**Memorandum of Understanding**

This agreement is entered into by Technology Center and the (Training Program) .

**Agreement Period:**

This agreement shall be effective July 1, 2014 and will be ongoing unless either party requests changes to or termination of the agreement.

**Purpose of this Agreement**

The purpose of this agreement is to provide testing services to (Training Program)

students seeking certification or licensure in Oklahoma in the following areas:

* Certified Long-Term Care Nurse Aide, Developmentally Disabled Direct Care Aide, Home Health Care Aide
* Certified Medication Aides (CMA)
* Advanced CMA
* Deeming (Long-Term Care Aide to Home Health Aide)

**Both Parties to this Memorandum acknowledge that the Oklahoma Nurse Aide Registry is authorized to observe and monitor and part of the nurse aide certification testing process.**

 **Duties of the (Training Program);**

* Schedule and remit payment for all skills and written exams prior to testing
	+ Submit testing schedule with dates, times and student names no less than day prior to test date.
	+ Submit payment for tests days prior to test date (two-part tests must be paid in full when scheduled), according to the following scale.
		- Certified Nurse Aide - Written $ , Clinical $
		- Certified Medication Aide - Written $
		- Deeming only ( Long-Term Care to Home Health Aide) - $
		- Advanced CMA - Written $
* Provide students with the HCP Candidate Handbook and ensure students understand HCP testing policies and requirements including, but not limited to, policies pertaining to rescheduling, tardiness and candidate behavior.
* Advise candidates that failure to comply with HCP testing policies and requirements including, but not limited to, policies pertaining to rescheduling, tardiness and candidate behavior may be grounds for cancelling or terminating the applicant’s scheduled test. A rescheduling of the test will be at the discretion of the technology center. Repeated failure of candidates to comply with HCP testing policies and requirements including, but not limited to, policies pertaining to rescheduling, tardiness and candidate behavior may be grounds for cancelling this agreement.
* Provide each candidate with an original, current, and completed Health Certification Project Training Verification Form. In addition, the Training Verification Form must:
	+ be printed on paper or stock that includes embossing or other non-transferable security feature.
	+ show the candidate's legal name and that name must match the name on his/her photo identification and original proof of social security number.
	+ have original signatures - no stamped or photocopied signatures.
	+ be free of errors and/or strikeouts

**NOTE: Incomplete forms, photocopies, faxes, and/or forms that have been altered will not be accepted.**

* Inform candidates that of documentation requirements that must be met before a test will be administered:
	+ In addition to a Training Verification Form, all candidates must provide a valid, current photo identification issued by a US government entity - expired and/or foreign identification will not be accepted.
	+ All documents must be original and complete with original signatures
	+ Candidate's name on all documents and identification must match.
* Advise candidates that they must bring their own volunteer patient to the skills test and that volunteer must be at least 16 years of age and cannot be a fellow student or a certified nurse aide.(cannot be a current CNA

**Duties of Technology Center:**

* Verify that all required documentation is complete and meets the requirements of the Health Certification Project and the Oklahoma Nurse Aide Registry.
* Maintain a record of candidate identity, results, and other documentation as required by the Health Certification Project and the Oklahoma Nurse Aide Registry.
* Liaise with the state Health Certification Project office at the Oklahoma Department of Career and Technology Education (ODCTE) for credentialing purposes and to resolve testing-related issues.
* Administer written exams through the ODCTE's online delivery system and in other formats as allowed by the Health Certification Project and the Oklahoma Nurse Aide Registry.
* Administer skills exams as required by the Health Certification Project and the Oklahoma Nurse Aide Registry.
* Process skills exams and notify candidates of their results within three (3) business days.
* Advise (Training Program) , the state Health Certification Project office and/or the Oklahoma Nurse Aide Registry of recurring skills deficiencies among candidates from (Training Program).
* Refund (Training Program) appropriate test related fees in accordance with requirements set forth in the HCP Candidate Handbook and Technology Center school district policy.

**Additional Terms:**

* This agreement shall be in force until 30 days after written notice has been given by either party of its desire to cancel without cause or in the event either violates the terms of this agreement.
* This document, with appropriate approval signatures affixed constitutes the entire agreement. Assignment of any rights or responsibilities references in this document is prohibited unless agreed to in writing by both parties.

**Contact Information:**

For the purposes of this agreement, all contacts with Technology Center shall be directed to its representative, (Tech Center Contact/Title) , (email) , (phone number) .

For the purposes of.this agreement, all contacts with (Training Program) shall be directed to its representative, (Training Program Contact/Title) , (email) , (phone number) .

**Signatures:**

**(Training Program Representative)**

**Signature/Title**

**Printed Name/Title**

**Date**

**(Technology Center Representative)**

**Signature/Title**

**Printed Name/Title**

**Date**