



PSI Services LLC
 3210 E Tropicana
 Las Vegas, NV 89121
 www.psiexams.com



ASSISTED LIVING ADMINISTRATOR AND MEDICATION AIDE CERTIFICATION EXAMINATIONS CANDIDATE INFORMATION BULLETIN

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Please refer to our website to check for the most updated information at www.psiexams.com

EXAMINATIONS BY PSI SERVICES LLC

This Candidate Information Bulletin provides you with information pertaining to obtaining certification as an Assisted Living Administrator (CALA) or Medication Aide (CMA) in the State of New Jersey.

The New Jersey Department of Health has contracted with PSI Services LLC (PSI) to conduct the examination testing. PSI provides examinations through a network of computer examination sites in New Jersey.

For Information on official regulations and guidelines;

CALA/CMA certification, please contact:

New Jersey Department of Health

PO Box 358

Trenton, NJ 08625-0358

(866) 561-5914 ** Fax: (609) 633-9087

<http://web.doh.state.nj.us/apps2/healthfacilities/fsSearch.aspx>

Email: lrc@doh.state.nj.us

ELIGIBILITY FOR CALA

In order to be eligible for certification as an assisted living administrator, you must:

- Be at least 21 years of age; and
- Possess a High School diploma or equivalent; and
- Have successfully completed an assisted living training program approved by the NJDHSS before registering for the examination.

ELIGIBILITY FOR CMA

In order to be eligible for certification as a medication aide, you must:

- Be currently certified in New Jersey as a nurse aide, homemaker/home health aide, or personal care assistant
- AND**
- Have successfully completed a medication aide training program approved by the NJDOH before registering for the examination.

To become eligible to test for ALA or CMA, you must provide a copy of a valid certificate of completion. This certificate must contain the school name, school code, course completion date, and be signed by the Instructor along with the registration form found at the end of this Candidate Information Bulletin. Please include the examination fee.

Please mail or fax to:

PSI Regional Processing Office
IBIS Plaza South
3525 Quakerbridge Road, Suite 1000
Hamilton Township, NJ 08619
877-774-4243
FAX 609-588-5461

Once you have met the eligibility requirements, PSI will send you an eligibility notice.

If this is a first-time registration, you must mail or fax these documents to PSI and allow 2 weeks for processing your initial application.

An applicant for an assisted living administrator certification shall take the standardized examination within (24) twenty four months of successful completion of a New Jersey Department of Health-approved assisted living administrator training course. *If you do **NOT** pass the examination within twenty four (24) months of completion of your training program, you will be required to retrain.*

An applicant for medication aide certification shall take the standardized examination within (6) six months of successful completion of a New Jersey Department of Health-approved medication administration training course. *If you do **NOT** pass the examination within six (6) months of completion of your training program, you will be required to retrain.*

The NJDHSS does **NOT** reciprocate with any other states' medication aide program.

CRIMINAL BACKGROUND INVESTIGATION (CBI)

The laws of the State of New Jersey require that all new nurse aide candidates, new personal care assistant candidates, and nurse aides (N. J. A. C. 8:431 *et seq.*) applying for recertification or reciprocity, and homemaker/home health aides (N. J. S. A. 45:11-24.3 *et seq.*) undergo a criminal background investigation (CBI) by the New Jersey State Police and the Federal Bureau of Investigation. Since the medication aide certification is valid **ONLY** when you have a current certification as a nurse aide, personal care assistant or homemaker/home health aide, you are not required to submit fingerprints as part of the certification and recertification process for medication aide. However, you **MUST** comply with the requirements for your nurse aide, personal care assistant, or homemaker/home health aide/certifications.

WRITTEN EXAMINATION SCHEDULING PROCEDURES

All questions and requests for information about examinations should be directed to PSI.

PSI Services LLC
3210 E Tropicana
Las Vegas, NV 89121
(800) 733-9267 • Fax (702) 932-2666
www.psiexams.com



The Examination Registration Form is found at the end of this Candidate Information Bulletin. You must pay PSI at the time you register. Be sure the registration form is complete, accurate, signed, and that you include the correct fee. You must provide a **copy** of a valid certificate of completion with the registration form. The registration form is valid for 1 examination.

For CALA

- If you do **NOT** pass the examination within twenty four (24) months of completion of your training program, you will be required to retrain
- If you **fail** the examination two (2) times, you must retake an assisted living training program approved by the NJDOH, schedule a new reservation for the exam, and submit a new fee.

For CMA

- If you do **NOT** pass the examination within six (6) months of completion of your training program, you will be required to retrain
- If you **fail** the examination three (3) times, you must retake a medication aide training program approved by the NJDHSS, schedule a new reservation for the exam, and submit a new fee.

Examination Fee --

\$53

NOTE: FEES ARE NOT REFUNDABLE OR TRANSFERABLE

SCHEDULING AN APPOINTMENT TO TAKE THE EXAMINATION

Once you have received your eligibility notice, you are responsible for contacting PSI to schedule an appointment to take the examination. PSI will make every effort to schedule the examination site and time that is most convenient for you. You may schedule for an examination via the Internet 24 hours a day at www.psiexams.com. Or, using a touch-tone phone, call PSI 24 hours a day at (800) 733-9267. To schedule with a PSI registrar, call Monday through Friday, between 7:30 am and 10:00 pm and Saturday and Sunday, between 9:00 am and 5:30 pm, Eastern Time. If space is available in the examination site of your choice, you may schedule an examination 1 day prior to the examination date of your choice, up to 7:00 p.m. ET. Please be prepared to offer alternate examination appointment choices.

CANCELLING AN EXAMINATION

You may cancel and reschedule an examination appointment without forfeiting your fee **if your cancellation notice is received 2 days prior to the scheduled examination date**. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the PSI Website, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if you:

- Do not cancel your appointment 2 days before the scheduled examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification when you arrive for the examination.

SCHEDULING A RE-TAKE EXAMINATION

Due to processing procedures and reporting of your scores, it is not possible to schedule a retake examination on the same day in which you tested unsuccessfully. For example: if a candidate tests unsuccessfully on Wednesday they may contact PSI on Thursday, and depending on seating availability, may retest as soon as Friday.

To schedule a retake:

■ **ON-LINE REGISTRATION (www.psiexams.com)**

Upon completing the on-line registration, send it to us via the Internet. You will be given available dates for scheduling your re-examination. Examination fee must be paid by a valid credit card (Visa, MasterCard, American Express or Discover).

■ **MAIL (PSI licensure:certification, 3210 E Tropicana, Las Vegas, NV 89121)**

Send the completed registration form to the above address. Allow 2 weeks for processing before scheduling the examination date. Examination fee may be paid by a credit card (Visa, MasterCard, American Express or Discover), money order, company check or cashier's check. Make your money order or check payable to PSI and show your social security number on it. **CASH AND PERSONAL CHECKS ARE NOT ACCEPTED.**

■ **FAX (609-588-5461)**

Fax completed registration form to PSI. Allow 4 business days for processing before contacting PSI to schedule the examination. Examination fee must be paid by a valid credit card (Visa, MasterCard, American Express or Discover).

■ **PHONE (800-733-9267)**

Contact PSI by telephone. You will be given available dates for scheduling your re-examination. Examination fee must be paid by a valid credit card (Visa, MasterCard, American Express or Discover).



SPECIAL EXAMINATION ARRANGEMENTS

All examination sites are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate's needs. Applicants with disabilities or those who would otherwise have difficulty taking the examination must fill out the form at the end of this Candidate Information Bulletin and fax to PSI (702) 932-2666. Note for the Medication Aid examination per NJSA 8:36-9.2(a)3i an oral examination shall not substitute for the written component of this examination.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You may also check our website at www.psiexams.com. You will not need to pay a new exam fee if the exam site is closed due to an emergency

SOCIAL SECURITY NUMBER CONFIDENTIALITY

PSI will use your social security number only as an identification number in maintaining your records and reporting your examination scores to the state.

EXAMINATION SITE LOCATIONS

The following directions are generated from the most current mapping services available. However, new road construction and highway modifications may result in some discrepancies. If you are not familiar with the specific area of the testing site, please consult a reliable map prior to your test date.

BRICK

260 CHAMBERS BRIDGE ROAD, UNIT #1A
BRICK, NJ 08723

TAKE ON I-95 S TOWARD NEW JERSEY TURNPIKE SOUTH/NEWARK (US-46). TAKE EXIT #11/GARDEN STATE PARKWAY (US-9)/WOODBIDGE ONTO GARDEN STATE PKY S TOWARD GARDEN STATE PARKWAY SOUTH/RT-440. CONTINUE ON DRISCOLL BRG. CONTINUE ON GARDEN STATE PKY S. TAKE EXIT #91/LAKEWOOD/BRICK TWP. ONTO LANES MILL RD(CR-549) TOWARD LAKEWOOD/BRICK TWP. CONTINUE ON CHAMBERS BRIDGE RD(CR-549).

CHERRY HILL

950 N. KINGS HWY, SUITE 301
CHERRY HILL, NJ 08034

FROM THE NEW JERSEY TPKE S, TAKE EXIT #4/PHILADELPHIA/CAMDEN ONTO RT-73 N TOWARD CAMDEN/PHILADELPHIA. TAKE RAMP ONTO I-295 S TOWARD DEL MEM BR. TAKE EXIT #34B/CHERRY HILL/CAMDEN ONTO MARLTON PIKE(RT-70 W). TURN RIGHT ON KINGS HWY N (RT-41). NOTE BUILDING 950 IS BEHIND BUILDINGS #900 AND #1030.

HAMILTON SQUARE AREA

IBIS PLAZA SOUTH
3525 QUAKERBRIDGE ROAD, SUITE 1000
HAMILTON TOWNSHIP, NJ 08619

FROM I-95 S, TAKE EXIT #9/NEW BRUNSWICK (US-1)/EAST BRUNSWICK ONTO RT-18 N TOWARD NEW BRUNSWICK (US-1)/PRINCETON/TRENTON/TOWER CENTER BLVD. TAKE RAMP ONTO US-1 TOWARD TRENTON. TAKE RAMP ONTO CR-533 S TOWARD PROVINCE LINE RD/QUAKER BRIDGE RD/QUAKER BRIDGE RD.

NEW PROVIDENCE

MURRAY HILL OFFICE CENTER
571 CENTRAL AVENUE, SUITE 105
NEW PROVIDENCE, NJ 07094

FROM: ROUTE 78 WESTBOUND. TAKE EXIT 43 ONTO DIAMOND HILL ROAD. AT THE SECOND STOPLIGHT, TURN RIGHT ONTO MOUNTAIN AVENUE. TURN LEFT AT THIRD LIGHT, SOUTH STREET. TURN LEFT AT THE NEXT TRAFFIC LIGHT ONTO CENTRAL AVENUE. THE MURRAY HILL OFFICE CENTER, 571 CENTRAL AVENUE, WILL BE ON YOUR RIGHT.

FROM: ROUTE 78 EASTBOUND. TAKE EXIT 44 TO TRAFFIC LIGHT. TURN LEFT ONTO GLENSIDE AVENUE PROCEED TO THE NEXT LEFT TURN UNDER ROUTE 78 TOWARD NEW PROVIDENCE, AS THE ROAD BECOMES SOUTH STREET. CONTINUE TO THE SECOND LIGHT AND TURN LEFT ONTO CENTRAL AVE.. THE MURRAY HILL OFFICE CENTER, 571 CENTRAL AVENUE, WILL BE ON YOUR RIGHT.

FROM: NEW JERSEY TURNPIKE. TAKE EXIT 14, STAY TO THE LEFT THROUGH THE TOLL. FOLLOW SIGNS FOR ROUTE 78 - EXPRESS WESTBOUND. FOLLOW SAME AS ABOVE FOR ROUTE 78 WESTBOUND.

FROM: GARDEN STATE PARKWAY SOUTH. TAKE EXIT 142 AND FOLLOW THE SIGNS FOR ROUTE 78 WEST. FOLLOW SAME AS ABOVE FOR ROUTE 78 WESTBOUND.

FROM: GARDEN STATE PARKWAY NORTH. TAKE EXIT 142B AND FOLLOW THE SIGNS FOR ROUTE 78 WEST. FOLLOW SAME AS ABOVE FOR ROUTE 78 WESTBOUND.

NORTH BRUNSWICK

THE SHOPPES AT NORTH BRUNSWICK
980 SHOPPES BLVD, 2ND FLOOR
NORTH BRUNSWICK, NJ 08902

TAKE THE NEW JERSEY TURNPIKE LEFT EXIT ONTO I-95 S TOWARD TURNPIKE SOUTH. TAKE EXIT #9/NEW BRUNSWICK (US-1)/EAST BRUNSWICK ONTO RT-18 N TOWARD NEW BRUNSWICK. TAKE RAMP ONTO US-1 TOWARD TRENTON. TAKE RAMP TOWARD RT-130/171 N. STAY RIGHT TOWARD 171. TURN LEFT AT TRAFFIC LIGHT AND STAY IN THE MIDDLE LANE. AFTER 2ND TRAFFIC LIGHT, TURN RIGHT INTO THE SHOPPING CENTER. THE SITE IS LOCATED IN THE REMAX BLDG, NEAR TALBOTS.



REPORTING TO THE EXAMINATION SITE

NORTHFIELD AREA (LINWOOD)

CENTRAL PARK EAST
222 NEW ROAD, SUITE 301
LINWOOD, NJ 08221

NORTHFIELD/MARGATE ONTO TILTON RD(CR-563). IN JUST UNDER 2 MILES MAKE A RIGHT ONTO NEW RD (US-9). DRIVE 1.5 MILES SOUTH, TILL YOU WILL SEE THE SIGN ON THE LEFT FOR # 222 (CENTRAL PARK EAST) , JUST PAST CENTRAL AVE. (IF YOU REACH THE GULF STATION YOU HAVE TRAVELED A LITTLE BIT TO FAR). TURN LEFT INTO THE PROFESSIONAL PARK AT THE FLOWER BED WITH THE 222 SIGN IN IT. USE THE FIRST PARKING LOT ON YOUR RIGHT, AND LOOK FOR THE LARGE PSI SIGN NEXT TO OUR FRONT DOOR (SUITE 301).

FROM THE SOUTH, TAKE THE GARDEN STATE PKY NORTH TO EXIT # 29 SOMERS POINT. THIS WILL PUT YOU ON NEW RD (US-9). AFTER DRIVING NORTH FOR A LITTLE MORE THAN 4 MILES YOU WILL FIRST SEE A GULF STATION. NUMBER 222 NEW RD (CENTRAL PARK EAST) IS JUST PAST THE GULF STATION (0.1 MILES) AND ON THE SAME SIDE. TURN RIGHT INTO THE PROFESSIONAL PARK AT THE FLOWER BED WITH THE 222 SIGN IN IT. USE THE FIRST PARKING LOT ON YOUR RIGHT, AND LOOK FOR THE LARGE PSI SIGN NEXT TO OUR FRONT DOOR (SUITE 301).

FROM THE WEST, USE THE BLACK HORSE PIKE (US -40 W/ US-322 W) WHEN YOU REACH HARBOR SQUARE MALL (SHORE MALL) KEEP TO THE RIGHT. JUST PAST THE MALL YOU WILL SEE A SIGN FOR TILTON ROAD/ MARGATE CITY/OCEAN CITY DIRECTING YOU TO MAKE A SLIGHT RIGHT ONTO TILTON RD (CR-563). ONCE YOU ARE ON TILTON RD, DRIVE EAST APPROXIMATELY 2 MILES TILL YOU REACH NEW RD (US-9), TURN RIGHT AND THEN FOLLOW THE DIRECTIONS GIVEN FOR COMING FROM THE NORTH.

PARAMUS

1 KALISA WAY, SUITE 107
PARAMUS, NJ 07652

FROM THE GEORGE WASHINGTON BRIDGE TAKE RT 4 WEST TO PARAMUS. EXIT ONTO RT 17 NORTH. TURN RIGHT ONTO KALISA WAY (APPROXIMATELY 4/10 OF A MILE AFTER THE MIDLAND AVE EXIT ON 17 AND JUST PAST THE ENTRANCE TO THE PARAMUS PARK MALL)

FROM THE GARDEN STATE PARKWAY TAKE RT 17 NORTH AND TURN RIGHT ONTO KALISA WAY.

PARSIPPANY

239 NEW ROAD, SUITE A-203
PARSIPPANY, NJ 07054

FROM I-280 WEST: TAKE EXIT #11/NEW RD TOWARDS US-46. MAKE A SLIGHT RIGHT ONTO NEW ROAD.

CONTINUE TO 239 NEW ROAD ON THE RIGHT. PSI IS LOCATED IN BUILDING A (FIRST BUILDING ON RIGHT), SUITE 203.

FROM I-280 EAST: TAKE EXIT #11/NEW RD. AT STOPLIGHT (AT END OF RAMP) TURN LEFT ONTO NEW ROAD.

CONTINUE TO 239 NEW ROAD ON THE RIGHT. PSI IS LOCATED IN BUILDING A (FIRST BUILDING ON RIGHT), SUITE 203.

SECAUCUS

110-B MEADOWLANDS PARKWAY, SUITE 204
SECAUCUS, NJ 07094

FROM I-95 N, TAKE THE RT-3 EXIT, EXIT 16W, TOWARD SECAUCUS/RT-120/LINCOLN TUNNEL. TURN RIGHT ONTO S SERVICE ROAD. MERGE ONTO RT-3 E. TAKE THE MEADOWLAND PARKWAY EXIT.

On the day of the examination, you should arrive 30 minutes before your appointment. This extra time is for sign-in, and identification. *If you arrive late, you may not be admitted to the examination site and you will forfeit your examination registration fee.*

REQUIRED IDENTIFICATION

You must provide 2 forms of identification. One must be a VALID form of government-issued identification (Driver's License, State ID, Passport) which bears your signature and has your photograph. The second ID must have your signature and preprinted legal name.

IMPORTANT NOTICE FOR ALL CANDIDATES

Due to many complaints from the buildings' tenants, PSI (and the properties which house the PSI test centers) cannot accommodate any individuals other than the person who is being tested.

PSI understands that test candidates are often comforted by having guests accompany them to their exams. It may also be necessary for a guest to drive the candidate to the test center. However, incidents from previous guests have prompted warnings from Property Management. For this reason, PSI has adopted the following policy concerning guests.

“Person(s) accompanying a test candidate may not wait in the test center, inside the building or on the building's property. This applies to guests of any nature, including drivers, children, friends, family, colleagues or instructors.”

There are facilities nearby such as shopping malls, stores or restaurants where guests may go while the candidate takes a test. Please take the time to visit those locations instead of waiting in or around the building.

Also of note, many candidates have been arriving hours before their scheduled exam time. This is not necessary. Please plan to arrive no earlier than 30 minutes before the start-time of your exam. This will provide plenty of time for check-in.

Thank you for your understanding and for your cooperation.

SECURITY PROCEDURES

The following security procedures will apply during the examination:

- NO conversing or any other form of communication among candidates is permitted once you enter the examination area.
- Please be advised that children, cell phones, calculators, pagers, cameras, programmable electronic devices and recording devices of any kind are NOT allowed to enter PSI testing sites. Additionally, **NO personal items are to enter**

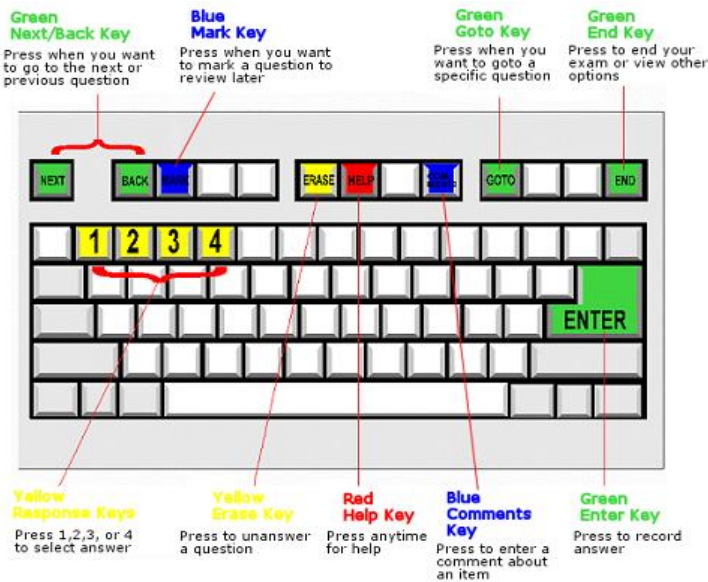


the testing sites. PSI will not be responsible for any personal items, and suggests that you leave such items in another safe place, of your choosing.

- No smoking, eating, or drinking will be allowed at the examination site.
- Dictionaries, books, papers, or study and reference materials are NOT permitted in the examination room.
- You may not exit the building during the examination.
- Copying or communicating examination content is a violation of PSI security policy. Either one may result in the disqualification of examination results and may lead to legal action.

TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here. You may also use the mouse.



IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included following the tutorial so that you may

practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer or press “MARK” to mark it for later review. You should then press “ENTER” to record your answer and move on to the next question. A sample question display follows:



IMPORTANT: After you have entered your responses, you will later be able to return to any question(s) and change your response, provided the examination time has not run out.

EXAMINATION REVIEW

PSI, in cooperation with the NJDOH, will be consistently evaluating the examinations being administered to ensure that the examinations accurately measure competency in the required knowledge areas. While taking the examination, examinees will have the opportunity to provide comments on any questions, by using the comments key on the keyboard. These comments will be analyzed by PSI examination development staff. PSI does not respond to individuals regarding these comments, all substantive comments are reviewed. **This is the only review of examination materials available to candidates.**

WRITTEN SCORE REPORTING

The following summary describes the score reporting process for the Written Examination:

- **On paper** - an official score report will be printed at the examination site.
 - If you **pass**, you will immediately receive a successful notification.
 - If you **do not pass**, you will receive a diagnostic report indicating your strengths and weaknesses by examination type with the score report.

If you *pass* the Written Examination and have met all NJDOH requirements, you will receive a certificate and a 'plastic coated' wallet identification card at the test site on the day of your examination.

For Assisted Living Administrator, both the certificate and wallet identification card are valid for thirty six (36) months from the date you pass the Written Examination. Please see the re-certification process section in this Candidate Information Bulletin.

For Medication Aide, both the certificate and wallet identification card are valid for twenty-four (24) months from the date you pass the Written Examination. Please see the re-certification process section in this Candidate Information Bulletin.

DUPLICATE SCORE REPORTS

You may request a duplicate score report after your examination by emailing scorereport@psionline.com or by calling 800-733-9267.

TIPS FOR PREPARING FOR YOUR CERTIFICATION EXAMINATION

The following suggestions will help you prepare for your examination.

- Only consider the actual information given in the question, do not read into the question by considering any possibilities or exceptions.
- Planned preparation increases your likelihood of passing.
- Start with a current copy of this Candidate Information Bulletin and use the examination content outline as the basis of your study.
- Read study materials that cover all the topics in the content outline.
- Take notes on what you study. Putting information in writing helps you commit it to memory and it is also an excellent business practice.
- Discuss new terms or concepts as frequently as you can with colleagues. This will test your understanding and reinforce ideas.
- Your studies will be most effective if you study frequently, for periods of about 45 to 60 minutes. Concentration tends to wander when you study for longer periods of time.

DESCRIPTION OF EXAMINATIONS

NEW JERSEY ASSISTED LIVING ADMINISTRATOR EXAMINATION

# of Items	Passing Score	Time Allowed
100	75%	120 Minutes

CONTENT OUTLINE

Use the outline as a guide for pre-examination review course material. The outlines list the topics that are on the examination and the number of questions for each topic. Do not schedule your examination until you are familiar with the topics in the outline.

Topic	# of Items
Basic Concepts of Assisted Living	10
<i>Philosophy and Background, Objectives and Principles, Comparison of AL to other programs, Home-like Environment, Choice, Independence, Privacy, Individuality, Dignity</i>	
Age Related Changes and Aging in Place	8
<i>Aging Process and its Impact, Physical, Psychosocial Pecuniary</i>	
Resident Assessment	10
<i>Purpose and Process, Guidelines for Conducting Assessments, Regulatory Requirements</i>	
Scope of Services and Service Planning	15
<i>Guidelines, Required Services, Discharge Residency Criteria, Resident Contracts, Enhanced Scope of Services (Wound Care, Behavioral Issues, Hospice Care), Regulatory Requirements</i>	
Resident Services	12
<i>Resident Rights, Managed Risk Agreements, Working with Residents Families, Working with External Health and Social Service Providers</i>	
Documentation	7
<i>Purpose and Methods, Developing Policy and Procedure Manuals, Regulatory Requirements</i>	
Effective Management Skills and Staffing	13
<i>Creating scheduling pattern to meet resident needs, hiring and scheduling staff, appropriate staffing patterns, personnel policies and procedures, regulatory requirements, Leadership, Financial</i>	
Nursing Activities and Medication Administration	10

Appropriate Nurse Delegation, Concept of Self Administration, Medication Services, Assistance and Administration of Medications, Medication Storage, Health Related Tasks, Regulatory Requirements, Infection Control and Universal Precautions	
Regulatory and Physical Plant Requirements	
Maintaining Building, Grounds, and Equipment, Fire, Common Disaster, and Emergency Preparedness, Regulatory Requirements, OSHA requirements	15

be required to apply in writing for restoration of certification under the requirements as determined by the Certification Program on an individual basis and as provided for in these rules.

Note: Lapsed and/or revoked certificates as an assisted living administrator is addressed in accordance with, 8:36 3.2 *Qualifications of the administrator of an assisted living residence or comprehensive personal care home* and 3.5 *Actions against an assisted living administrator (l-m)*.

At the recertification location, your photo will be taken and your recertification documents will be reviewed for accuracy and completeness. If your recertification documents are complete, your certification will be updated on the Registry and you will receive a new certificate and wallet identification card.

You will receive a renewal reminder approximately sixty (60) days in advance of your certification expiration date. Do not wait until your certification expiration date to recertify.

Choose a recertification location from the list provided on the Renewal Form. On the day of recertification you **MUST** bring to the test site the following:

- \$30 recertification fee (this is the only fee accepted at the test site)
- Two (2) forms of identification. One must be a VALID form of government-issued identification (Driver's License, State ID, Passport) which bears your signature and has your photograph. The second ID must have your signature and preprinted legal name.
- Your Renewal Form.

At the recertification location, your photo will be taken and your recertification documents will be reviewed for accuracy and completeness. If your recertification documents are complete, your certification will be updated on the Registry and you will receive a new certificate and wallet identification card.

Recertification will be offered on a walk-in basis at any of the 8 NJ test sites on **Mondays ONLY** from 10am-4pm. We also offer recertification on Wednesdays from 10am - 4pm at the Hamilton Township, Cherry Hill, and in Paramus. Please see a listing of the sites in this Candidate Information Bulletin.

RECERTIFICATION FOR NEW JERSEY ASSISTED LIVING ADMINISTRATORS

In order to be eligible to renew a current certification, in accordance with 8:36-3.2 *Qualifications of the administrator of an assisted living residence or comprehensive personal care home*, an assisted living administrator shall:

1. Complete at least 30 hours of continuing education regarding assisted living concepts and related topics, as specified and approved by the Department of Health. Continuing education courses shall cover the topics described in the training program for assisted living administrators in N.J.A.C. 8:36-3.3(a)2, and be earned between the time the current certificate was issued and is due to expire; and
2. Complete a criminal history record background check as required by N.J.A.C. 8:43I-1.
 - j. If a certified assisted living administrator fails to fulfill the certification renewal requirements at the prescribed time, the certification shall be considered inactive.
 - k. An individual may apply for recertification without re-examination within three years of the certification renewal date and upon submitting a request for restoration of said certification, in writing, to the Certification Program.
 - l. An individual requesting restoration of his or her certification from inactive status within three years of inactivity shall be required to pay the then current certification fee and comply with the education requirements identified as follows.

An applicant for certification as an assisted living administrator shall successfully complete an assisted living training course which covers the concepts and rules of assisted living as outlined in this chapter, given by a trainer qualified in accordance with N.J.A.C. 8:36-3.3.
 - m. The applicant shall be required to complete 10 hours of continuing education credit for each year in which the certification was inactive in addition to the required 30 hours of continuing education for the last completed triennial certification period in which the applicant's certification was active.
 - n. An administrator whose certification is in an inactive status and who subsequently fails to meet the requirements identified at (j) through (m) above shall



NEW JERSEY CERTIFIED MEDICATION AIDE EXAMINATION

# of Items	Passing Score	Time Allowed
60	78%	90 Minutes

CONTENT OUTLINE

Use the outline as a guide for pre-examination review course material. The outlines list the topics that are on the examination and the number of questions for each topic. Do not schedule your examination until you are familiar with the topics in the outline.

Topic	# of Items
Five Rights	3
Affects of Medication	6
Authorized Duties	4
Medication Administration	20
Documentation	10
Error Reporting	3
Role/Responsibilities	4
Terminology	5
Regulations	5

RECERTIFICATION FOR NEW JERSEY MEDICATION AIDES

In order to be eligible for recertification, you must complete at least ten (10) hours of continuing education, seminars, or in-service training within your two (2) year certification period. Continuing education will include:

- Five (5) hours in the fundamentals of medication administration and in the skills and knowledge necessary for medication administration, *AND*
- Five (5) hours on topics about current drug use with respect to the elderly.

This continuing education must ***be in addition to:***

- Twenty (20) hours of continuing education, every two (2) years in assisted-living concepts and related topics, including cognitive and physical impairment and dementia for personal care assistants. The facility in which you work will keep records of your continuing education hours for at least one renewal period (that is, for your two (2) year certification period). Medication Aides should request copies of their continuing education records from facilities in the event that employment changes.

Medication aides MUST retain current certification as a nurse aide, personal care assistant, or homemaker/home health aide.

You will receive a renewal reminder approximately sixty (60) days in advance of your certification expiration date. Do not wait until your certification expiration date to recertify. Complete your Renewal Form **immediately** and make sure that the form is completed and signed by your health care facility employer, an Assisted Living Residence, Assisted Living Program, or Comprehensive Personal Care Home.

Choose a recertification location from the list provided on the Renewal Form. On the day of recertification you **MUST** bring to the test site the following:

- \$30 recertification fee (this is the only fee accepted at the test site)
- Two (2) forms of identification. One must be a VALID form of government-issued identification (Driver's License, State ID, Passport) which bears your signature and has your photograph. The second ID must have your signature and preprinted legal name.
- Your Renewal Form (signed by your current or previous employer)
- A current certification as a New Jersey nurse aide, personal care assistant, or homemaker/home health aide

At the recertification location, your photo will be taken and your recertification documents will be reviewed for accuracy and completeness. If your recertification documents are complete, your certification will be updated on the Registry and you will receive a new certificate and wallet identification card.

Recertification will be offered on a walk-in basis at any of the 8 NJ test sites on **Mondays ONLY** from 10am-4pm. We also offer recertification on Wednesdays from 10am - 4pm at the Hamilton Township, Cherry Hill, and in Paramus. Please see a listing of the sites in this Candidate Information Bulletin.

LAPSED CERTIFICATE

If your certification has lapsed for less than a one (1) year period, please explain in writing why your certification has lapsed, and include along with this information: your name; Social Security number; mailing address; phone number; and your nurse aide, personal care assistant, or homemaker/home health aide certification number. Please mail this information to:

NJDOH
Medication Aide Program
PO Box 358
Trenton, NJ 08625-0367

REVOKED CERTIFICATE

A certificate issued to a medication aide in accordance with state rules shall be suspended, denied, or revoked in the following cases:

Substantiated findings of resident abuse, resident neglect, or misappropriation (theft) of resident property in any health care facility licensed in accordance with N.J.S.A. 26:2H.;

- Conviction or guilty plea for a crime relating adversely to the ability to provide resident care, such as homicide,



CHANGE OF ADDRESS, NAME, AND/OR EMPLOYER

If you have changed your address, name, and/or employer, you must inform the Nurse Aide Registry *and* the NJDHSS CBI Unit. To notify the Registry of a change, use the form on the following page.

If you have a change of name, you must mail proof of that change (e.g., marriage certificate, divorce decree, or other legal document), along with the form on the following page. No additional documentation is necessary to make an address change or employer change.

To inform NJDHSS CBI Unit of an address, name, and/or employer change, please use the toll-free number, (866) 561-5914, if you are calling from out of state. If you are calling from within New Jersey, please call (609) 292-4303.

- assault, kidnapping, a sexual offense, robbery, and a crime against the family, children, or incompetents;
- Sale, purchase, or alteration of a certificate; use of fraudulent means to secure a certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination;
 - Documented and verified incompetence and/or negligence as delegated by a registered professional nurse in the performance of the duties that fall within the scope of practice of a certified medication aide;
 - Conviction for any offense that could impact on the ability of an individual to safely perform the duties of a medication aide;
 - Lapsed, suspended, or revoked nurse aide, homemaker/home health aide, or personal care assistant certification; and/or
 - Having one's name removed from the Medication Aide/ALA Registry for a period of more than one (1) year.

NOTE: *A medication aide will be required to retrain and retest in accordance with the rules in effect at the time of retraining and retesting if his or her name has been removed from the Registry for more than one (1) year.*

ABUSE FINDINGS

Upon receipt of a substantiated allegation of resident neglect, resident abuse, and/or misappropriation (theft) of resident property, you will be mailed a **Notice of Informal Conference**. This letter will include a statement that there are substantiated findings of neglect, abuse and/or misappropriation of resident property and will include instructions for you to attend a scheduled conference, in person, at the offices of the NJ Department of Health and Senior Services, as well as the following information.

You have a right to bring witnesses and any written evidence that you want to the informal conference. You may represent yourself, or you may have an attorney represent you at your *own* expense. At the conclusion of the informal conference, a determination will be made as to whether to dismiss the case against you or to proceed to a full court hearing at the NJ Office of Administrative Law. The Department will notify you of that decision in writing within ten (10) days of the conference.

If your case is not dismissed, you will receive a **Notice of Right to Hearing**. If you do not request a hearing within thirty (30) days of the date of the **Notice of Right to Hearing** letter, or if a hearing results in a specific finding of abuse, neglect and/or misappropriation of resident property, as applicable, that finding will be placed next to your name on the New Jersey Nurse Aide Registry. The finding will remain on the New Jersey Nurse Aide Registry permanently, unless the finding was made in error or you are found not guilty in a court of law. You will not be permitted to work again as a nurse aide or as a personal care assistant in *any* licensed New Jersey health care facility. You will be notified in writing of this decision and you will be advised that you have a right to appeal the finding. This statement will be maintained on the New Jersey Nurse Aide Registry.



**NEW JERSEY NURSE AIDE/PERSONAL CARE ASSISTANT
CHANGE OF ADDRESS, NAME AND/OR EMPLOYER FORM**

SEND TO:
PSI HAMILTON SQUARE AREA
IBIS PLAZA SOUTH
3525 QUAKERBRIDGE ROAD, SUITE 1000
HAMILTON TOWNSHIP, NJ 08619

Use this form to inform the Registry of your change of address, name, and/or employer. Please print or type all information on this form. Be sure to provide all information, or your request cannot be filled.

- **ADDRESS CHANGE** - Complete Sections A & B
- **NAME CHANGE** - Complete Sections A & B: *You must attach a copy of an official document (marriage certificate or other court order) verifying your name change.*
- **EMPLOYER CHANGE** - Complete Sections A, B & C: *You must complete Section C also.*

A. PRINT YOUR NEW ADDRESS, NEW NAME, OR NEW EMPLOYER'S INFORMATION BELOW.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____
Social Security# _____ Certification # _____

B. PRINT YOUR OLD ADDRESS, OLD NAME, OR OLD EMPLOYER'S INFORMATION BELOW.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

C. IF YOU ARE NOTIFYING THE REGISTRY WITH NEW EMPLOYER INFORMATION, YOU MUST ALSO FILL IN THIS SECTION.

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

YOUR SIGNATURE: _____ **DATE:** _____





NEW JERSEY ASSISTED LIVING ADMINISTRATOR/ NEW JERSEY MEDICATION AIDE EXAMINATION ELIGIBILITY FORM

To become eligible to test, you must provide a valid certificate of completion, along with this eligibility form. You may mail or fax this to:

PSI Regional Processing Office
IBIS Plaza South
3525 Quakerbridge Road, Suite 1000
Hamilton Township, NJ 08619
877-774-4243 * FAX 609-588-5461

1. **Legal Name:**
Last Name First Name M.I.

2. **Social Security:** - - (FOR IDENTIFICATION PURPOSES ONLY)

3. **Mailing Address:**
Number, Street Apt/Ste

-
City State Zip Code

4. **Telephone:** Home - Office -

6. Email: _____ 7. CNA / HHA Certificate #: _____

8. **Examination:** (Check one) Assisted Living Administrator \$53 Medication Aide \$53
 (Check one) FIRST TIME RETAKE

9. **Birth Date**
MM DD YY

10. **Total Fee \$_____.** You may pay by credit card, money order, company check or cashier's check. Cash and personal checks are not accepted.)

If you are paying by credit card, check one: VISA MasterCard American Express Discover

Card No: _____ Exp. Date: _____

Card Verification No: _____ *The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).*

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____

11. I am faxing the Special Arrangement Request (at the end of this bulletin) and required documentation. Yes No

12. **Affidavit:** I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of certification. I have read and understand the Candidate Information Bulletin.

Signature: _____ Date: _____





SPECIAL ARRANGEMENT REQUEST FORM

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date: _____ Social Security #: _____

Legal Name: _____
Last Name First Name

Address: _____
Street City, State, Zip Code

Telephone: (_____) _____ - _____ (_____) _____ - _____
Home Work

Email Address: _____

Check any special arrangements you require (requests must concur with documentation submitted):

- | | |
|---|--|
| <input type="checkbox"/> Reader (as accommodation for visual impairment or learning disability) | <input type="checkbox"/> Extended time
(Additional time requested: _____) |
| <input type="checkbox"/> Large-print written examination | <input type="checkbox"/> Other _____ |

- Complete and fax this form, along with supporting documentation, to (702) 932-2666.
- After 4 business days, please call 800-733-9267 x6750 and leave a voice message.
- PSI Special Accommodations will call you back to schedule the examination within 48 hours.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI SPECIAL ACCOMMODATIONS.

PSI Services LLC
3210 E Tropicana
Las Vegas, NV 89121