At the Start of Training

Sign in to your **Instructor** account at **<u>nm.tmutest.com</u>**, using your Instructor Email or Username and Password.

## Click on **STUDENTS**:

TMU DEMO	Students	C Reports	Profile				Good	
Welcome, Good Instructor! Viewing Nurse Aide (CNA) records								
Inbox See noti	fications regardir	ig your account		Your Profile Manage your personal informat	lon	Students View related training records and people		
Chang Update	<b>je Discipline</b> the discipline bei	ng viewed		Search Registry Find people on the public regist	Q			

## Click on **CREATE**:

TMU DEMO	😤 Students 🕒 R	eports 🛞 Profile						Good
Home Stude	> Students							
<b>8</b>	Search students	Press '/' to focus Go	6 found Select A		Per page 15	✓ Filters III	Actions V	Create 🕣
0	NAME $\land$	TRAINING	UP	COMING TESTS	ACTIVE CEF	RTIFICATIONS		
0	Bones, Madilyn sari@gmail.com	Nurse Aide Completed Expires 06/1	Nu 30/2025	rse Aide S 10/05 12:00 PM MST	No active c	certifications		
0	Duck, Donald donald453@gmail.com	Nurse Aide Attending Started 06/01	No 1/2023	active tests	No active c	ertifications		

## See the CREATE NEW STUDENT screenshot on the next page with the fields that need to be entered.

*Enter the five required fields with the red* \*. It is important that the information entered is correct. (If the student's <u>FIRST</u> and <u>LAST</u> names do not <u>exactly match</u> the printed names on their ID(s) when they check in for their exam, they are not allowed to test.)

- 1. First Name [exactly as printed on their required ID(s) they need to present at test check-in]
- 2. Last Name [exactly as printed on their required ID(s) they need to present at test check-in]
- 3. Phone # [student's personal number (usually a cell phone #)]
- 4. Email [student's personal email that they check]
- 5. Training Start Date
- 6. **EMPLOYMENT FUNDING VERIFICATION** [if the candidate's employer is a state-funded facility, choose the candidate's employer at this time]
- 7. **Sponsor** [if the candidate has a 'sponsor' who will be paying their testing fees, choose the sponsor at this time]
- 8. SAVE STUDENT

## INSTRUCTORS

**How to Enter Students/Candidates** 

How to Add State-Funded Employment

At the Start of Training

LEGAL FIRST NAME * 1 PHONE * 3 BIRTHDATE EMAIL * Generate Fak GENDER O MALE O FEMALE O OTHER	MIDDLE	LEGAL LAST NAME *     2       ALTERNATE PHONE    Enter the student's personal phone number.				
PHONE *  BIRTHDATE EMAIL * Generate Fak GENDER MALE FEMALE OTHER	e <b>4</b>	Alternate PHONE Enter the student's <b>personal</b> phone number.				
BIRTHDATE EMAIL * Generate Fak	4	Enter the student's <b>personal</b> phone number.				
GENDER MALE FEMALE OTHER		Enter the student's <b>personal</b> email address.				
		AUDIO TESTS?     UNLISTED FROM PHONE AND MAILING LISTS				
Mailing Address	ADDRESS					
	CITY	STATE ZIPCODE				
Funding Type	Self Pay	Self Pay				
Initial Training	CHOOSE DISCIPLINE*					
The discipline, training, training program, and instructor will default to your information. Enter the student's TRAINING START DATE.	Nurse Aide CHOOSE TRAINING * Nursing Assistant CHOOSE TRAINING PROGRA (TP) CHOOSE INSTRUCTOR * Brown STATUS Attending STARTED * 5 EXPIRES	M*				
<b>SPONSOR</b> is for those students affiliated with a sponsor who will be paying the student's testing fees, you would select the sponsor from the drop-down list. Please see the Training Program and Sponsoring Facilities 'How to Pay Testing Fees' document.		EMPLOYMENT FUNDING VERIFICATION: If you have students in your class that are employees of a state-funded facility, you need to select the funding facility from the drop-down list when entering your students. The funding facility box only becomes available once the first and last names, phone # and email address are entered.				
Sponsor	No Employer 6 SPONSOR No Sponsor 7	No Employer ADVANCED HEALTH CARE OF ALBUQUERQUE (EMP) ALBUQUERQUE HEIGHTS CARE AND REHABILITATION CENTER (EMP) ARTESIA HEALTHCARE & REHABILITATION CENTER (EMP) Atte: Weilness and Rehabilitation Center (EMP)				

When you click **SAVE STUDENT**, the student's record is added as **INCOMPLETE**, and the **STUDENT VERIFICATION** will open. Click **PRINT** to print a copy for your records if you wish.

The student will be sent an email with this information. They need to check that the information is accurate. Their **EMAIL**, **USERNAME**, and **temporary PASSWORD** are provided.

- The student will need to sign in to their account in TMU©, update their password, and complete their demographic information.
- Please refer your students to read the New Mexico Candidate Handbook, which is available on the D&SDT-HEADMASTER's New Mexico main webpage at <u>www.hdmaster.com</u> for further information.

Home > Students > Verification						
Student Verification						
Student added as incomplete			×			
() This student has been sent an	email with this information. Feel free to	print this page for your records.	×			
Identification						
Name	STUDENT, EXCELLENT					
Gender						
Phone	(444) 555-2222					
Date of Birth	Unavailable					
Address	Unavailable					
Login Information						
URL	https://demo.tmudev.com					
Email	excellentstudent@student.com					
Username	estudent					
Password	qbgXRL38					
Inital Training						
Training	Nurse Aide					
Status	Attending					
Training Program	Good Training Program					
Started	12/01/2023					
🛱 Print		Continu	ie to Student $  ightarrow $			

**NOTE:** The STUDENT VERIFICATION is not saved and cannot be replicated. When this screen opens, it is the only time it will be viewable. (The candidate will be emailed the information, and you may print a copy for your records.) **Please call D&SDT-HEADMASTER if you have questions at (888)401-0462.**