



HOME HEALTH & HOSPICE AIDE COMPETENCY EXAMINATION

ORDER FORM –RETURN TO OAHC OFFICE

CERTIFICATION OF TEST ADMINISTRATION PROCEDURES

I, _____ R.N., and I, _____ R.N.,
(PLEASE PRINT) (PLEASE PRINT)
accept full responsibility for administering OAHC Home Health & Hospice Aide Competency Examination.

I/we certify that I/we will follow the written guidelines Oregon Association for Home Care (OAHC) provides, keep test information confidential, not use the written examination beyond the expiration date unless the OAHC gives consent, and that the Federal Medicare qualifications for competency testing Home Health & Hospice Aides have been met.

I/We understand that the value of the competency test depends upon maintaining the confidentiality and integrity of the examination and the process and agree to protect the investment made by members of the Oregon Association for Home Care.

Signature _____ Date _____

Title _____

Signature _____ Date _____

Title _____

Agency _____

Address _____

City / State / Zip _____

Email Address _____

Cost: *The more Aides you test, the more you SAVE!*

OAHC Members: Exam (includes 5 Aide testing tokens) \$195.00

Non-Members: Exam (includes 5 Aide testing tokens) \$440.00

Additional Testing Tokens:

5 additional testing tokens + \$55.00

10 or more additional Aide testing tokens + \$130.00 (# of Tokens _____)

Processing / Handling + \$4.00

Total _____

RETURN SIGNED COMPLETED FORM WITH PAYMENT TO:

OAHC 1249 Commercial Street SE, Salem, OR 97302-4203

NO ORDERS WILL BE FILLED UNTIL PAYMENT & SIGNED COMPLETED ORDER FORM HAVE BEEN RECEIVED