

Instructions for Completing Registration Form

Read the instructions before you begin filling out your registration form, which begins on page 4. You will not be able to enter information online – print the registration form in order to complete it. The procedures for testing, (i.e.: absences, cancellations, inclement weather) is available at the following website: <http://mats.dhhs.state.nc.us/>

General Information

EXAM FEES

Type of Exam	Registration Fee	Pre-registration Required
1. Medication Aide	\$25.00	Yes
2. Administrator's	\$50.00	Yes
3. Alternative	No Charge	Yes

Payment must be made in the form of a money order or certified check payable to "DHSR". **Checks (personal or company/agency) are not acceptable forms of payment.** Improper forms of payment will delay in registering for your test site. Fees are non-refundable and non-transferrable once submitted to DHSR. Payment will NOT be accepted at testing locations. Medication Aide & Administrator registration forms must be mailed with appropriate testing fee. Alternative registration forms may be faxed.

- Read the instructions for numbers 1 through 17 if you are registering for the medication exam. Make sure you answer 1 through 17 that apply to you. **If you are registering for the Administrator or Alternative exams, numbers 9 through 13 should not be completed. Skip to number 14 and finish completing.**
- **Incorrect or incomplete entries or non-payment of registration fee(s) may cause delays with the scheduling of your written test.**
- Return form(s) along with your registration fee(s) to the address below in a long business envelope. You are responsible for postage to mail back your registration form and fee – ACLS is not responsible for lost or misdirected mail. **Mail the completed form to the following address:**

<u>REGULAR (USPS) Mail:</u> NC Division of Health Service Regulation Adult Care Licensure Section 2722 Mail Service Center Raleigh, NC 27699-2722	<u>OVERNIGHT: FedEx or UPS:</u> NC Division of Health Service Regulation Adult Care Licensure Section 805 Biggs Drive – Broughton Bldg. Raleigh, NC 27603
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- Please get someone to assist or fill out the form for you if you have problems completing the form.
- If you have special needs or require special assistance that we need to be aware of at the test site, this information is to be provided on a separate piece of paper and mailed with your registration form. We must be informed prior to the time of registration.
- The Medication Study Guide for Unlicensed Personnel in Adult Care Homes and the testing schedule may be obtained at the following website: <http://mats.dhhs.state.nc.us/>
- Registration and payment of exam fee (by cash, money order, or certified check) may also be made at the Raleigh office, located on the Dorothea Dix Campus in the Broughton Building, 805 Biggs Drive, Raleigh, NC 27603.

Instructions for Items 1 through 17

1) NAME FIELD

- Print your **Last Name, First Name, and Middle Initial**. Use your legal name as listed on your Driver's License and/or Social Security card.

2) MAILING ADDRESS

- Print your **complete Mailing Address** – where you receive your mail. (Street name, Apt. #, City, State, Zip Code. PO Boxes may also be used).

3) SOCIAL SECURITY NUMBER

- Enter your **Social Security number**. (*Disclosure of this information is voluntary. The SS# is used for identification purposes only to verify your registration and test results*).

4) GENDER

- Circle appropriate **gender**. **Male** (man) or **Female** (woman).

5) BIRTH DATE

- Enter the **Month** and **Year** you were born.

6) PHONE NUMBER

- Provide a phone number (including **Area Code**) where you can be contacted.

7) COUNTY CODE

- Enter the county where you live (example: Cumberland). If you reside in a different state, you may leave this blank.

8) HIGHEST EDUCATION LEVEL

- Circle the number that matches the highest education level you **finished**. (For example, if you completed high school, circle [2] HS Diploma)

9) AIDE TRAINING

- Circle the number that matches the training program you have completed. If you have completed more than one level of training (for instance both a 20/25 hour course and a 40/45 hour course), only circle the number for the higher level of training (40/45 hrs.).

NA – circle if you have completed a nurse aide training program or if you are a nurse aide.

OTHER – circle if you have completed any other type of aide training not listed or if you have completed a licensed practical nursing program.

10) MEDICATION TRAINING

- Circle the number that matches the medication training you have received.
- Make sure you circle only one for this item (if you have taken both a class on administering medications and have also completed the Medication Study Guide developed by the Division of Health Service Regulation, circle number [3] **Both**)
- Circle number [1] **Class** if you have received training in a group or individually.

11) CURRENTLY EMPLOYED IN A FACILITY

- Circle **YES** if you are now working in an adult care home, nursing home, hospital or mental health facility. Adult Care Home includes family care home and larger adult care.
- **If you are not working in one of these facilities – circle NO .**

12) FACILITY EMPLOYMENT

- Circle only one number that indicates the type of facility in which you are employed.

13) JOB TITLE IN FACILITY

- Circle the number that matches the title of the job you hold in the facility where you work.
- If your title is not listed, circle number [4] **Other**.

14) EXAM CODES (Please enter 3 choices)

Medication aide: website: <http://mats.dhhs.state.nc.us/> (Test Site Locations)

Administrator & Alternative: website: www.ncdhhs.gov/dhsr/acls/ (Administrator Certification & Forms)

- Failure to provide exam choices may result in possible delays with scheduling your exam.

15) APPLICANT SIGNATURE

- *This certifies that the information you have provided is true and correct to the best of your knowledge and you have read and understand the policies and procedures for testing.*
- The procedures for testing is available on the website: <http://mats.dhhs.state.nc.us/>
- Sign your name and enter the date you completed this form.

16) E-MAIL ADDRESS (please print clearly)

- Administrator and Alternative applicants should complete contact e-mail information in order to receive confirmation by e-mail. If you do not have e-mail access, a confirmation letter will be mailed.

17) FACILITY NAME, PHONE AND FAX NUMBER

- This is an alternate means of contact if we are unable to reach you with the phone number provided in number #6.

REGISTRATION FOR WRITTEN EXAMS

(Medication Aide & Administrator registration forms must be mailed w/fee. Alternative form may be faxed.)

All exams are for the Adult Care Licensure Section: Assisted Living facilities & Family Care Homes.

Complete pages 4 and 5. If you have any questions, you may contact the Adult Care Testing Unit at (919) 855-3793. Failure to complete the registration form may cause delays with scheduling the exam(s) of your choice. **You will not be able to enter informatin online.**

Please print the registration form in order to complete it. If you are registering for more than one exam, a registration form must be completed for EACH exam.

**EXAM
REQUESTED**



**1. MEDICATION
AIDE**

**2. ADMINISTRATOR
3. ALTERNATIVE**

(Circle number {1,2,3} beside the exam you want to register for)

EXAM FEES

Medication Aide: \$25.00	Administrator: \$50.00	Alternative: No Charge
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Payment must be made in the form of a money order or certified check made payable to "DHSR". Personal or company/agency checks are not accepted forms of payment. Fees are non-refundable and non-transferable once submitted to DHSR. Payment will NOT be accepted at testing locations.

PLEASE PRINT CLEARLY - ITEMS WITH AN * MUST BE COMPLETED

*(1) Last Name	First Name	MI

(Use your legal name as listed on your driver's license and/or Social Security card.)

***(2) Your Complete Mailing Address:** (Street Name, Apt. #, PO Box, City, State, Zip Code)

(3) Social Security Number [*Note]

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***(4) Gender (circle one):** Male - Female

***(5) Date of Birth:** Month: _____ Year: _____

[*]Disclosure of the SS# is voluntary. The SS# is used for identification purposes only to verify your Test Results and Registration.

***(6) Phone Number:**

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***(7) County in which you reside:**

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(Include your 3 digit area code)

If you reside in a different state, you may leave this blank.

***(8) Highest Education Level (circle one):** [1] Less than HS [2] HS Diploma [3] GED
[4] Alternative Exam [5] Associates Degree [6] Bachelors Degree [7] Graduate Work

If you are registering for the Administrator or Alternative exams, numbers 9 through 13 should not be completed. Skip to 14 and finish completing.

***(9) Aide Training (circle one):**

[1] 20/25 hrs [2] 40/45 hrs [3] 75/80 hrs [4] NA [5] Other [6] None

***(10) Medication Training (circle one):**

[1] Class [2] Study Guide [3] Both [4] None

***(11) Currently Employed in a Facility (circle one):**

YES NO

***(12) Facility Employment (circle one):**

[1] FCH [2] ACH [3] NH [4] None / Other
 Family Care Home Adult Care Home Nursing Home

***(13) Job Title in Facility (circle one):**

[1] Administrator [2] Supervisor [3] Aide [4] Other

***(14) Exam Codes (please enter 3 choices):** Links are provided below for access to Exam Codes.

Administrator and Alternative: www.ncdhhs.gov/dhsr/acls/ (Administrator Certification & Forms)

Medication Aide: <https://mats.dhhs.state.nc.us:8598/testLocation.aspx>

1st:	2nd:	3rd:
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***(15) Signature of Applicant:**

I certify that this application is true and correct to the best of my knowledge. I have read and understand the policies and procedures for testing.

DATE:

(16) Provide your Email Address (please print clearly):

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(17) Provide facility name, phone and Fax number:

[Alternate means of contact if unable to reach you with the number listed in item #6]

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ONCE YOU HAVE COMPLETED PAGES 4 AND 5, ENCLOSE YOUR TESTING FEE WITH YOUR REGISTRATION AND RETURN ALL TO THE ADDRESS LISTED BELOW:

REGULAR (USPS) Mail	OVERNIGHT: FedEx or UPS
NC Division of Health Service Regulation Adult Care Licensure Section Adult Care Testing Unit 2722 Mail Service Center Raleigh NC 27699-2722	NC Division of Health Service Regulation Adult Care Licensure Section Adult Care Testing Unit 805 Biggs Drive - Broughton Bldg. Raleigh NC 27603