

HCP CANDIDATE INSTRUCTIONS AND INFORMATION SHEET

Certified Medication Aide & Advanced CMA-Insulin

In the candidate window, enter the information below. If the proctor has not provided the access code for your exam, it will be provided after you have successfully logged into the testing system.

Username: _____

Password: _____

At the beginning of the exam, the proctor will provide instructions on entering additional information that is required by the credentialing agency.

If this information is not entered correctly, you may not receive your credential from the issuing agency!

FIELD NAME	INSTRUCTIONS	
1. First Name:	Enter all information required for this exam as shown on current photo identification, unless proof of name change is provided.	
2. Middle Initial:		
3. Last Name:		
4. Address:		
5. City:		
6. State:		
7. Zip Code:		
8. Date of Birth:		
9. Gender:		
10. Candidate's full SSN		
11. County Code	60	Select "60" from the drop-down menu
12. Training Facility Code from TVF		7-digit code from Training Verification Form or appropriate code for Retest Letter (1111111) or Training Exception (5555555)
13. Training Completion Date		Training date from Training Verification Form or Date of Letter
14. 2-Digit HCP Test Site Code (i.e. 25)		
15. Placeholder	\$	Please select "\$" from the drop-down menu for these two questions
16. Placeholder	\$	
17. US Citizen?		Enter the Candidate's Response from the Affidavit.
18. Date of Affidavit		Enter the Date of Written Test
19. Are You Deeming?	No	Please select No from the drop-down menu
20. Written Test Date		Enter the Date of Written Test
21. Placeholder	No	Please select No from the drop-down menu
22. Placeholders	\$	Please select "\$" for the next 9 questions
23. Candidate Email:		

Last 5 of Social for User Account Creation: _____