Step 2 of 9

Previous Next

- Click "Next".

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

1 2 3 4 5 6 7 8 9

Demographic    Training and Site Preference Details    **Exam Options**    Special Accommodations    Documentation Upload    Affidavit and Release    Payment    Verify / Submit    Receipt

Mandatory fields are marked with an asterisk \*

Knowledge Exam Option selected. The choices are, English, Amharic, Arabic, Khmer, Korean, Laotian, Russian, Samoan, Somali, Spanish, Simplified Chinese, Tagalog, Ukrainian and Vietnamese.

English

Skills Evaluation Exam Option selected. The choices are, Amharic, Arabic, English, Khmer, Korean, Laotian, Russian, Samoan, Somali, Spanish, Simplified Chinese, Tagalog, Ukrainian and Vietnamese.

English

Step 3 of 9

Previous Next

# Completing the Application

Candidates that fail an exam 3 times and have retrained, are ready to test again. The candidate will register themselves. The candidate will choose their preferred language for the knowledge and clinical skills exam.

- Choose the preferred language for the knowledge exam
- Choose the preferred language for the clinical skills exam

The screenshot displays the 'CANDIDATE DETAILS' page for a user with ID HM081620233. The progress bar indicates the user is on step 3, 'Exam Options'. A dropdown menu for 'Alternate Language' is open, showing a list of languages including English, Amharic, Arabic, Khmer, Korean, Laotian, Russian, Samoan, Simplified Chinese, Somali, Spanish, Tagalog, Ukrainian, and Vietnamese. The 'English' option is highlighted. Below the dropdown, there are sections for 'Knowledge Exam' and 'Skills Evaluation Exam', each with a list of available languages. The 'Next' button is visible at the bottom right.

# Completing the Application

## Test Accommodations (TA)

We offer several test accommodation services.

If you require any of the services listed here, you will be required to complete a TA packet AND you must select the appropriate box for Test Accommodations when completing your application.

The most common accommodations are:

- Extended time,
- Separate room and/or Reader Required,
- "Other Services" is for a language interpreter.

### Test Accommodations Offered

- Adjustable Table Height
- Candidate Supplied Glucose Meter
- Candidate's Magnifying Glass
- Flexible Breaks
- Sign Language Interpreter
- Allowed to Turn On/Off Lights in Separate Room
- Candidate Supplied Multiple Glasses
- Extended Scheduled Breaks
- Reader Required
- Special Chair
- Allowed to Walk and/or Stretch
- Candidate Supplied Sugar Drink
- Extended Time
- Separate Room
- Other Services

# Completing the Application

## Test Accommodations Continued:

Now that you are familiar with the accommodations offered. Determine if you need accommodations to complete your exam. This section will show you how to proceed if no accommodations are needed.

(NEW TOP SCREENSHOT HERE)

If you do NOT need any of the accommodations listed in the top right box and do NOT need an interpreter, choose the "No accommodations are being requested or are required for my exam administration" box here.

If no accommodations are needed, skip to page 14 for your electronic signature.

**Require Accommodations:**  I require accommodations to complete my examination.

Select the service(s) needed:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Adjustable Table Height          | <input type="checkbox"/> Allowed to Turn On/Off Lights in Separate Room | <input type="checkbox"/> Allowed to Walk and/or Stretch |
| <input type="checkbox"/> Candidate Supplied Glucose Meter | <input type="checkbox"/> Candidate Supplied Multiple Glasses            | <input type="checkbox"/> Candidate Supplied Sugar Drink |
| <input type="checkbox"/> Candidate's Magnifying Glass     | <input type="checkbox"/> Extended Scheduled Breaks                      | <input type="checkbox"/> Extended Time                  |
| <input type="checkbox"/> Flexible Breaks                  | <input type="checkbox"/> Reader Required                                | <input type="checkbox"/> Separate Room                  |
| <input type="checkbox"/> Sign Language Interpreter        | <input type="checkbox"/> Special Chair                                  |   |

Other Services

Describe Other:

Step 4 of 9 Previous Next

**PROMETRIC**

User Name: PDTDemo081825 PDTDemo081825    UserID: Saran2Reach+0818202325@gmail.com    Candidate ID: HM0818202325    Email: Saran2Reach+0818202325@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

Demographic    Training and Site Preference Details    Exam Options    **Special Accommodations**    Documentation Upload    Affidavit and Release    Payment    Verify / Submit    Receipt

Mandatory fields are marked with an asterisk \*

Washington State Department Of Health does not discriminate against candidates for certification on the basis of race, religion, gender, national origin, marital status, sexual orientation, age or disability. In accordance with the Americans with Disabilities Act (ADA) and other applicable laws, Washington State Department Of Health provides reasonable accommodations for applicants with documented disabilities that may affect their ability to take the WA Home Care Aide Knowledge Simplified Chinese Mandarin. It is the candidate's responsibility to notify Washington State Department Of Health of the needed alternative arrangements at the time of application to sit for examination.

**Accommodations:**  No accommodations are being requested or are required for my exam administration.

**Require Accommodations:**  I require accommodations to complete my examination.

Step 4 of 9 Previous Next

# Completing the Application

## TEST ACCOMMODATIONS

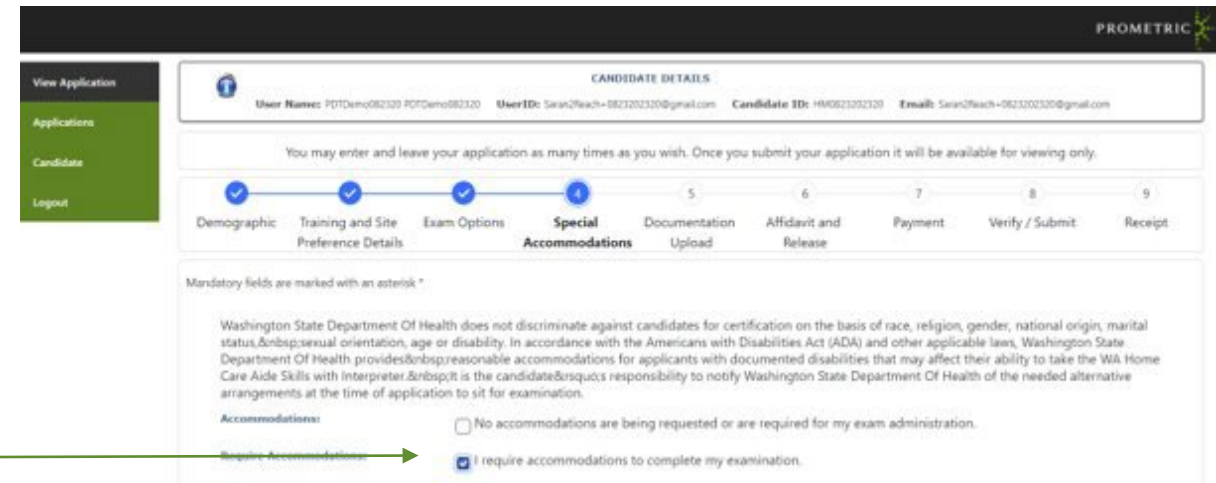
Review the services offered on page 14 of this guide and if you require any of the services listed, access and read the TA Packet here before choosing the appropriate link.

You will need to do the following to have test accommodations:

1. Print and complete the TA packet from the link here: <https://www.prometric.com/sites/default/files/WADOH/ADA Test Accommodations Form.pdf>
2. Save it and upload the packet
3. Submit the packet when prompted it with your application once you check the accommodation box.

**WARNING:** Please choose accurately when choosing the "I require accommodations to complete my examination" box. If you accidentally choose this box, correcting the error will remove you from the self-service process and will require live assistance.

**STOP** - Please choose accurately when choosing the "I require accommodations to complete my examination" box. If you accidentally choose this box, correcting the error will remove you from the self-service process and will require live assistance resulting in a delay in scheduling.



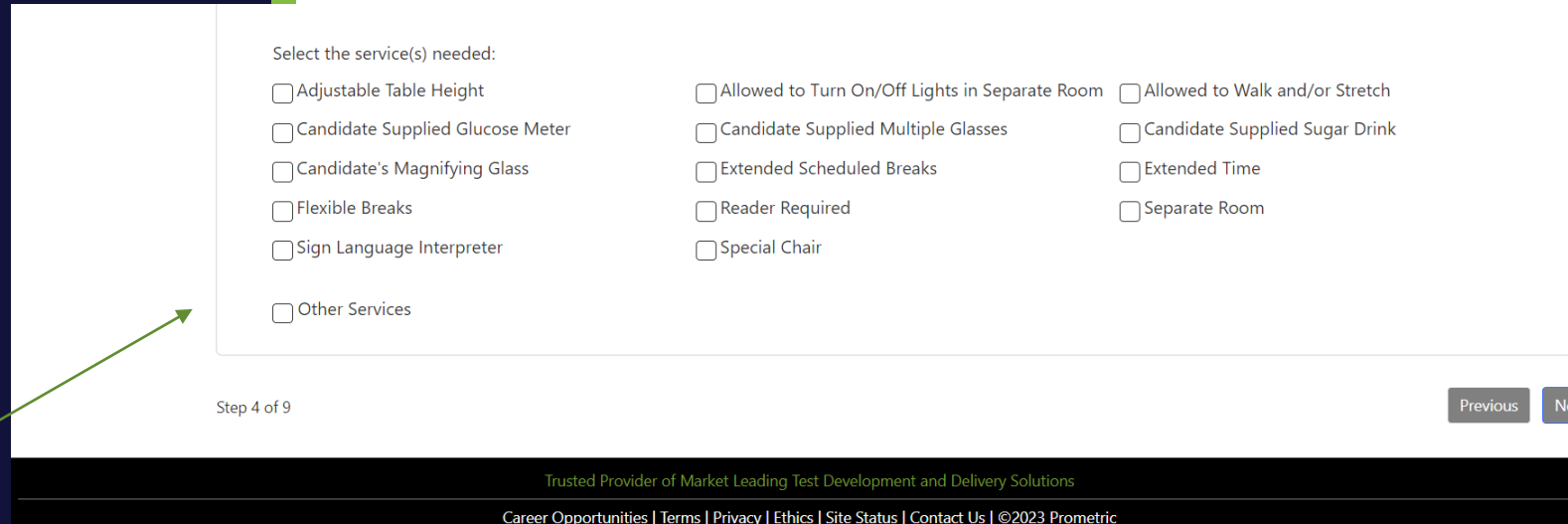
The screenshot shows the 'CANDIDATE DETAILS' page in the Prometric system. The progress bar indicates the current step is 'Special Accommodations'. Below the progress bar, there is a section for 'Mandatory fields are marked with an asterisk \*'. A paragraph of text states: 'Washington State Department Of Health does not discriminate against candidates for certification on the basis of race, religion, gender, national origin, marital status, sexual orientation, age or disability. In accordance with the Americans with Disabilities Act (ADA) and other applicable laws, Washington State Department Of Health provides reasonable accommodations for applicants with documented disabilities that may affect their ability to take the WA Home Care Aide Skills with Interpreter. It is the candidate's responsibility to notify Washington State Department Of Health of the needed alternative arrangements at the time of application to sit for examination.' Below this text, there are two radio button options for 'Accommodations:'. The first option is 'No accommodations are being requested or are required for my exam administration.' The second option is 'I require accommodations to complete my examination.', which is selected. A green arrow points from the text in the first list item to this selected option.

# Completing the if Accommodations are needed:

- Answer "Yes" to the "Do you require ADA accommodations question. Click "I require accommodations."

- Select the services needed.
- Submit the completed Testing Accommodations Documentation packet here:

- Click "Save" and click "Next".



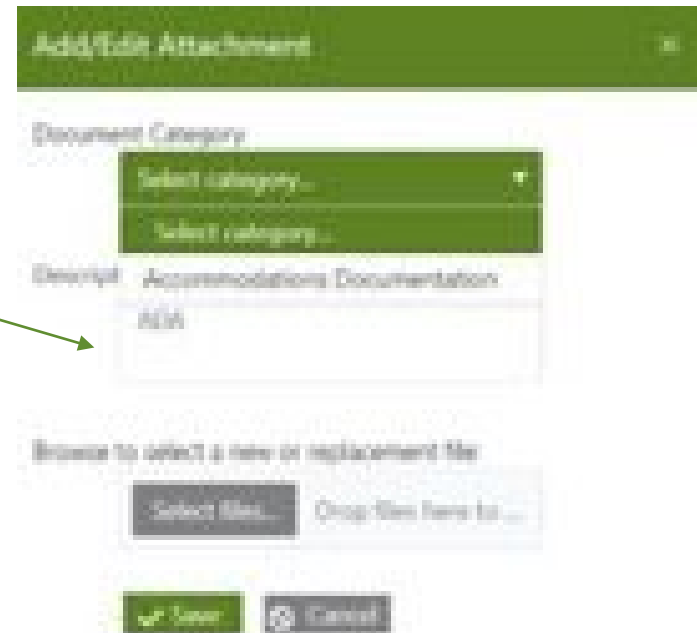
Select the service(s) needed:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Adjustable Table Height          | <input type="checkbox"/> Allowed to Turn On/Off Lights in Separate Room | <input type="checkbox"/> Allowed to Walk and/or Stretch |
| <input type="checkbox"/> Candidate Supplied Glucose Meter | <input type="checkbox"/> Candidate Supplied Multiple Glasses            | <input type="checkbox"/> Candidate Supplied Sugar Drink |
| <input type="checkbox"/> Candidate's Magnifying Glass     | <input type="checkbox"/> Extended Scheduled Breaks                      | <input type="checkbox"/> Extended Time                  |
| <input type="checkbox"/> Flexible Breaks                  | <input type="checkbox"/> Reader Required                                | <input type="checkbox"/> Separate Room                  |
| <input type="checkbox"/> Sign Language Interpreter        | <input type="checkbox"/> Special Chair                                  |   |
| <input type="checkbox"/> Other Services                   |   |   |

Step 4 of 9

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Add/Edit Attachment

Document Category

Select category...

Essential Accommodations Documentation

Add

Browse to select a new or replacement file

Select files... Drop files here to...

Save Cancel



- View Application
- Applications
- Candidate
- Logout

**CANDIDATE DETAILS**

User Name: PDTDemo082320 PDTDemo082320    User ID: Saran2Reach+0823202320@gmail.com    Candidate ID: HM0823202320    Email: Saran2Reach+0823202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

Progress: Demographic (✓) Training and Site Preference Details (✓) Exam Options (✓) Special Accommodations (✓) **Documentation Upload (5)** Affidavit and Release (6) Payment (7) Verify / Submit (8) Receipt (9)

Mandatory fields are marked with an asterisk \*

Please note that if you had mailed your Testing Accommodations packet, contact the Prometric Testing Accommodations team by calling 1-800-XXX-XXXX.

+ Upload a New File

| Category | Description | File Name |
|----------|-------------|-----------|
|          |             |           |

Step 5 of 9    Previous    Next

Mandatory fields are marked with an asterisk \*

Please note that if you had mailed your Testing Accommodations packet, contact the Prometric Testing Accommodations team by calling 1-800-XXX-XXXX.

+ Upload a New File

| Category                     | Description | File Name        |  |
|------------------------------|-------------|------------------|--|
| Accommodations Documentation | ADA         | ADA document.pdf | <a href="#">Edit</a> <a href="#">Delete</a> <a href="#">Download</a> |

Step 5 of 9    Previous    Next

# Completing the Application

ADA candidates must upload proper documentation.

[ADA Test Accommodations Form.pdf \(prometric.com\)](#)

Click "Next".

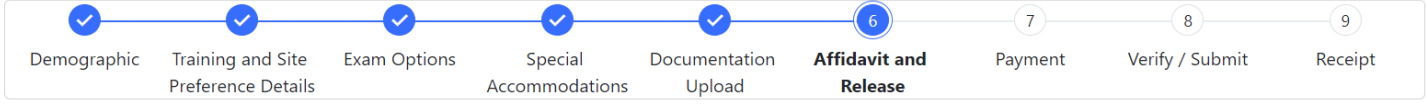
- Click the drop-down menu for Document Category – Choose "Accommodation Documentation".
- Add description - "ADA".
- Click "Select File".
- Then click "Save".
- Once completed, click "Next".

- View Application
- Applications
- Candidate
- Logout

**CANDIDATE DETAILS**

**User Name:** PDTDemo082320 PDTDemo082320 **UserID:** Saran2Reach+0823202320@gmail.com **Candidate ID:** HM0823202320 **Email:** Saran2Reach+0823202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.



Mandatory fields are marked with an asterisk \*

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a Home Care Aide may be at risk.
- I understand if I pass both parts of the Home Care Aide Competency Exam, I will be placed on the Washington State Department Of Health Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam.
- I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident.
- I hereby release Prometric, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure.

Electronic Signature (Please type your name)  
\*

Executed on (Date - MM/DD/YYYY)  
\*

Step 6 of 9 Previous Next

# Completing the Application

- Complete "Electronic Signature" by typing your name.
- Enter Date of Execution in format shown.
- Click "Save."

# Completing the Application

## Payment page

- Select Payment Type

- Enter payment information

- Click "Next".

Note: If payment isn't requested, skip to page 17 to finish the application. If no payment requestes does this mean they paid by voucher? How can that be confirmed?

**CANDIDATE DETAILS**  
User Name: PDTDemo082820 PDTDemo082820    UserID: Saran2Reach+0828202320@gmail.com    Candidate ID: HM0828202320    Email: Saran2Reach+0828202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

Demographic    Training and Site Preference Details    Exam Options    Special Accommodations    Documentation Upload    Affidavit and Release    **Payment**    Verify / Submit    Receipt

Mandatory fields are marked with an asterisk \*

Use Candidate information on file

\* Payment Type: < select payment type >  
< select payment type >  
Visa  
MasterCard  
American Express  
Voucher

**Payment Details**

\* Cardholder Name: First Name    Last Name

\* Card Number:

\* Expiration Date: Month    Year

\* Security Code:

**Billing Address**

\* Billing Address:

\* Billing City:

\* Billing Country: United States

\* Billing State/Province: << Show All >>

\* Billing Zip Code:

|               |      |        |
|---------------|------|--------|
| Price:        | \$   | 137.00 |
| Discount:     | \$ - | 0.00   |
| Late Fee:     | \$ + | 0.00   |
| Total Amount: | \$   | 137.00 |

Step 7 of 9

Previous    Next

# Completing the Application

## Payment page

Click "Submit Payment".

**CANDIDATE DETAILS**

User Name: PDTDemo082820 PDTDemo082820    UserID: Saran2Reach+0828202320@gmail.com    Candidate ID: HM0828202320    Email: Saran2Reach+0828202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

Demographic    Training and Site Preference Details    Exam Options    Special Accommodations    Documentation Upload    Affidavit and Release    Payment    **Verify / Submit**    Receipt

Mandatory fields are marked with an asterisk \*

---

### Verify

---

|             |  |  |  |
|-------------|--|--|--|
| Application | Home Care Aide Certification Application |  |  |
| Applicant   | PDTDemo082820 PDTDemo082820              |  |  |

---

|                      |    |        |
|----------------------|----|--------|
| Price                | \$ | 137.00 |
| Discount             | \$ | 0.00   |
| Late Fee             | \$ | 0.00   |
| Total Payment Amount | \$ | 137.00 |

Voucher Number    Ending in 3PEP

I understand by clicking on 'Submit' that this is an electronic signature unique to me, and to pay the total amount listed above.

# Completing the Application

Payment page

Print Receipt

Click "Finish".

**PROMETRIC**

**View Application**

**Applications**

**Candidates**

**Email History**

**Logout**

**CANDIDATE DETAILS**

**User Name:** PDTDemo082820 PDTDemo082820 **UserID:** Saran2Reach+0828202320@gmail.com **Candidate ID:** HM0828202320 **Email:** Saran2Reach+0828202320@gmail.com

You may enter and leave your application as many times as you wish. Once you submit your application it will be available for viewing only.

Demographic Training and Site Preference Details Exam Options Special Accommodations Documentation Upload Affidavit and Release Payment Verify / Submit **Receipt**

Mandatory fields are marked with an asterisk \*

Thank you for completing the Washington Home Care Aide Application. Please note:

- Even though you paid one fee, you will need to schedule each exam (Written Knowledge Exam and Clinical Skills Exam) separately.
- You will receive two emails, one with scheduling instructions for the Written, and one with scheduling instructions for the Clinical Skills exam

Visit your CMS dashboard for status updates, retrieve scores, or update profile information.

**Payment Receipt** [Print Receipt](#)

|                      |  |                             |
|----------------------|--|-----------------------------|
| Application          | Home Care Aide Certification Application |                             |
| Applicant            | PDTDemo082820 PDTDemo082820              |                             |
| Transaction Date     | 8/28/2023 1:02:31 PM                     |                             |
| Price                | \$                                       | 137.00                      |
| Discount             | \$                                       | 0.00                        |
| Late Fee             | \$+                                      | 0.00                        |
| Total Payment Amount | \$                                       | 137.00                      |
| Card                 | Type                                     | Voucher                     |
|                      | Name                                     | PDTDemo082820 PDTDemo082820 |

Please click the **"Print Receipt"** to print a copy of this payment receipt for your records.

Step 9 of 9 [Previous](#) [Finish](#)

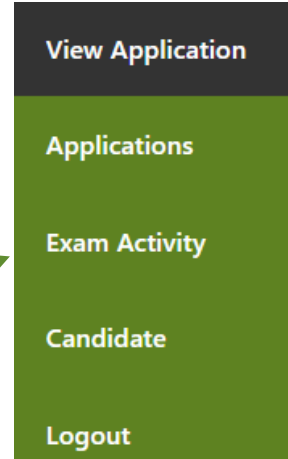
Trusted Provider of Market Leading Test Development and Delivery Solutions

Career Opportunities | Terms | Privacy | Ethics | Site Status | Contact Us | ©2023 Prometric

**PROMETRIC**

# IQT Testing – Scheduling Knowledge and Clinical Exams

- Once the application is complete you will receive two emails to sign in and schedule the Knowledge and Clinical exams.
- You can also schedule your exam by clicking "Exam Activity" and "Manage Appointments".
- Note: The exams are scheduled separately, because you have multiple options for taking the Knowledge exam.
- Once you've scheduled the first exam, click "Home" and sign back in to schedule the next one.



The screenshot shows the Prometric Candidate Details page. The top right corner has the Prometric logo. The page title is "CANDIDATE DETAILS". Below the title, the user's name, User ID, Candidate ID, and Email are displayed. The main content area is titled "Welcome to the Exam Activity page." and contains instructions on how to schedule or reschedule exams. Below the instructions, there is a table of exam appointments. The table has columns for Exam Name, Valid From, Valid Until, Registered, Cancelled, Completed, Scheduled, Manage Appointments, and Site Location. The first two rows of the table are for "WA Home Care Aide Knowledge English" and "WA Home Care Aide Skills". A "Schedule Now" button is visible in the Manage Appointments column for the first row.

| Exam Name                           | Valid From | Valid Until | Registered | Cancelled | Completed | Scheduled | Manage Appointments | Site Location |
|-------------------------------------|------------|-------------|------------|-----------|-----------|-----------|---------------------|---------------|
| WA Home Care Aide Knowledge English | 08/15/2023 | 08/14/2024  |            |           |           |           |                     |               |
| WA Home Care Aide Skills            | 08/15/2023 | 08/14/2024  |            |           |           |           |                     |               |

A close-up view of the "Manage Appointments" section. It features a large heading "Manage Appointments" and a calendar icon. Below the icon is a "Schedule Now" button.

# IQT Testing – Scheduling Knowledge and Clinical Exams

- There are two ways to schedule your exams.
- Access exam registration through the Candidate Management System under Exam Activity area by using the manage appointment option.
- Alternatively, you can go to our exam registration portal and log in with your credentials listed on the pre-registration letter and follow **the steps**.
- If you need to update your address here, please update it on the DOH site as well. Click To Transfer
- This page is the first option mentioned above - If no changes, click Next
- Note: If you went to exam registration in the application tab skip to page 25

## EXAM REGISTRATION

### Candidate Profile Information

This information is provided to your organization and may be used for official correspondence and certificates. This information must also exactly match the identification you will be required to show the test center administrator prior to testing.

Required Field

|                |                      |               |                              |
|----------------|----------------------|---------------|------------------------------|
| First Name     | @SMATPDTDEMO08164    | Home Phone    | (999) 333-3333               |
| Middle Name    |                      | Work Phone    |                              |
| Last Name      | @SMATPDTDEMO08164    | Email Address | Saran2Reach+0816003@gmail.co |
| Address1       | 7941 Corporate Drive |               |                              |
| Address2       |                      |               |                              |
| City           | Olympia              |               |                              |
| State/Province | Washington           |               |                              |
| Country        | United States        |               |                              |
| Postal Code    | 98501                |               |                              |

If you need to update your address here, please update it on the DOH site as well. [Click To Transfer](#) [Logout](#) [Change Login](#)

Please make sure the above information is correct before clicking Next.

Next

Registration Home  
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Washington State Department of **HEALTH**

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You & Your Family | Community & Environment | Licenses, Permits, & Certificates | Data & Statistical Reports | Emergencies | Public Health & Provider Resources

In this section

**Change your Contact, Address, Name or Personal Status Information**

We must have your current mailing address in our system. This is especially important because we mail your courtesy

PROMETRIC

# IQT Testing – Scheduling Knowledge and Clinical Exams

- Scheduling the exam registration portal
  - Once the application is complete you will receive two emails to sign in and schedule the Knowledge and Clinical exams. See sample on the right and note sender address to check your email or spam for receipt.
  - Note: The exams are scheduled separately, because you have multiple options for taking the Knowledge exam.
  - Once you've scheduled the first exam, click Home and sign back in and schedule the next one.

Online Exam Registration: WA Home Car... Download Save to OneDrive

Online Exam Registration: WA Home Care Aide Knowledge English

SMT Notice <registrations@isoqualitytesting.com>  
To: [REDACTED] Wed 8/30/2023 11:04 AM

**External Sender**

Be Careful! This email originated from outside the organization.  
Do not click links or open attachments unless you validate the sender and know the content is safe.  
**DO NOT provide your username or password.**

Wednesday, Aug 30, 2023

Dear PDTDemo082820 PDTDemo082820,

You have now been approved by Washington State Department Of Health to make an appointment to sit for your Home Care Aide examination. Please proceed as follows:

- 1 -- Go to our home page: [www.IQTTesting.com](http://www.IQTTesting.com)
- 2 -- Using the option "Schedule/Reschedule an Exam"

Enter your UserID and Password to login. These are:

UserID: [REDACTED]m

Please use and enter your password

Online Exam Registration: WA Home Car... Download Save to OneDrive

Online Exam Registration: WA Home Care Aide Skills

SMT Notice <registrations@isoqualitytesting.com>  
To: [REDACTED] Wed 8/30/2023 11:04 AM

**External Sender**

Be Careful! This email originated from outside the organization.  
Do not click links or open attachments unless you validate the sender and know the content is safe.  
**DO NOT provide your username or password.**

Wednesday, Aug 30, 2023

Dear PDTDemo082820 PDTDemo082820,

You have now been approved by Washington State Department Of Health to make an appointment to sit for your Home Care Aide examination. Please proceed as follows:

- 1 -- Go to our home page: [www.IQTTesting.com](http://www.IQTTesting.com)
- 2 -- Using the option "Schedule/Reschedule an Exam"

Enter your UserID and Password to login. These are:

UserID: [REDACTED]

Please use and enter your password



# IQT Testing – Scheduling Knowledge and Clinical Exams

- Follow the instructions in your email and go to IQT Testing.

<https://www.iqttesting.com/Default.aspx>

**PROMETRIC**

## Welcome

### Prometric Computer Based Testing Network

Test centers will be opening in accordance with CDC recommendations for their State Jurisdictions. Please check regularly for available sites, dates and times.

All scheduled exam sessions are subject to cancellation due to COVID-19 requirements, which take precedence, including the need to change testing availability on a daily basis. Please monitor your email for last minute notifications. To confirm you exam is going to be administered, you can contact IQT the day before your scheduled session.

Thank you for your support and continued partnership as we work together to ensure the safety, health and well-being of those we serve.

- [Start Exam](#)
- [Schedule/Reschedule an Exam](#)
- [Proctor Administration](#)



- Click Schedule/Reschedule Exam

# IQT Testing - Scheduling Knowledge and Clinical Exams

- Enter UserID, Password
- Click "Login".


## EXAM REGISTRATION

Welcome To IQT Testing!

If you do not have a login, click [Register](#).  
If you have misplaced your login, please call ISO Quality Testing at 866-773-1114  
Note that your password must be entered with the correct case.  
If you have forgotten your password please click [Here](#)

UserID:   
Password:

 IQT Home  
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# IQT Testing - Scheduling Knowledge and Clinical Exams

- Click "Next"

- Confirm and/or update profile information

- Click "Next"

## EXAM REGISTRATION

Please select your Organization and Exam.

Organization  Show All Organizations  
WAHCA . . . Washington Home Care Aide

Exam  
WA Home Care Aide Knowledge English

Next



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## EXAM REGISTRATION

### Candidate Profile Information

This information is provided to your organization and may be used for official correspondence and certificates.  
This information must also exactly match the identification you will be required to show the test center administrator prior to testing.

**Required Field**

|                |                   |               |                              |
|----------------|-------------------|---------------|------------------------------|
| First Name     | PDTDemo082820     | Home Phone    | (999) 333-3333               |
| Middle Name    |                   | Work Phone    |                              |
| Last Name      | PDTDemo082820     | Email Address | Saran2Reach+0828202320@gmail |
| Address1       | 1501 S Clinton St |               |                              |
| Address2       |                   |               |                              |
| City           | Olympia           |               |                              |
| State/Province | Washington        |               |                              |
| Country        | United States     |               |                              |
| Postal Code    | 98501             |               |                              |

[Log Out](#) [Change Login](#)

# IQT Testing - Scheduling Knowledge and Clinical Exams

- Choose the Exam location and date
- Click "Next".

- Verify location, date and time of appointment.
- If appointment is correct, click "Submit".
- If appointment is incorrect, click "Cancel".

## EXAM REGISTRATION

### Exam - WA Home Care Aide Knowledge English

Test Centers

Exam Times

---

#### Search Parameters


Start Date

Change date to reflect date you would like to test. From Start Date, the first 50 session of a test center's available exam times are shown in the Exam Times box above

Filter the results by using this section. Click the button GO immediately after the input area to refresh the results.

Country   State

Zip Code   City

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## EXAM REGISTRATION


### Confirm Your Registration Selections WA Home Care Aide Knowledge English

|   |  |
|---|--|
| <b>Candidate:</b><br>PDTDemo082820 PDTDemo082820 <a href="#">edit</a><br>1501 S Clinton St<br>Olympia, WA 98501<br>United States<br>Saran2Reach+0828202320@gmail.com<br>(999) 333-3333 (home)<br>Birthdate:Jan 11, 1970 | <b>Exam Time:</b><br>Monday, September 18, 2023 11:30 AM<br>(120minutes)   |
|   | <b>Location:</b><br>IQT Site - Olympia Theory NIC <a href="#">Reschedule</a><br>Washington<br>724 Columbia Street NW, #130<br>Olympia, WA 98501<br>United States |

I agree to the: [IQT Agreement](#).

**Note: This examination may not be rescheduled or cancelled after Sep 12 2023.**

I understand by clicking on "Submit" that I may be required to pay a rescheduling or cancellation fee to process my request. Please verify the above information is accurate prior to clicking Submit.

 [Registration Home](#) [Contact](#)  
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Once you have successfully scheduled your appointment, you will receive this congratulations email.

Note: You must have **this information** (Candidate User ID and Candidate Passcode" on exam day to sign into the knowledge exam.

Read the entire admission letter for all needed information. It's 3 pages total.

|                              |   |
|------------------------------|---|
| <b>Candidate UserID:</b>     | Saran2Reach+0818002@gmail.com   |
| <b>Candidate Passcode:</b>   | a4ptjp9x  |
| <b>Exam Date:</b>            | Saturday, September 2, 2023 4:00 PM   |
| <b>Exam Duration:</b>        | 120 minutes   |
| <b>Test Center Location:</b> | Prometric Test Center<br>22002 64th Ave West Terrace Village Shopping Center Suite B<br>Mountlake Terrace WA 98043<br>United States |

Please carefully read and note the following important additional information:

- **Rescheduling:** If you fail to show up for your examination at the scheduled time, do not have the proper identification, or do not have your admission document, you will not be allowed to sit for your exam. You will be considered a "No-Show", your examination fees will be forfeited, and you will be required to re-register and pay all fees prior to sitting for the exam. However, if your organization permits reschedules and an issue arises that prohibits you from making it to your scheduled exam, you may reschedule **prior to (5) calendar days** before your scheduled exam date. **You may be required to pay a rescheduling fee to process your request.**

Reschedule/Cancellation Policy

**If it is less than (5) calendar days, you will not be allowed to cancel or reschedule your exam unless the following four situations have occurred:**

- Jury Duty
- Death in the immediate family
- Military Deployment
- Sickness

- The admission letter is needed on test day.
- Arriving for your appointment. Be sure to arrive 30 minutes before the start time.
- ID requirements

The **immediate family** is defined as a person's grandparents, parents, spouses, siblings and children.

If you experience any of the above, you **MUST** provide proper documentation before being rescheduled to a new date. **Documentation must be submitted to within 10 calendar days of your missed examination or it will not be considered for a reschedule.**

**If none of the above are the reason for wanting to reschedule or cancel your exam less than 5 days prior to your scheduled exam date, then you will not be allowed to reschedule or cancel your exam and if you do not show up, you will be considered a "No Show", your examination fees will be forfeited, and you will be required to re-register and pay all fees prior to sitting for the exam.**

- **Candidate Admission Letter:** You **MUST** present this letter to the testing center in order to be admitted. Also, the *Candidate UserID and Passcode* printed above are required for you to login and start your examination.

- **Arriving for Your Appointment:** Please arrive at the testing center **A MINIMUM OF 30 MINUTES BEFORE YOUR APPOINTMENT TIME**. If you have any doubts about the location of the testing center, Prometric strongly recommends that you go to MapQuest and print out a map to the location; or you may wish to drive to the center in advance (the evening prior, for example), to ensure you know where it is located.

- **Government-issued Photo Identification with Signature:**

Original, valid (unexpired), government issued photo & signature bearing identification is required in order to take an exam. Validity and the number of acceptable IDs are predetermined by your test sponsor. **First name and last name on ID must match the name on the admission letter. ID that is cracked, torn or may have been tampered with will not be accepted and you may not be admitted to test.**

Acceptable Forms of Primary ID include but are not limited to:

- Driver's License
- Passport
- Washington ID Card

- **Attention High School Students: A combination of a High School ID with photo, signature and expiration date is acceptable with a Birth Certificate. The names on both documents must match. The only secondary ID accepted with the School ID is the birth certificate.**

- **A second form of Identification with a Photo Identification:**

The name on the second form of ID must match the Primary ID and must include a picture of the candidate that matches their current state. The examples listed above do not exclude other forms of ID that match the policy.

Acceptable Forms of Secondary ID include but are not limited to:

- School ID Card
- Facility ID Card
- Credit Card/ Debit Card
- Library Card

# Knowledge Score Reports

- Please note the Knowledge Score Report email address.
- A passing score report will clearly indicate "PASS" as the grade.
- A failing score report will clearly indicate "FAIL" as the grade.
- See example of passed knowledge score report email.
- See example of failed knowledge score report email.

## WADOH Knowledge Score Report

[registrations@isoqualitytesting.com](mailto:registrations@isoqualitytesting.com)

### Washington State Department of Health

#### Score Report

Demo ScoreReport  
7941 Corporate Drive Suite 201  
Vancouver WA 98664-4410  
United States  
Student ID: HM08092023P

**EXAMINATION:** WA Home Care Aide Knowledge English

**EXAMINATION DATE:**08/08/2023

**GRADE: PASS**

Congratulations! You have passed the Written/Oral Knowledge Exam required for the Washington State Home Care Aide Certification.

You must also pass the Skills Exam to meet the testing requirements for certification as a Home Care Aide.

In order to obtain the Washington State's Home Care Aide Certification, you must pass both the Written/Oral Knowledge Exam and the Skills Exam.

| <u>CONTENT AREA</u>                              | <u>TOTAL</u> | <u>#CORRECT</u> |
|--|--------------|-----------------|
| Roles and Responsibilities of the Home Care Aide | 19           | 19              |
| Support Physical and Psychosocial Wellbeing      | 22           | 22              |
| Promoting Safety                                 | 9            | 9               |

### Washington State Department of Health

#### Score Report

Demo ScoreReport  
7941 Corporate Drive Suite 201  
Vancouver WA 98664-4410  
United States  
Student ID: HM08092023F

**EXAMINATION:** WA Home Care Aide Knowledge English

**EXAMINATION DATE:**08/08/2023

**GRADE: FAIL**

We regret to inform you that you did not pass the WA Home Care Aide Knowledge English. To meet the testing requirements for certification as a Home Care Aide in Washington State, you must pass both the Written/Oral Knowledge Exam and the Skills Exam.

System will pre-register for your next attempt automatically until you reach the allowed number of attempts on the exam you failed.

Candidates are allowed three attempts to take and pass both the Written/Oral Knowledge Exam and the Skills Exam. You are only required to retake the exam you failed. If you have failed 3 times you must retake and successfully complete the core competencies portion of the entry-level training as required by RCW 74.39A.074 before retaking both portions of the certification examination, **WAC 246-980-100**.

Please check your email and follow the Exam Registration instructions. A testing fee is required each time when you apply to take the test.

| <u>CONTENT AREA</u>                              | <u>TOTAL</u> | <u>#CORRECT</u> |
|--|--------------|-----------------|
| Roles and Responsibilities of the Home Care Aide | 19           | 9               |
| Support Physical and Psychosocial Wellbeing      | 22           | 8               |
| Promoting Safety                                 | 9            | 7               |



# Clinical Score Reports

- Please note the Clinical Score Report sender email address.
- Example of passed Clinical Score Report
- Example of failed Clinical Score Report

## WADOH Clinical Score Report

[registrations@isoqualitytesting.com](mailto:registrations@isoqualitytesting.com)

### Washington State Department of Health Score Report

LastHM61297755, FirstHM61297755

Student ID: HM61297755

**EXAMINATION:** WA Home Care Aide Skills

**EXAMINATION DATE:** 08/21/2023

**GRADE:** PASS

Congratulations! You have passed the WA Home Care Aide Skills Exam required for the Washington State Home Care Aide Certification.

You must also pass the Written / Oral Knowledge Exam in order to meet the testing requirements for certification as a Home Care Aide.

In order to obtain the Washington State's Home Care Aide Certification, you must pass both the Written / Oral Knowledge Exam and the Skills Exam.

| <b>CONTENT AREA</b>                                | <b>RESULTS</b> |
|--|----------------|
| Handwashing  | PASS           |
| Provide passive ROM exercises to client's shoulder | PASS           |
| Provide foot care to client                        | PASS           |
| Help dress a client who has a weak arm             | PASS           |
| Common Care Practices                              | PASS           |

For more information go to our website [www.prometric.com/wadch/](http://www.prometric.com/wadch/).

### Washington State Department of Health Score Report

LastHM61322972, FirstHM61322972

Student ID: HM61322972

**EXAMINATION:** WA Home Care Aide Skills

**EXAMINATION DATE:** 08/21/2023

**GRADE:** FAIL

We regret to inform you that you did not pass the WA Home Care Aide Skills Exam. To meet the testing requirements for certification as a Home Care Aide in Washington State, you must pass the Skills Exam and the Written / Oral Knowledge Exam.

System will pre-register for your next attempt automatically until you reach the allowed number of attempts on the exam you failed.

Candidates are allowed three attempts to take and pass both the Written/Oral Knowledge Exam and the Skills Exam. You are only required to retake the exam you failed. If you have failed 3 times you must retake and successfully complete the core competencies portion of the entry-level training as required by RCW 74.39A.074 before retaking both portions of the certification examination, **WAC 246-980-100**.

Please check your email and follow the Exam Registration instructions. A testing fee is required each time when you apply to take the test.

| <b>CONTENT AREA</b>                                | <b>RESULTS</b> |
|--|----------------|
| Handwashing  | FAIL           |
| Provide passive ROM exercises to client's shoulder | FAIL           |
| Provide foot care to client                        | PASS           |
| Help dress a client who has a weak arm             | PASS           |
| Common Care Practices                              | PASS           |

Content Area Feedback/Topic



## Helpful Hints

- Use the same email address throughout your registration process.
- Follow instructions in the email.
- When you change your password, write it down or add to phone contacts for easy recall.
- Consider copying and pasting UserID and password when unable to sign in.
- Do not click the register link on the Exam Registration portal log in page. It will create a duplicate account.
- Do not select any other organization on the exam registration portal other than "Home Care Aide". If you schedule another exam, the fees/voucher may be forfeited.
- No score report sent – Search email for WADOH Knowledge Score Report or WADOH Clinical Score Report