

Welcome To WebETest® Online Testing.

I have some recommendations for the online version of this manual. If you decide to print it, I have formatted it to be printed double sided. DO NOT print this page. Print pages 2 – 75 and it should print correctly for you. Also, if you have any questions, or anything is unclear, please give me a call at 1-800-393-8664 between 8:00 am and 6:00 pm, Monday – Friday.

An “Order of Operations” list has also been requested by several people. Although there are some things that are not order specific, others are.

1. Enter candidate demographics at the beginning of Training.
2. Scheduling test events on the calendar (can be done 11 months in advance and must be done prior to scheduling your candidate but is not otherwise order specific).
3. Completing candidate records at the end of Training.
4. Paying candidate test fees.
5. Scheduling candidates into test events.
6. Submitting a paper test packet request, if you are not doing electronic testing.
7. Opening an electronic test for testing and printing the skills tasks.
8. Proctoring the written exam (can be done before or after the skills exam)
9. Entering the skill marks.
10. Submitting the Test Packet for official scoring.

And, last but not least, I’ve been through this manual multiple times to try to correct all my mistakes. However, I’m not at all convinced that I or my coworkers have been able to catch them all and I couldn’t have done it without their help! If any credit is due, it is to them for their continual support of my efforts to get this out to you. I also apologize for taking so long to get this out to you. If you find anything that should be edited, please let me know! I am always open to corrections and suggestions!

Thank you!
Naomi Wolfe
Montana Program Manager

MONTANA

ON-LINE WEBETEST[®] INSTRUCTIONS



PROVIDED BY: **D&S DIVERSIFIED TECHNOLOGIES, LLP — HEADMASTER, LLP**
JANUARY 2015



D&S Diversified Technologies LLP
Headmaster LLP

HEADMASTER LLP
P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

*Innovative, quality technology solutions
throughout the United States since 1985.*

On-Line WebETest® Instructions

Table of Contents

If you need help or have any questions while testing, please call Headmaster at 1-800-393-8664, Monday – Friday from 8:00 am to 6:00 pm (Mountain Time), or 1-406-431-8953 on weekends.

Section 1: For Training Programs & Instructors

Headmaster Home Page and WebETest® Main Menu	Tab 1
Entering Candidate data at the Beginning of Training	Tab 2
Scheduling an Electronic Test Event	Tab 3
Scheduling a Paper Test Event	Tab 4
Completing Candidate Records at the End of Training	Tab 5
Paying Candidate Test Fees	Tab 6
Scheduling Candidates	Tab 7
Submitting a Paper Test Packet Request	Tab 8

Section 2: For Test Administrators

Opening an Electronic Test Packet for Testing & Printing the Skill Task Sheets	Tab 9
Proctoring the Knowledge (Written) Exam	Tab 10
Entering Skill Marks	Tab 11
Submitting the Test Packet for Official Scoring	Tab 12

SECTION ONE

FOR TRAINING PROGRAMS & INSTRUCTORS

TAB 1

HEADMASTER

HOME PAGE

&

WEBTEST[®]

MAIN MENU

Headmaster Home Page

www.hdmaster.com

Enter the web address into your browser address bar and hit enter.



Innovative, quality technology solutions throughout the United States since 1985.

On-Line CNA Practice Exams

#1. Which of the following is NOT a normal body defense?

A. Tears
B. White blood cells
C. Eyelashes
D. Teeth

Questions Remaining: 3 of 25

Copyright © 2010, D&S Diversified Technologies, LLC
Headmaster, All Rights Reserved. hdmaster@hdmaster.com

Order an individual test or set up a group testing account.

Complete an exam from an individual membership.

Begin or complete an exam from a group account.

Try your luck with today's free question of the day.

Try our free ten item sample test.

Find out more about content, pricing, ordering and use.

See what customers have said about the practice exam!

Forgot your pin? Click here!

View your scheduled

Please click [here](#) to see where and when your next test is scheduled.

Licensing/Certification	Software	Hardware/Networking
 Licensing/Certification		
<div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-bottom: 5px;"> Nurse Aide </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">ARIZONA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">MONTANA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">NEW HAMPSHIRE</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">NORTH DAKOTA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">NEW JERSEY SKILLS</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OHIO STNA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OKLAHOMA LTC</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OKLAHOMA LTC / HHA (Deeming)</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OREGON</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">SOUTH DAKOTA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">TENNESSEE</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">UTAH</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-top: 10px;">Sample CNA/STNA Training Reports</div>	<div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-bottom: 5px;"> Medication Assistant </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">ARIZONA CMA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">ARKANSAS CMA</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">MASSACHUSETTS MAP TESTING & REGISTRY</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">MONTANA MA I & II</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">NEVADA MA-C</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OHIO MA-C</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OREGON CMA</div> <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-top: 10px;"> Ohio </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">OHIO LEAD</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">General X-ray Machine Operator</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">Ohio DSW</div> <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-top: 10px;"> Facility Administrator </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">IDAHO</div>	<div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-bottom: 5px;"> Assisted Living </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">Arizona Assisted Living Caregiver</div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">Arizona Assisted Living Manager</div> <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-top: 10px;"> Iowa Pilot Testing </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">Iowa Direct Care Professionals</div> <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-top: 10px;"> On-line Testing </div> <p>WebE Test ©, one of our web-based software packages, is used in conjunction with Testmaster© to register candidates, deliver content, and submit exam results to regulatory agencies and registries for these on-line testing clients: Ohio DSW, Utah, Iowa, Ohio, North Dakota, Montana, Tennessee, Ohio Lead, Oklahoma, Oklahoma Home Health, Oklahoma Insulin, Oklahoma Med Aide, New Jersey CNA, Idaho AL Fac Admin, Beta</p> <div style="background-color: #e91e63; color: white; padding: 2px; text-align: center; margin-top: 5px;"> Additional Services </div> <div style="background-color: #f0f0f0; padding: 5px; text-align: center; margin-bottom: 5px;">  Caregiverlist connects your inh </div>
<div style="background-color: #e91e63; color: white; padding: 5px; text-align: center;"> Development </div> <p>Do you have exams, surveys, or data that you would like to make available on line? We can provide you with a data host, software, and the technical assistance...</p> <ul style="list-style-type: none"> job analysis, webpage design, item writing workshops, on-line item development, psychometric evaluation <p>...required to make that happen. Try the CNA sample test to the left, and imagine how we</p>		

1. Click on **Montana** under the **Nurse Aide** column to access the **Montana CNA Testing and Certification** page.

Page | 4

Montana CNA Testing and Certification page:



D&S Diversified Technologies LLP
Headmaster LLP

Montana CNA Testing and Certification

Innovative, quality technology solutions throughout the United States since 1985.



Note: Effective March 1, 2014 - Montana CNA training valid for 6 Months

Next time you're in Helena, stop by and see the Western Region office! Our staff would be happy to give you a tour.

Candidate Forms	Test Administrator Forms	On-line Testing	Contacts
NA Candidate Handbook Testing Application Form 1101 Instructor's Affidavit Form 1302 Montana Payment & Scheduling Form 1402 Montana Regional Test Site List I&O Recording Sheet ADA Accommodation Form 1404 On-line Test RESULTS	Test Administration Application Form 1500 Confidentiality/Nondisclosure Agreement 1501 Test Site Agreement 1502 Test Site Equipment List Form 1503 Test Observer Equipment Check List Form 1504 Test Observer Agreement 1505 Knowledge Test Instructions Skill Test Instructions Actor Affidavit 1511 Actor Training Manual Feedback Form	WebETest® On-line Testing Select the above link to.. <ul style="list-style-type: none"> register candidates for the exam complete the exam as a candidate score a skill exam as an administrator submit an exam package for scoring request a paper exam Please note below!! <ul style="list-style-type: none"> We do not have test scores available before 6:00PM ON THE DAY they are received in our office. You may check your results on-line after 6:00PM. 	<p>Please feel free to contact us if you have questions, concerns, or suggestions about our service. We value the feedback we receive from everyone involved in the Montana NA training, testing, and certification process.</p> <p>Headmaster Naomi Wolfe Program Manager PO Box 6609 Helena, MT 59604 Phone: (800) 393-8664 Fax: (406) 442-3357 hdmaster@hdmaster.com</p>
<p>You will need a reader to view and print most of these documents. You may download it here...</p> <p>Visitors 069053</p>	<p>On Line Reports On-line Training Program Reports</p> <p>Select above for on-line training program..</p> <ul style="list-style-type: none"> Skill Exam Details Written Exam Details Pass/Fail Reports 		

2

[Home](#) | [Contact us](#)
 Copyright © 2002-7, D&S Diversified Technologies LLP, dba Headmaster LLP, All rights reserved

2. Click on **WebETest® On-Line Testing** to access the **WebETest® Main Menu**.

WebETest® Main Menu: From this menu you can access all the training program options.



Montana CNA Testing



Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

TAB 2

ENTERING CANDIDATE DATA AT THE BEGINNING OF TRAINING

Entering Candidate Data at the Beginning of Training

Beginning January 01, 2015, the Montana Department of Health and Human Services will require nurse aide candidates to be entered into WebETest at the beginning of the training course. This will allow them to track training attrition rates and check the OIG exclusion list for the candidates' names prior to completion of the training program.

DATA ENTRY TIPS:

- **TAB through each field!** If you hit enter the software will submit your record and give you an error message because of the blank fields. If you only click into the next box, some fields will not complete properly.
- All the data entry fields, except the email address, should be entered in upper case letters. It helps to put the Caps Lock button on.
- Bold fields are required.
- Except for the employment start date, dates must be entered in a mm/dd/yyyy format or you will receive an error message. The employment start date needs to be entered in a mm/yy format.

Go to the **WebETest® Main Menu**



Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1. Click on **Training Program / Instructor** to access the Training Program / Instructor page.

As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.

Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the PRINT link found on the form or **right click** on the form and select **Print** from the menu presented or in Netscape use [Ctrl]+[p] from the keyboard.

Please enter your assigned **Training Program ID**

Please enter your **pin number**

Complete fields then click here to...

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- 2
- 3
- 4

2. Enter your **Facility/Training Program ID number**.
3. Enter your **PIN/Password** (use all upper case letters!).
4. Click **Login**.

AZ_Roster

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - ^mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date

Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.
<input type="button" value="Return to Main Menu"/>							

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- 5

5. Click on **New** to enter a new candidate.

Montana CNA Testing Create a New Candidate Record

Submit Candidate Reset Fields
NOTE: The **BOLD** fields are required.

Personal Information		Training Program	
Soc. Sec. #	<input type="text"/>	ID	9998 View Approved Programs
No SSN ? DOCUMENTATION REQUIRED! Instructions for Candidates with no SSN.		Name	NO TRAINING CENTER
Soc. Sec. #	<input type="text"/> (in reverse order)	Address	<input type="text"/>
Name: Last First Middle	<input type="text"/>	City, St Zip	NO TRAINING, MT
Maiden (Other Name)	<input type="text"/>	Started	<input type="text"/> <small>Must be entered as MM/DD/YYYY</small>
Address	<input type="text"/>		
Zip (City, ST auto)	<input type="text"/> MT		
Home Phone	<input type="text"/> (ccc)ppp-####		
Work Phone	<input type="text"/> (ccc)ppp-####		
Email Address	<input type="text"/>		
Date of Birth	<input type="text"/> <small>Must be entered as mm/dd/yyyy</small>		
Current Employer			
ID	<input type="text"/>	Facility	<input type="text"/>
Location	<input type="text"/>		
Start Date	<input type="text"/>		

Submit Candidate

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

6. Enter the candidate's Social Security number forwards (in the normal order) without dashes in the first box.
7. Enter the candidate's Social Security number backwards (in reverse order) without dashes in the second box.
8. Enter candidate's demographics. The **bold** fields are required and the faded fields are optional.
 - a. The candidate's name **must** match the legal name on the candidate's government issued ID/Driver's License.
 - b. Enter the candidate's **mailing** address if different from physical address.
 - c. Enter the telephone number at which the candidate is most easily contacted (you can enter numbers only in this field).
 - d. Date of Birth must be entered: mm/dd/yyyy or you will receive an error message.
9. Enter training start date in a mm/dd/yyyy format or you will receive an error message.
10. Your training program ID number and information will automatically show in each candidate's record.
11. Click on **Submit Candidate** to save the candidate's record. If you receive an error message, you will need to correct the field indicated in the error message. If you have entered everything correctly, you will return to the previous screen and be able to continue with your next candidate.

*****Note: Entering Challenge Candidates:**

- a. If you are entering a challenge candidate the training start date is the current date.
- b. You must change the Training/Facility ID # to 9998 and hit the **TAB** button.
- c. After the initial data entry for a challenge candidate, you will need to call Headmaster in order to have the file completed and the Test History (Background) checks run.

*To enter subsequent candidates, click on the **New** button for each candidate you wish to enter.*

Congratulations!

You have now completed the data entry process.



You will schedule your exam date, complete the candidate records, pay the test fees and schedule the candidates at the end of training.

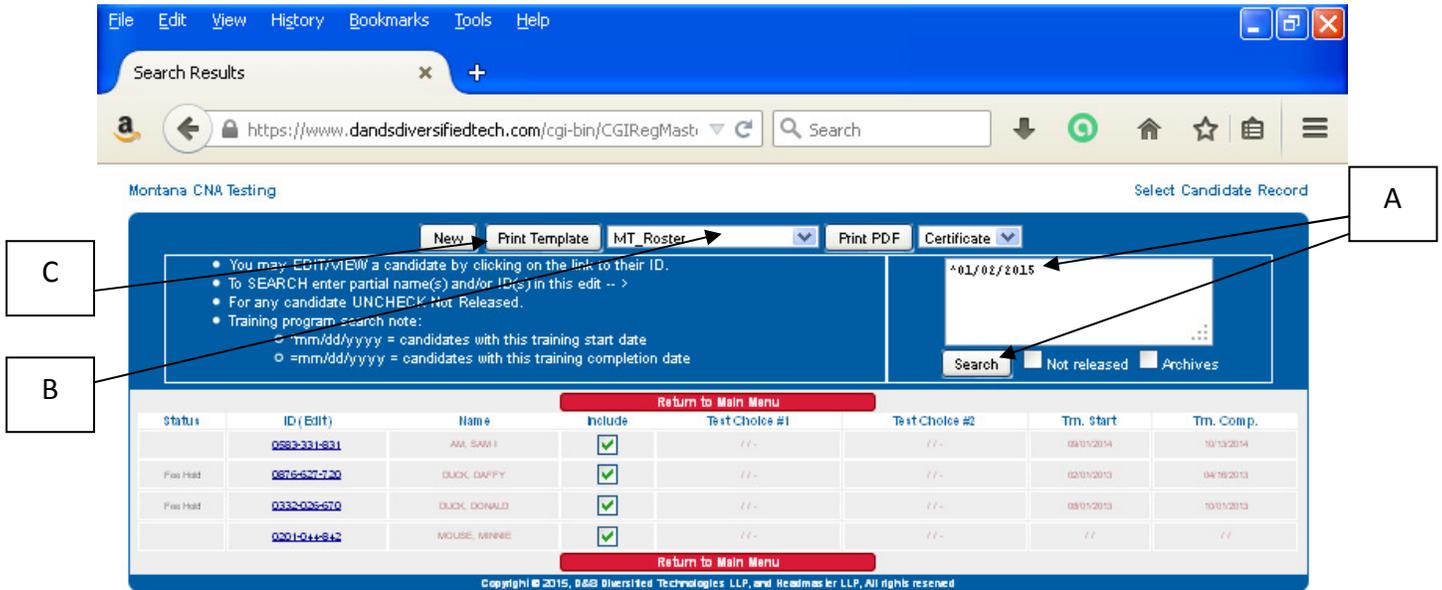
The following pages in this section contain some forms you may find useful during training.



Headmaster has added several forms for your use during training. These forms are not required, but are available for your use if you should find them helpful.

You will need to log in as the **Training Program / Instructor** to access these forms:

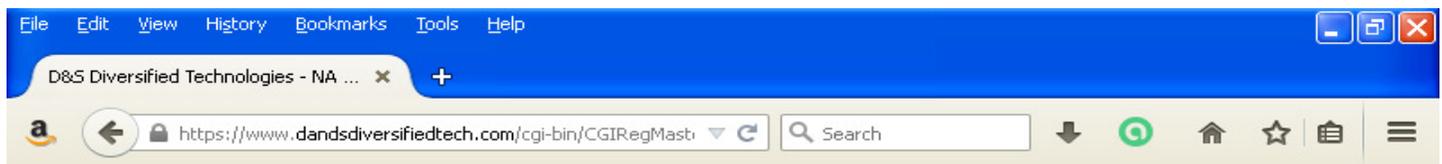
To access your class Roster:



A. Pull up a list of the students for your current class by putting your cursor in the **Search Box** and entering **^mm/dd/yyyy** (the start date for the current class) and clicking **Search**.

B. In the small box at the top of the blue portion of the screen select **MT Roster**.

C. Click on **Print Template** to pull up your class Roster.



NURSE AIDE TRAINING REGISTRATION ROSTER

Facility OR Training Program: PRACTICE SITE	Alpha Code:
Address: 3310 MCHUGH DR.,	D&S Code: 0002
CITY: HELENA	State: MT
Phone Number: (000)000-0000	Zip Code: 59601
Contact:	Phone Number: (000)000-0000

ID	Last Name	First Name	Middle Name	Address	City	Training Start Date	Training Completion Date
555-55-5555	AM	AM	I	123 DOME/WHERE LN	HELENA, MT	09/01/2014	10/13/2014
123-45-6789	DUCK	DAFFY		3310 MCHUGH LN	HELENA, MT	02/01/2013	04/16/2013
333-33-3333	DUCK	DONALD		123 DOME/WHERE LN.	HELENA, MT	08/01/2013	10/01/2013
987-65-4321	MOUSE	MINNIE		3110 MCHUGH DRIVE	HELENA, MT	01/02/2015	

To access your Candidate Student File:

- A. Pull up a list of the students for your current class by putting your cursor in the **Search Box** and entering **^mm/dd/yyyy** (the start date for the current class) and clicking **Search**.
- B. From the drop down menu, select **MT Student File**.
- C. Click on **Print Template**.

TAB 3

SCHEDULING AN ELECTRONIC TEST EVENT

Scheduling an Electronic Test Event

Go to the **WebETest© Main Menu**



Welcome to WebETest©, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1. Click on **Test Site** to access the login page to schedule an exam date at your facility.

Montana CNA Testing Test Site Login

As an approved TEST SITE you will be adding events to the test schedule, invoicing those events, and preparing test materials for those events. To do so you must have been assign a test site ID and pin number by the regulatory agency

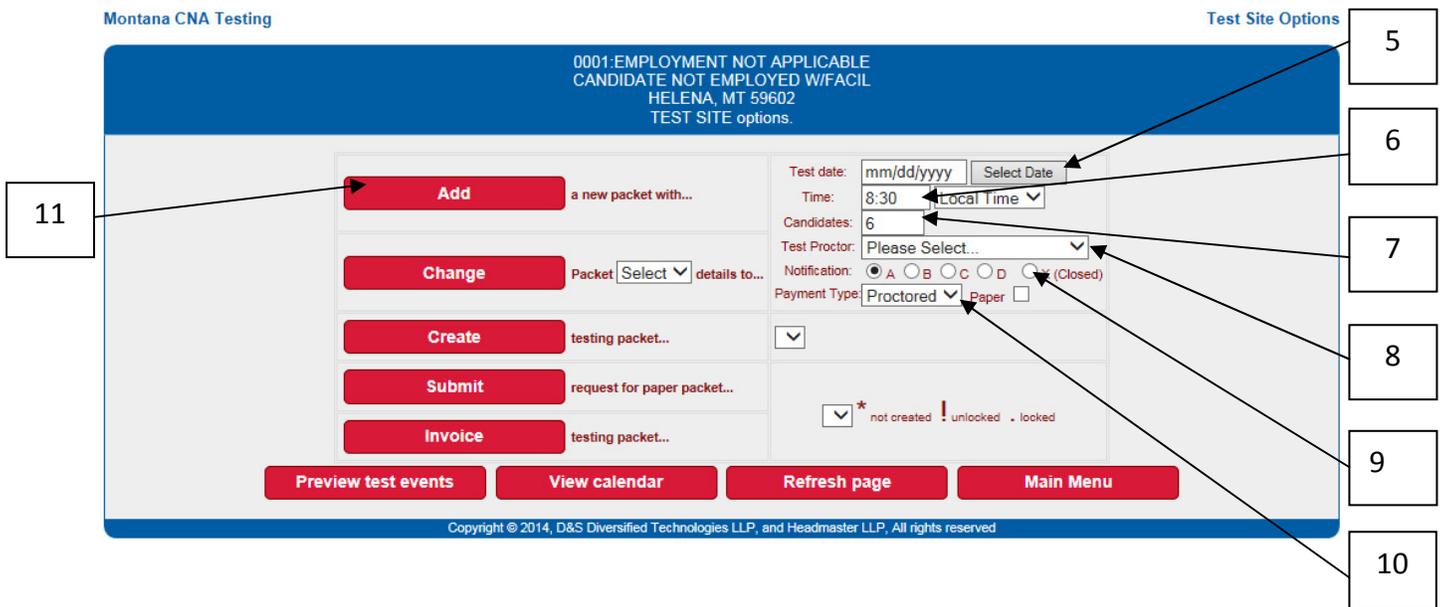
Please enter your assigned **Test Site ID**

Please enter your **pin number**

Complete fields then click here to... **Login**

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

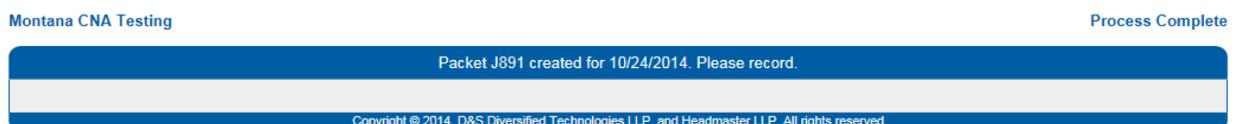
2. Enter your **Facility ID/Test Site ID**.
3. Enter your **PIN Number/Password** (four upper case letters).
4. Click on **Login**.



5. Click on **Select Date** to choose your test date. This will open a calendar. Click on the date on the calendar for which you would like to schedule your exam.
6. Enter the test start time in **military time with a colon!** This is important as your candidates will now receive a **Test Confirmation Letter** showing their test date and time.
7. Enter the number for the amount of test spots you will need. You may schedule up to 10 candidates per test packet.
8. Select the **Test Administrator** from the **Test Proctor** drop down menu.
9. Under **Notification**, click on the bubble next to **A** if it is an Open (open to the public) test event, or on the bubble next to the **X** if it is a Closed test event (reserved only for candidates from your facility).

*****Note:** If you are scheduling an exam only for your own candidates and you do not select the **Closed** option, other candidates will be able to schedule into your exam!

10. Under **Payment Type**, select **Proctored** if the Test Administrator is employed and paid by the facility or **Regional**, if the Test Administrator is an Independent Contractor and paid by Headmaster.
11. Click the **Add** button to schedule the test packet on the calendar. A confirmation page will come up advising that the packet has been created. The **packet number** will be in the confirmation message.



*****Note:** Test dates may be prescheduled up to 11 months in advance of the scheduled date.

TAB 4

SCHEDULING

A

PAPER

TEST

EVENT

Scheduling a Paper Test Event

NOTE: Paper tests need to be requested no less than 10 days before the scheduled test date

Go to the **WebETest® Main Menu**



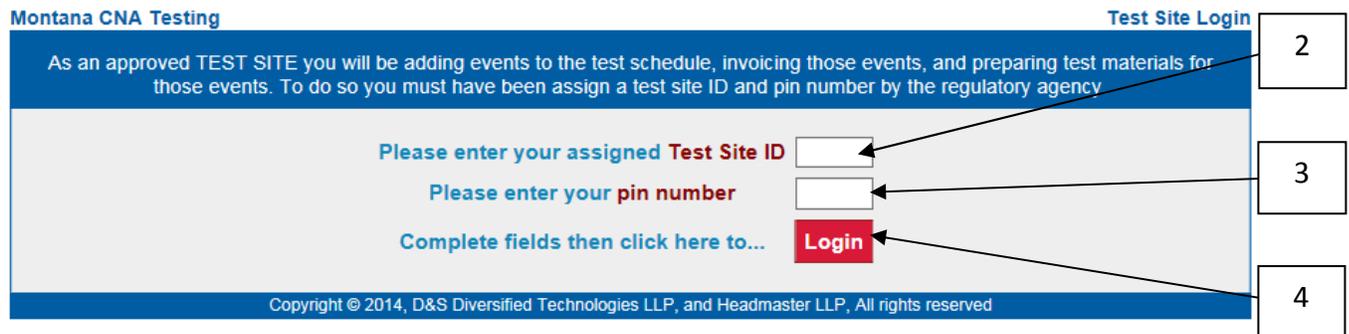
Montana CNA Testing

Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1. Click on **Test Site** to access the login in screen to schedule an exam at your facility.



Montana CNA Testing

Test Site Login

As an approved TEST SITE you will be adding events to the test schedule, invoicing those events, and preparing test materials for those events. To do so you must have been assign a test site ID and pin number by the regulatory agency

Please enter your assigned **Test Site ID**

Please enter your **pin number**

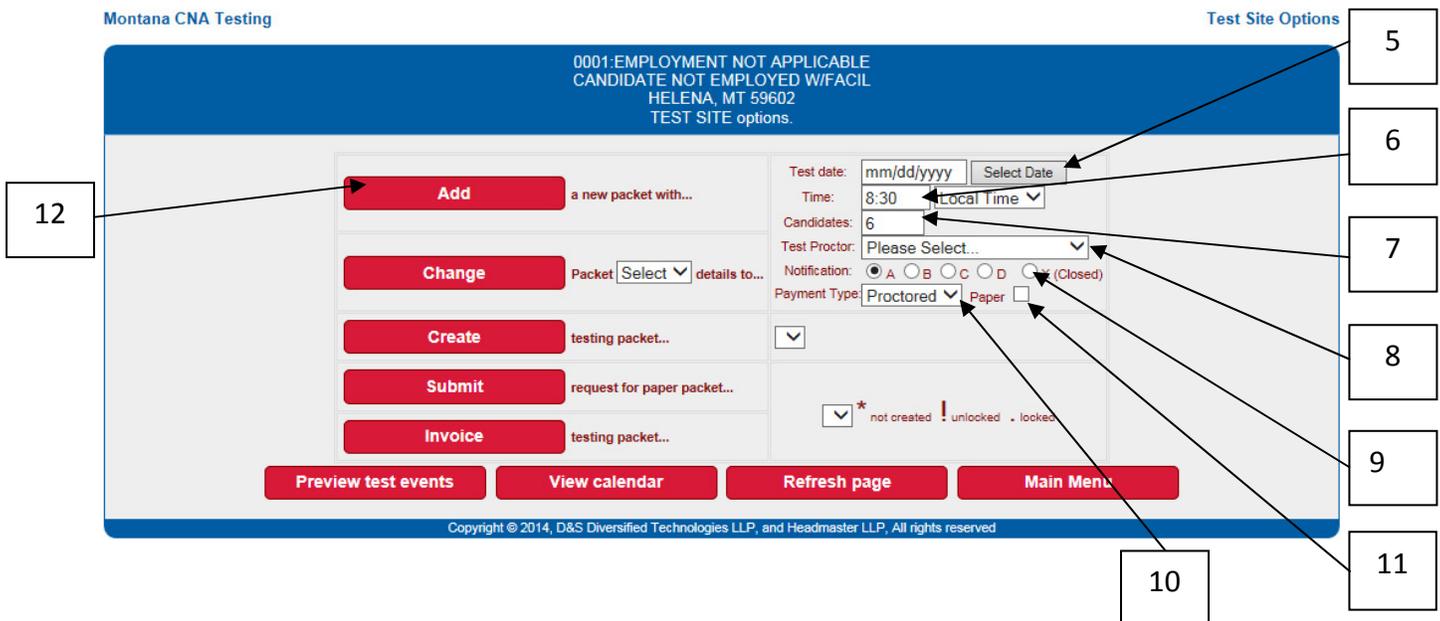
Complete fields then click here to... **Login**

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

2. Enter your **Facility ID/Test Site ID**.

3. Enter your **PIN Number/Password** (four upper case letters).

4. Click on **Login**.



5. Click on **Select Date** to choose your test date. This will open a calendar. Click on the date on the calendar for which you would like to schedule your exam.
 6. Enter the test start time in **military time with a colon!** This is important as your candidates will now receive a **Test Confirmation Letter** showing their test date and time.
 7. Enter the number for the amount of test spots you will need. You may schedule up to 10 candidates per test packet.
 8. Select the **Test Administrator** from the **Test Proctor** drop down menu.
 9. Under **Notification**, click on the bubble next to **A** if it is an Open (open to the public) test event, or on the bubble next to the **X** if it is a Closed test event (reserved only for candidates from your facility).
- ***Note:** If you are scheduling an exam only for your own candidates and do not select the **Closed** option, other candidates will be able to schedule into your exam!
10. Under **Payment Type**, select **Proctored** if the Test Administrator is employed and paid by the facility or **Regional**, if the Test Administrator is an Independent Contractor and paid by Headmaster.
 11. Put a check mark in the **Paper** box.
 12. Click the **Add** button to schedule the test packet on the calendar. A confirmation page will come up advising that the packet has been created. The **packet number** will be in the confirmation message.



THIS IS ALL YOU WILL DO FOR A PAPER PACKET UNTIL THE CANDIDATES HAVE BEEN SCHEDULED INTO IT.

TAB 5

COMPLETING CANDIDATE RECORDS AT THE END OF TRAINING

Completing Candidate Records

Go to the WebETest® Main Menu and log in as the Training Program / Instructor.

At the end of training you will need to complete each candidate's record. You have several options for pulling up a list of your students.

Montana CNA Testing Select Candidate Record

New Print Template AZ_Roster Print PDF Certificate

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - o ^mm/dd/yyyy = candidates with this training start date
 - o =mm/dd/yyyy = candidates with this training completion date

Search Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.
Return to Main Menu							

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

Search Button

Search Box

Search Options:

- You may click on the Search button without entering anything in the search box. This will bring up a list of all the active candidates listed for your facility.
- You may enter: **^mm/dd/yyyy** (the start date for your class) in the search box, click **Search** and you will bring up a list of any candidates who began training on the date you entered. Using the start date to pull up only a list of students from your current class will minimize the amount of time it takes to search through your list of students to enter their data.
- After you have entered the completion date for your candidates, you may enter: **=mm/dd/yyyy** (the completion date for your class) in the search box and click on **Search**. This will bring up a list of candidates that completed training on that date.
- You may enter a candidate's **Last Name** in the search box and click search to bring up just that candidate.
- You may enter a candidate's **Social Security Number** or **Test ID Number** and click search to pull up an individual candidate.

You may also enter a list of **Last Names**, **Social Security Numbers** or **Test ID Numbers** or a combination of all of the above in the search box and click **Search** to pull up a list of those candidates. After each entry, you will need to hit **enter** and list the next entry just below the previous one.

Go to the **WebETest® Main Page**.



Montana CNA Testing

Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1. Click on **Training Program / Instructor**.

Montana CNA Testing Instructor/Program Login

As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.

Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the PRINT link found on the form or **right click** on the form and select **Print** from the menu presented or in Netscape use [Ctrl]+[p] from the keyboard.

Please enter your assigned **Training Program ID**

Please enter your **pin number**

Complete fields then click here to...

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

2. Enter your **Training Program ID** number.

3. Enter your **PIN Number / Password** (4 upper case letters).

4. Click **Login**.

Montana CNA Testing Select Candidate Record

New Print Template AZ_Roster Print PDF Certificate

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - o ^mm/dd/yyyy = candidates with this training start date
 - o =mm/dd/yyyy = candidates with this training completion date

^10/01/2014

Search Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.
Return to Main Menu							

Return to Main Menu

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- In the search box enter the caret symbol followed by the start date (^mm/dd/yyyy) for your class to pull up a list of students who started on that date (or use any search option that fits your needs).
- Click **Search** to pull up your list of students.

You should now have a list of the students from your current class listed in the window.

Montana CNA Testing Select Candidate Record

New Print Template AZ_Roster Print PDF Certificate

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - o ^mm/dd/yyyy = candidates with this training start date
 - o =mm/dd/yyyy = candidates with this training completion date

Search Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.
Fee Hold	0518-066-720	DUCK, DAFFY	<input checked="" type="checkbox"/>	// -	// -	10/01/2014	//
Fee Hold	1518-066-720	MOUSE, MINNIE	<input checked="" type="checkbox"/>	// -	// -	10/01/2014	//

Return to Main Menu

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- Click on the ID number to the left of each candidate's name to open the candidate's record. The candidate's record will open in a separate window.

8. Enter the candidate's Class Hours. The candidate must complete a minimum of 45 class hours.

9. Enter the total of the candidate's Clinical and Lab hours combined. The candidate must complete a minimum of 25 combined Lab and Clinical hours.

*****Note:** You will need to have an extra 5 hours in either the Class or Lab and Clinical hours to meet the state and federal minimum requirement of 75 hours of approved training for each candidate.

10. Enter Completion date in a mm/dd/yyyy format or you will receive an error message.

11. Next to "Graduated?" click the drop down arrow and select "YES", if the candidate completed the program. Select "NO", if the candidate did not complete the program. If you select "NO", you will need to select a reason the candidate did not complete the program from the next drop down menu in the box below "NO".

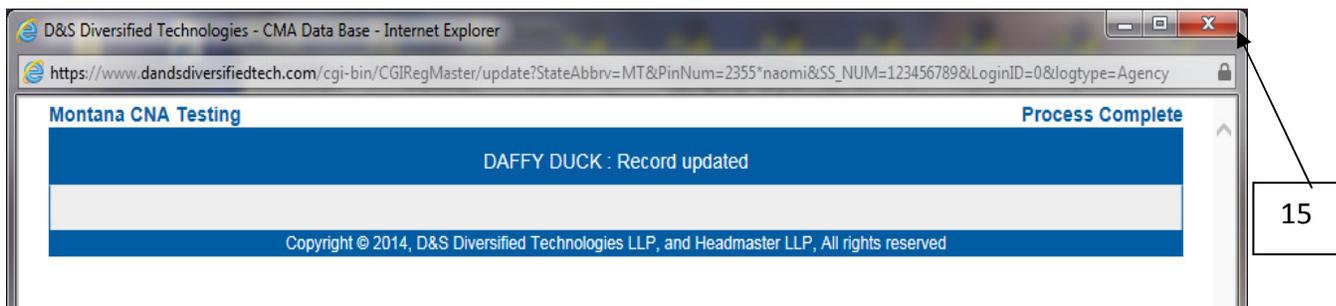
*****Note** – It is not necessary to enter hours or completion date if the candidate does not complete the course.

12. If your facility is paying for the candidate to test, you will need to enter your **Facility ID** number in the Sponsor ID box. If the candidate is paying his/her own test fees, put a checkmark in the **Self Pay** box.

13. If a candidate has a disability and needs an ADA Accommodation, put a checkmark in the **Accommodation Requested** box and follow the directions on the required paperwork. The candidate must complete and submit the ADA Accommodation Form 1404 and submit it to Headmaster two weeks prior to the candidate's scheduled date.

*****Note:** The ADA Requested box may be checked prior to completion of training and the paperwork may be submitted early to facilitate an earlier test date after training completion.

14. Click on **Submit Updates** to save the changes to the candidate's record.



15. Click on the “X” in the upper right corner of the window to close the window. Your class roster should still be open behind it.

Repeat this process for the remaining candidates in your list.

*****Note:** If your candidate needs an oral test, you will need to reopen the candidate’s record to mark an oral test for the candidate. This **must** be done **prior** to paying the test fees in order for the candidate to be assigned the oral exam.

Montana CNA Testing **Edit Candidate Record (Training)**

[Submit Updates](#)

NOTE: The **BOLD** fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 10/03/2014 14:43 MT	Training Program
Soc. Sec. Number: 123123123	ID: 9998 View Approved Programs
First Middle Last: DAFFY [] DUCK []	Class/lab Hours: 60 Clinical Hours: 60 Traineeship Hours: []
Maiden (Other name): []	Name: NO TRAINING CENTER
Address: 123 SOMEWHERE LN	Address: []
City ST Zip: HELENA MT 59601	City, St: NO TRAINING, MT
Home Phone: (111)111-1111 (ccc)ppp-####	Started: 09/01/2014 (mm/dd/yyyy)
Work or Cell Phone: (111)111-1111 (ccc)ppp-####	Completed: 10/03/2014 (mm/dd/yyyy)
Email Address: []	Expires: 10/03/2016 (mm/dd/yyyy)
Date of Birth: 01/01/1970 mm/dd/yyyy	Graduated?: YES <input checked="" type="checkbox"/> NO requires reason...
If NO, due to...	
Please Note: By selecting a Graduated Staus of "YES", you are attesting that you are an authorized representative of the above training program, and that this candidate has successfully completed the stated training.	
Test Date Selection	Funding Status
View Test Schedule Site: <input type="text" value="Scheduling not available..."/> <input type="text" value="Scheduling not available..."/> Date: <input type="text" value="Scheduling not available..."/> <input type="text" value="Scheduling not available..."/> Test Options: <input type="checkbox"/> Oral Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.	<input checked="" type="checkbox"/> SELF PAY: If checked this indicates that the candidate is paying for their exam. If <i>not checked</i> , then the sponsoring facility indicated below is responsible for paying the testing fees.
ADA Request Status	Sponsor (facility paying for exam)
Important: Testing may be unnecessarily delayed if you check this box and it is not warranted! Accommodation Requested <input type="checkbox"/> Please Note: Selection of this option requires submission of these documents . You will be unable to test until all required documentation is received and the status of your request has been determined.	Sponsor ID: [] [] [] [] [] Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

16. If the candidate is requesting an **Oral** test, put a check mark in the box and click **Submit Updates** at the top of the candidate’s record.

New Print Template MT_Verification Print PDF Certificate

- You may EDIT/MEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date

01/02/2015

Search Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Tm. Start	Tm. Comp.
	0583-331-831	AW, SAW I	<input checked="" type="checkbox"/>	--	--	09/11/2014	10/13/2014
Pass Fail	0876-527-220	DUCK, DAFFY	<input checked="" type="checkbox"/>	--	--	02/11/2013	04/16/2013
Pass Fail	0332-025-670	DUCK, DONALD	<input checked="" type="checkbox"/>	--	--	09/11/2013	10/11/2013
	0201-044-842	MOUSE, MINNIE	<input checked="" type="checkbox"/>	--	--	01/02/2015	--

Return to Main Menu

Copyright © 2015, B&B Diversified Technologies LLP, and Headmaster LLP. All rights reserved

17

17. With the list of your graduated students showing in your list, click on **Print PDF** to pull up the state approved **Certificate of Completion of Training** for each of your students.

File Edit View History Bookmarks Tools Help

https://www.dan...ogtype=Training

https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMast

18

Internal Application Error

Cannot create file "/home/cna/MT/tmp/pdf/PDF_0002_01032015_173721.txt". No such file or directory

/p4v

To be uploaded soon:

State Approved Certificates of Completion of Training

start Mozilla Firefox Montana WebETest ... 5:42 PM

18. Click on File and then select **Print**. You can also right click on your screen and select **Print**.

*****Note:** You will need to double click the back arrow on your browser to get back to your list of candidates.

If your candidates are paying their own test fees, you will also need to print out the candidate's **Scheduling Directions** and give the letters to each of candidates.

Montana CNA Testing

Select Candidate Record

New Print Template MT_Verification Print PDF Certificate

- You may EDIT/DELETE a candidate by clicking on the link to
- To SEARCH enter partial name(s) and/or ID(s) in this edit
- For any candidate UNCHECK Not Released.
- Training program search note:
 - *mm/dd/yyyy = candidates with this training start date
 - =mm/dd/yyyy = candidates with this training completion date

Search Not released Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Tm. Start	Tm. Comp.
	0583-331-831	AM, SAM I	<input checked="" type="checkbox"/>	---	---	09/11/2014	10/13/2014
Pass Hist	0878-527-720	DUCK, DAFFY	<input checked="" type="checkbox"/>	---	---	02/01/2013	04/16/2013
Pass Hist	0332-026-670	DUCK, DONALD	<input checked="" type="checkbox"/>	---	---	08/01/2013	10/01/2013
	0001-044-842	MOUSE, MINNIE	<input checked="" type="checkbox"/>	---	---	01/02/2015	--

Return to Main Menu

Copyright © 2015, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

19. Click on the drop down arrow.

20. Select **MT Scheduling Instructions**.

21. Click on **Print Template**.

D&S Diversified Technologies

Headmaster LLP
P.O. Box 6609, Helena, MT 59604-6609
Toll Free: (800)393-8664 Fax: (409)442-3357
Website: www.hdmaster.com
Email: hdmaster@hdmaster.com

SAM I AM
123 SOMEWHERE LN
HELENA MT 59601

SAM,

To schedule your Montana Nursing Assistant exam with Headmaster, please refer to the instructions below:

You may schedule your exam date on-line at any time at www.hdmaster.com.

- Click on the "Montana" link listed under "Nurse Aide". When you reach the Montana webpage click on "Schedule/Reschedule".
- You will need your **TEST ID# [0583-331-831]** and your **PIN# [mDxv]** to login.
- Before paying or scheduling your test you must read and acknowledge the attestation paragraph at the bottom of the page.
- You must make payment for the test before you will be able to schedule. The prepay by credit card option is under the Self-Pay or Sponsored section.
- View **Test Schedule** to see available exam dates.
- Select a test site... from the drop-down list.
- Select a test date from the drop down list.
- Submit Updates to schedule test.**
- Print the exam confirmation letter provided (if you do not see a separate screen with your test confirmation, you are not scheduled to test).

Form 1048
Copyright © 2015 All rights reserved, D&S Diversified Technologies LLP, and Headmaster LLP

22. Click on **File** and **Print** or right click on your screen and select **Print** to print the scheduling instructions.

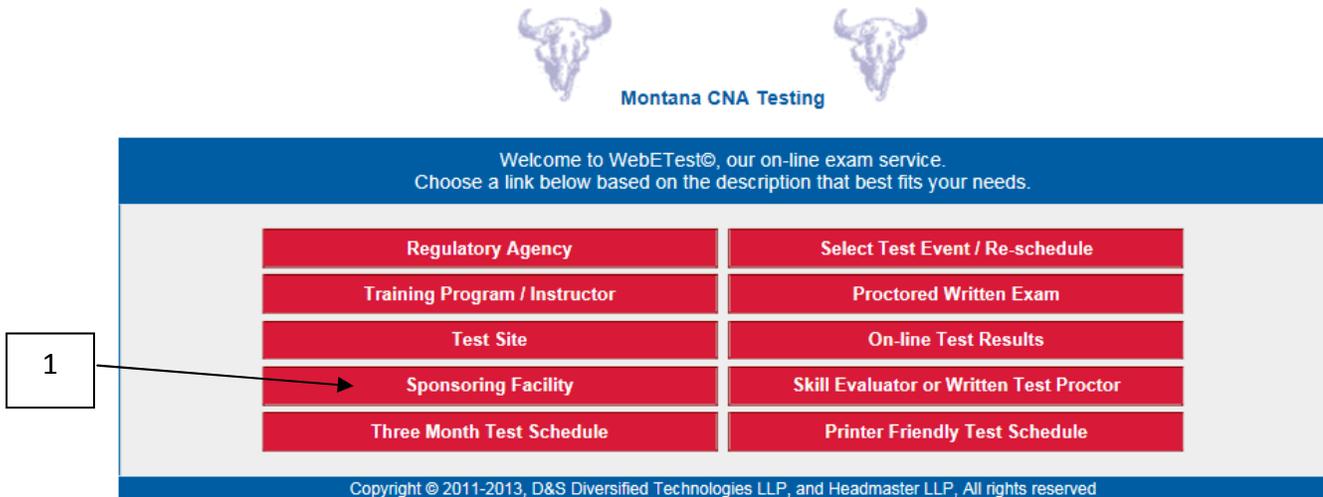
23. Give this letter to your candidates in order for them to have the necessary information to login, pay their test fees and schedule an exam date. This letter includes their **Test ID Number** and **PIN**. Each candidate must be given his/her own personalized letter with his/her individual information in order to schedule his/her exam.

TAB 6

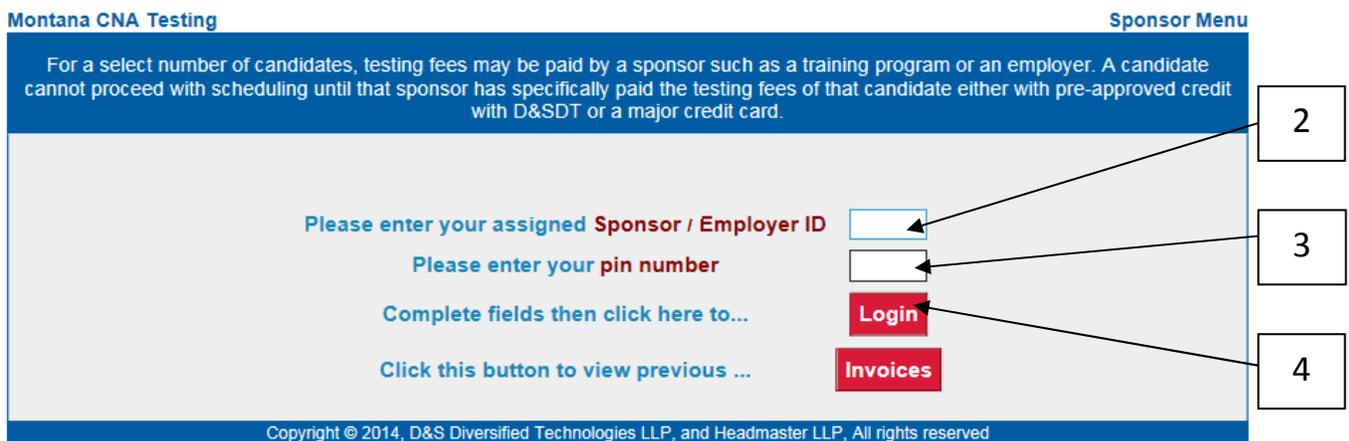
PAYING CANDIDATE TEST FEES

Note: If you have just finished entering the completion data for your students you can open a second tab on your browser or a new internet window to do this step. You will want to go back to your list of candidates in the **Training Program / Instructor** window in order to schedule them after making your payment.

Go to the **WebETest® Main Menu**.



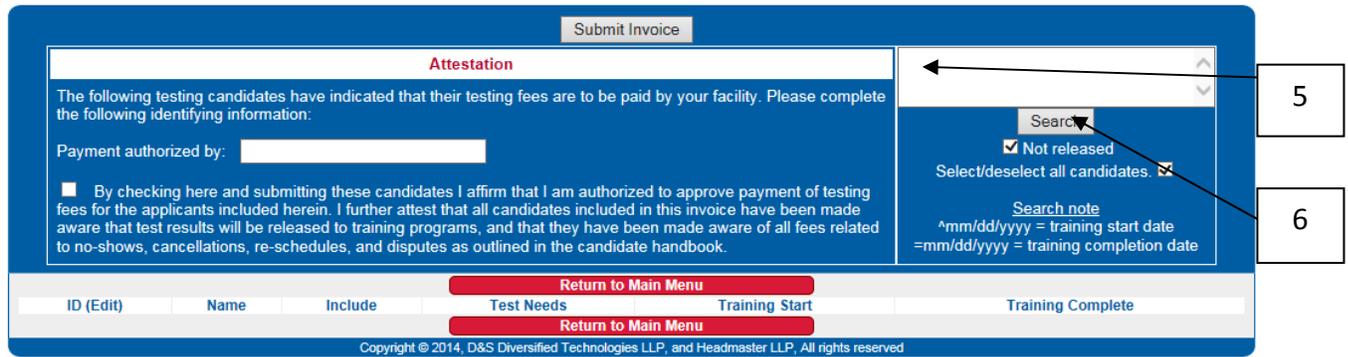
1. Click on **Sponsoring Facility**.



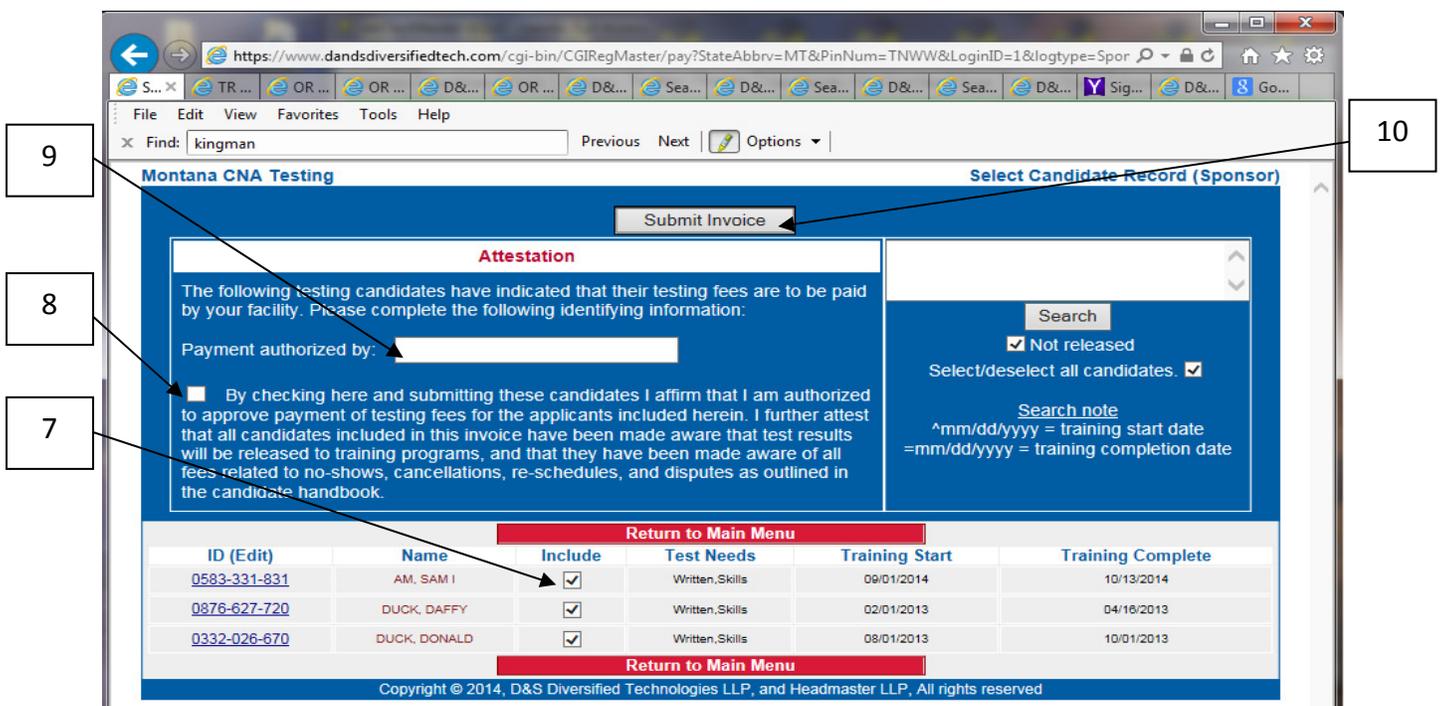
2. Enter your **Sponsor/ Employer ID** number (the same as your Facility ID).

3. Enter the **Pin Number** (also the same as your Facility PIN).

4. Click **Login**.



5. Use one of the Search Options listed in TAB 5 to pull up a list of candidates for which you would like to make a payment.
6. Click on the **Search** button.



7. The **Include** box is automatically checked. If there are any students in the list for whom you do **not** wish to make a payment, you will need to uncheck the **Include** box.
8. Put a check mark in the **Attestation** box, confirming that you are authorized to make the payment.
9. In the **Payment authorized by** box, enter the name of your facility or the name of the person at your facility who is authorizing the payment.
10. Click on **Submit Invoice**.

You should now have a list of the candidates you have chosen to include on the invoice on the right side of your screen under **Invoice Totals**. Each candidate's individual exam fees are listed in the **Amount Column**, with a total for all exams at the bottom.

Montana CNA Testing Test Facility Credit Authorization

The following candidates will be released to schedule upon acceptance of your facility credit. Facilities whose credit is pre-approved by D&SDT may submit a check, purchase order, or money order number, or they may pay with a credit card. All other facilities must pay with a credit card (Mastercard or Visa).

Facility: EMPLOYMENT NOT APPLICABLE
 Address: CANDIDATE NOT EMPLOYED V
 City ST Zip: HELENA, MT 59602
 Email Address: _____

Invoice Totals		
Candidate	Exam(s)	Amount
DAFFY DUCK	Written, Skills	97.00
DONALD DUCK	Written, Skills	97.00
Total		194.00

Submit Facility Credit
 Check P. O. M. O.
 Payment Number: _____

Submit Credit Card
 Card Number: _____
 Expiration Date: _____

Important Note: The testing candidates above are being invoiced at the **Self-Pay** rate. If that is not correct, then do not Submit. Before submitting, candidate's records will need to be corrected to reflect the correct sponsor ID.

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

If your facility is preapproved for credit, you will have 2 payment options. You can either create a purchase order or make a payment with a credit/debit card. If your facility is not approved for credit, you will only have the Credit Card option.

11. Enter your email address in the box if you would like a copy of the invoice to go to your email.
12. If you wish to have your facility billed for the testing fees for your candidates, click on your preferred payment method in the **Submit Facility Credit** box on the left. You may choose:
 - a. Check (no personal checks – Headmaster can only accept Facility Checks).
 - b. P.O. – Many facilities choose the P.O. Option and enter the current date as the payment number unless a specific PO# is required by the facility.
 - c. M.O. (Money Order)
13. Put the Purchase Order Number, Check Number, or Money Order Number in the **Payment Number** box. Headmaster will invoice you on the purchase order number you create.
14. Press the **Submit Facility Credit** button.

The following candidates will be released to schedule upon acceptance of your facility credit. Facilities whose credit is pre-approved by D&SDT may submit a check, purchase order, or money order number, or they may pay with a credit card. All other facilities must pay with a credit card (Mastercard or Visa).

Facility: EMPLOYMENT NOT APPLICABL
 Address: CANDIDATE NOT EMPLOYED V
 City ST Zip: HELENA, MT 59602
 Email Address: _____

Invoice Totals		
Candidate	Exam(s)	Amount
DAFFY DUCK	Written,Skills	97.00
DONALD DUCK	Written,Skills	97.00
Total		194.00

Check P. O. M. O.
 Payment Number: _____

Submit Credit Card
 Card Number: _____
 Expiration Date: _____

Important Note: The testing candidates above are being invoiced at the Self-Pay rate. If that is not correct, then do not Submit. Before submitting, candidate's records will need to be corrected to reflect the correct sponsor ID.

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

17

15

16

15. If you are paying with a credit card, enter the Credit Card number, numbers only, no spaces.
16. Enter the card expiration date in a mm/yyyy format.
17. Click on the **Submit Credit Card** button.
18. Regardless of which payment option you use, once the submit button has been pressed, a copy of the invoice will display on your screen. You may print this invoice for your records.

TAB 7

SCHEDULING CANDIDATES FOR A TEST EVENT

Note: If you still have the tab or internet window open in which you completed your candidate records, you can click on it and your class roster will still be available to you. You may then skip to step 5 of this section.

Go to the **WebETest© Main Menu**



1

Welcome to WebETest©, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1. Click on **Training Program/Instructor**.

Montana CNA Testing Instructor/Program Login

As an approved training program or instructor you will be making the initial data entry for CNA candidates when they begin training, and at the completion of training you will electronically certify the completion status of each enrolled candidate. To do so you must have been assigned a training ID and pin number by D&S Diversified Technologies.

Please Note: When you select a student's link, their data will open in a new window over the top of the search window. To select another student, simply close the window containing the current student, and then select another student from your search list. If you select one of the print options for a student, you can either use the **PRINT** link found on the form or **right click** on the form and select **Print** from the menu presented or in Netscape use [Ctrl]+[p] from the keyboard.

Please enter your assigned **Training Program ID**

Please enter your **pin number**

Complete fields then click here to...

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

2. Enter your **Training Program ID** number.

3. Enter your **PIN Number**.

4. Click **Login**.

- Pull up a list of the candidates you wish to schedule using one of the search options mentioned in TAB 5.

Montana CNA Testing Select Candidate Record

AZ_Roster

Certificate

- You may EDIT/VIEW a candidate by clicking on the link to their ID.
- To SEARCH enter partial name(s) and/or ID(s) in this edit -- >
- For any candidate UNCHECK Not Released.
- Training program search note:
 - o ^mm/dd/yyyy = candidates with this training start date
 - o =mm/dd/yyyy = candidates with this training completion date

Not released
 Archives

Status	ID (Edit)	Name	Include	Test Choice #1	Test Choice #2	Trn. Start	Trn. Comp.
Fee Hold	0518-066-720	DUCK, DAFFY	<input checked="" type="checkbox"/>	// -	// -	10/01/2014	//
Fee Hold	1518-066-720	MOUSE, MINNIE	<input checked="" type="checkbox"/>	// -	// -	10/01/2014	//

[Return to Main Menu](#)

[Return to Main Menu](#)

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- Click on a candidate's **Test ID** number to open a candidate's record.

Candidate Edit SAM AM 11/23/2014 08:46 MT - Windows Internet Explorer

https://www.dandsdiversifiedtech.com/cgi-bin/CGIRegMaster/edit?StateAbbr=MT&SS_Num=uueeeEu&PinNum=TNWW&LoginID=1&pointer=000974&logtype=Training&mregion=0

Montana CNA Testing Edit Candidate Record (Training)

NOTE: The **BOLD** fields are required.
The *italic* fields are read only and will be automatically completed when the record is saved.

Personal Information : Last Updated 11/23/2014 08:46 MT	Training Program
Soc. Sec. Number 555555555	ID 0001 View Approved Programs
First Middle Last <input type="text" value="SAM"/> <input type="text" value="I"/> <input type="text" value="AM"/>	Class Hours <input type="text" value="50"/>
Maiden (Other name) <input type="text"/>	Clinical/Lab Hours <input type="text" value="25"/>
Address <input type="text" value="123 SOMEWHERE LN"/>	Name <input type="text" value="PRACTICE SITE"/>
City St Zip <input type="text" value="HELENA"/> <input type="text" value="MT"/> <input type="text" value="59601"/>	Address <input type="text" value="PRACTICE SITE #1"/>
Home Phone <input type="text" value="(406)555-5555"/> (ccc)ppp-####	City, St <input type="text" value="HELENA, MT 59602"/>
Work or Call Phone <input type="text" value="() -"/> (ccc)ppp-####	Started <input type="text" value="09/01/2014"/> (mm/dd/yyyy)
Email Address <input type="text"/>	Completed <input type="text" value="10/13/2014"/> (mm/dd/yyyy)
Date of Birth <input type="text" value="01/01/1970"/> mm/dd/yyyy	Expires <input type="text" value="10/13/2016"/> (mm/dd/yyyy)
Test Date Selection View Test Schedule Site: <input type="text" value="Select a test site..."/> Date: <input type="text" value="Select a test date..."/> Test Options: <input type="text" value="No Oral"/>	
Please note that after Choosing and then Accepting a test date, you MUST Submit Updates to complete the scheduling process. Your registration process is not complete until your Confirmation letter is displayed.	
ADA Request Status Important: Testing may be unnecessarily delayed if you check this box and it is not warranted! Accommodation Requested <input type="checkbox"/>	
Please Note: Selection of this option requires submission of these documents . You will be unable to test until all required documentation is received and the status of your request has been determined.	
Funding Status <input type="checkbox"/> SELF PAY: If checked this indicates that the candidate is paying for their exam. If not checked, then the sponsoring facility indicated below is responsible for paying the testing fees. Sponsor (facility paying for exam) Sponsor ID <input type="text" value="0001"/> <input type="text" value="PRACTICE SITE"/>	
Please Note: If this candidate's testing fees are being paid by a facility other than yours, then their facility ID must be entered in the field above. The facility name will be populated once you Submit Updates.	

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- From the first drop down, select the **Test Site**.
- The first available test date will automatically display. Make sure this is the one you want. If it is not, click on the drop down arrow for the date box and select the correct date for which you wish to schedule the candidate.
- When you have the correct **Test Site** and **Test Date** selected, click on the **Submit Updates** button at the top of the screen

The confirmation letter will display. Print this off to give to the candidate. A sample confirmation letter is on the following page.

HEADMASTER Montana Nurse Aide Testing

Test Date: 11/04/2014

Test Site: BENEFIS WEST

500 15TH AVE SOUTH, ROOM 270
GREAT FALLS, MT

[Print](#) Oct 24, 2014

DAFFY DUCK
3310 MCHUGH LN
HELENA MT 59602

-
- **TESTING BEGINS AT 10:00 ARRIVE AT LEAST 20-30 MINUTES EARLY TO CHECK-IN. Plan on 5 hours for the testing process.**
 - Bring a non-expired, signed, government issued photo ID (Driver's license, State, Military or Tribal ID, or Passport[Passport cards aren't valid IDs]) and your ORIGINAL social security card NOT A COPY.
 - If you forget your ID or your FIRST and LAST printed names of your ID do not match your current name of record or if your ID is invalid, you won't be admitted to test and you must reapply and repay for another test date.
 - Your name at the top of this letter is your current name of record. Please check that the FIRST and LAST names above exactly match the FIRST and LAST names printed on the government issued photo ID you plan to present at the test check-in. If they don't match call HEADMASTER @ (800)393-8664 at least 1 business day (excluding SAT, SUN and Holidays) prior to your test date.
 - You will be granted one free reschedule - provided you reschedule at least 1 business day (excluding SAT, SUN and Holidays) prior to your test. A \$20 reschedule fee will be charged for all additional reschedules. If you need assistance call HEADMASTER @ (800)393-8664.
 - ADA accommodation requests must be submitted 2 weeks prior to testing.
 - If you are on light duty contact HEADMASTER at least 1 business day (excluding SAT, SUN and Holidays) prior to your test date to reschedule. You will not be allowed to test until you have received a doctor's release.
 - If you have any type of temporary physical limitation that would prevent you from performing duties as a CNA (casts, crutches, etc.) or if you have a contagious illness, you will not be allowed to test. Contact HEADMASTER at least 1 business day (excluding SAT, SUN and Holidays) prior to your test date to reschedule.
 - FAMILY MEMBERS, FRIENDS AND PETS ARE NOT PERMITTED IN THE TESTING AREA.
 - CELL PHONES, ELECTRONIC DEVICES AND PERSONAL ITEMS ARE NOT PERMITTED IN THE TESTING ROOM. Anyone caught using any of these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. You may, however, use them during your free time and you may also bring a jacket, snack, drink or study material to have while waiting.
 - To cancel your test, you MUST submit your request in writing, fax or email to Headmaster. Your request to cancel must be received in our office at least 1 business day (excluding SAT, SUN and Holidays) prior to your test date. You will be charged a \$28.00 cancellation fee that partially offsets costs incurred and will be refunded any remaining balance of your testing fee.
 - READ the NA candidate handbook available from the Montana CNA page on www.hdmaster.com.

Form 1240

Copyright © 2008 All rights reserved, D&S Diversified Technologies LLP- Headmaster LLP



Driving Directions

Please refer to the map.

If your candidates were scheduled into a paper test packet, continue to

TAB 8: Submitting a Paper Test Packet Request

If your candidates were scheduled into an Electronic Test Packet, you have completed the data entry and scheduling process!

CONGRATULATIONS!!!



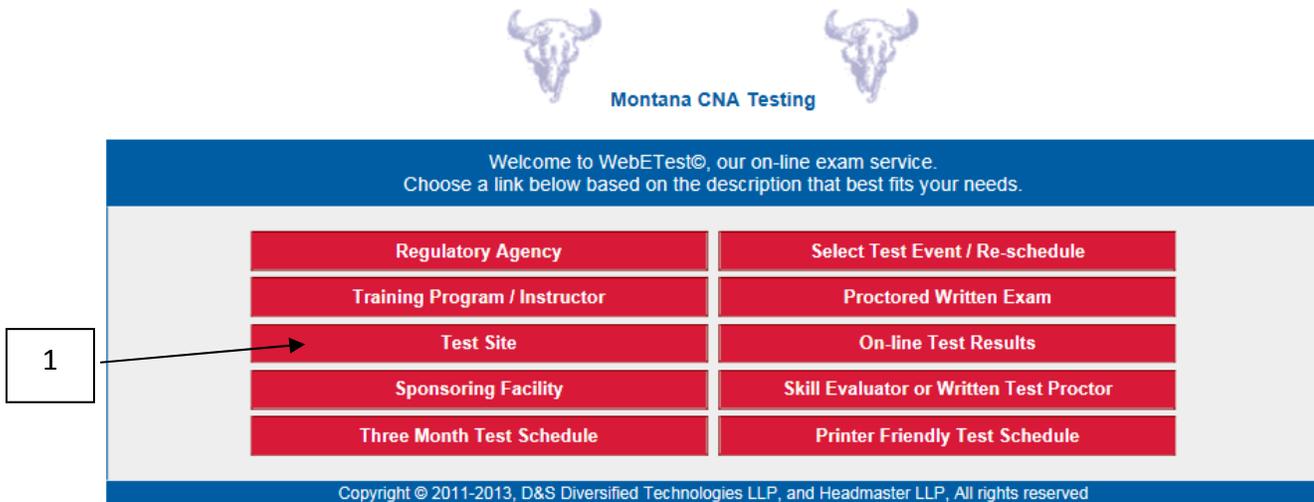
TAB 8

SUBMITTING A PAPER TEST PACKET REQUEST

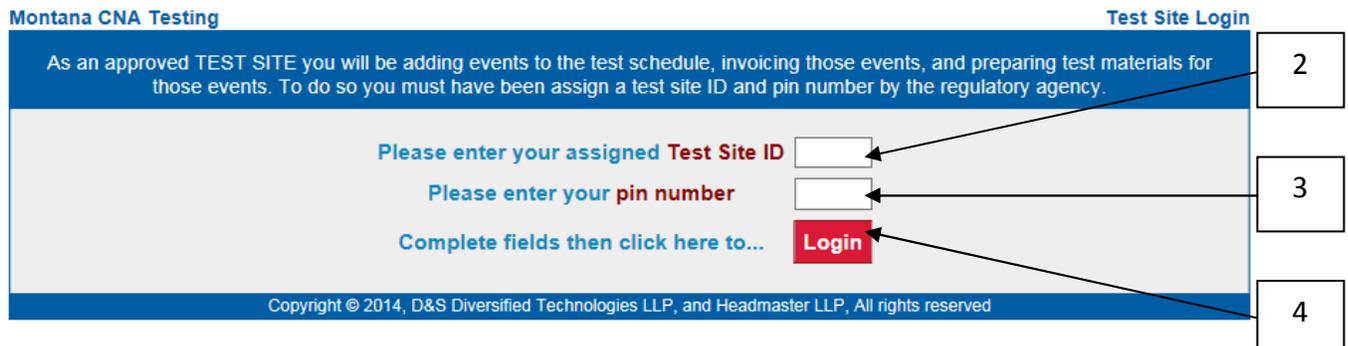
Submitting a Paper Test Packet Request

If you require a paper test packet to be sent to your RN Test Administrator, the Paper Test Packet Request **must** be submitted to us electronically 10 days prior to the scheduled test date.

Go to the **WebETest© Main Menu**



1. Click on **Test Site**.



2. Enter your **Facility ID/Test Site ID**.

3. Enter your **Pin Number**.

4. Click on **Login**.

0001:EMPLOYMENT NOT APPLICABLE
CANDIDATE NOT EMPLOYED W/FACIL
HELENA, MT 59602
TEST SITE options.

Add	a new packet with...	Test date: mm/dd/yyyy <input type="button" value="Select Date"/>
Change	Packet <input type="text" value="Select"/> details to...	Time: 8:30 <input type="button" value="Local Time"/>
Create	testing packet...	Candidates: 6
Submit	request for paper packet...	Test Proctor: Please Select...
Invoice	testing packet...	Notification: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X (Closed)
		Payment Type: <input type="button" value="Proctored"/> <input type="button" value="Paper"/>
		* J891 : 10/24/2014 - 0001 EMPLOYMENT NOT APPLICABLE**PAPER**
		<input type="button" value="*"/> not created ! unlocked . locked

Preview test events View calendar Refresh page Main Menu

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

5. From the drop down menu below the test packet options you will see a test that is scheduled at your site. If the paper test packet you need is not the first one you see, click the drop down arrow and select the proper test packet from the list.

0001:EMPLOYMENT NOT APPLICABLE
CANDIDATE NOT EMPLOYED W/FACIL
HELENA, MT 59602
TEST SITE options.

Add	a new packet with...	Test date: mm/dd/yyyy <input type="button" value="Select Date"/>
Change	Packet <input type="text" value="Select"/> details to...	Time: 8:30 <input type="button" value="Local Time"/>
Create	testing packet...	Candidates: 6
Submit	request for paper packet...	Test Proctor: Please Select...
Invoice	testing packet...	Notification: <input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> X (Closed)
		Payment Type: <input type="button" value="Proctored"/> <input type="button" value="Paper"/>
		* J891 : 10/24/2014 - 0001 EMPLOYMENT NOT APPLICABLE**PAPER**
		<input type="button" value="*"/> not created ! unlocked . locked

Preview test events View calendar Refresh page Main Menu

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

6. Click on the **Create** button. This will assign tests to each candidate scheduled in the test packet.

*****Note:** If you miss this step, the candidates will not be assigned any tests and you will need to call Headmaster in order to have the candidate records cleared so you can start the scheduling process over!

***Note:** If the test history checks (background checks) have not been, run you will receive an error message and need to call Headmaster to have it done. Once the test history checks have been done, press the back button on your browser and select Create again. If any of the candidates have not been assigned the correct test or any other information is incorrect, call Headmaster in order to have it corrected **before** you proceed to the next step! **You must have an error free Administrator Report before continuing to the next step!**

MT1411808													
Administrator's report for packet: K808													
Test Site: 3112-BENEFIS HOSPITAL													
Time: 11/04/2014 10:00 MT													
Evaluator: GOFF RN, SANDRA A													
				Written Test			Skill Test						
Login ID	Candidate Name	Photo	Signature	1	2	3	1	2	3	Oral	Phone	ADA	Training
A	123-45-6789	CHAMBERS, SHANNEN F	Y - N	189			214			N	(406)442-8656		9998 10/17/2014
	123-45-6789	DUCK, DAFFY	Y - N	191			202			N	(406)442-8656		0001 04/16/2013

This is the **Administrators Report**. Make sure that all the candidates are on the list and showing Yes under the test type they need. If this looks correct, press the back button on your browser.

- A. Test ID #
- B. Candidate Name
- C. Knowledge Test
- D. Skill Test
- E. Oral Test, if applicable.
- F. ADA Accommodation (if an ADA Accommodation has been approved for the candidate there will be a **YES** in this box). The candidate will be advised of his/her approved Accommodations by Headmaster when the accommodations have been approved.

Click the back arrow on your browser to get back to the Test Site Options screen.

7

7. Click **Refresh Page**

9

8

- 8. Select the paper test packet that you wish to submit from the second drop down menu to the right of the Submit Button.
- 9. Click the **Submit** button to officially submit the paper test packet request. A confirmation page will come up to show the packet was successfully submitted. Your test packet will be printed and shipped to your Test Administrator within one business day.

CONGRATULATIONS!
**You have successfully completed the candidate records and
scheduled them for testing!!!**



Section Two

For

Test Administrators

TAB 9

OPENING AN ELECTRONIC TEST PACKET FOR TESTING AND PRINTING THE SKILL TASK SHEETS

Opening an Electronic Test Packet for Testing & Printing the Skill Task Sheets

Headmaster Home Page

www.hdmaster.com

1. Click on **Montana** under the Nurse Aide column.

Montana CNA Testing and Certification page:

2. Click on **WebEtest@ On-line Testing**

WebETest® Main Menu

Montana CNA Testing

Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

3. Click on **Skill Evaluator or Written Test Proctor** to access the Test Administrator / Proctor Menu.

Montana CNA Testing

Test Proctor Login

Authorized proctors only.

Please enter your assigned **identification number**

Please enter your **pin number**

Complete fields then click here to... **Login**

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

4. Enter **your ID number** (Social Security number)
5. Enter your **PERSONAL PIN**.
6. Click on the **Login** button.

You will now see a list of any test packets scheduled with you as the Test Administrator. You may have more than one test packet scheduled as you may be testing on multiple dates or times.

D&S Diversified Technologies Test Proctor/Evaluator Options

SMITH RN, JACK S : Packets Available

* J839 : 10/08/2014 - 3112 BENEFIS WEST

* not created ! unlocked • locked

Create	...a test packet from the selected request packet.
Print	...a 1250 (admin) report for the selected packet.
Lock	...the selected packet to prevent further testing.
Unlock	...the selected packet to begin testing.
Submit	...the selected packet for server scoring.
Score	...skill exams for the selected packet.

Copyright © 2003, D&S Diversified Technologies, dba Headmaster, All rights reserved, hdmaster@hdmaster.com

7. Click the correct packet to highlight it (you may have more than one scheduled packet).

8. Click on **Create**. This will assign each scheduled candidate a test.

*****Note:** If you do not create the test packet **first**, the candidates will not be assigned any tests. **ALWAYS CREATE TEST FIRST.**

Creating the test will also give you your Administrator's Report (or 1250 Form). This lists the candidates to be tested and the tests they are assigned for the day. If a candidate is not assigned a test he needs, call Headmaster **immediately!**

MT1411808													
Administrator's report for packet: K808													
Test Site: 3112-BENEFIS HOSPITAL													
Time: 11/04/2014 10:00 MT													
Evaluator: GOFF RN, SANDRA A													
Login ID	Candidate Name	Photo	Signature	Written Test			Skill Test			Oral	Phone	ADA	Training
				1	2	3	1	2	3				
123-45-6789	CHAMBERS, SHANNEN F	Y-N		189			214			N	(406)442-8656		9998 10/17/2014
123-45-6789	DUCK, DAFFY	Y-N		191			202			N	(406)442-8656		0001 04/16/2013

A. Test ID Number

B. Candidate Name

C. Signature line

D. Knowledge Test

E. Skill Test

F. Oral Test, if applicable.

G. ADA Accommodation (there will be a **YES** in this box if the candidate has been approved for an Accommodation for a disability).

9. **Print this form!** This is your sign in sheet when you check in the candidates for the exam. You can **right click** on the screen and select **Print**, or Click on **File** and **Print**.



10. Click on your back arrow on your browser.

D&S Diversified Technologies
Test Proctor/Evaluator Options

SMITH RN, JACK S : Packets Available	
* J839 : 10/08/2014 - 3112 BENEFIS WEST	
* not created ! unlocked • locked	
Create	...a test packet from the selected request packet.
Print	...a 1250 (admin) report for the selected packet.
Lock	...the selected packet to prevent further testing.
Unlock	...the selected packet to begin testing.
Submit	...the selected packet for server scoring.
Score	...skill exams for the selected packet.

Copyright © 2003, D&S Diversified Technologies, dba Headmaster, All rights reserved, hdmaster@hdmaster.com

11. Click on **Unlock** to open the packet for testing (your packet should still be highlighted – if it is not, click on it again to reselect it).

D&S Diversified Technologies
Test Control

Packet unlocked for testing.

Login ID : 123456788
Facility :
Packet :
IP : 206.127.112.137

Copyright © 2003, D&S Diversified Technologies, dba Headmaster, All rights reserved, hdmaster@hdmaster.com

You will receive this message indicating the packet is open for testing. If you receive an error message, call Headmaster at 1-800-393-8664.

12. Click on the back button on your browser. Your packet should still be highlighted. If it is not, click on it again to highlight it.

D&S Diversified Technologies Test Proctor/Evaluator Options

SMITH RN, JACK S : Packets Available

* J839 : 10/08/2014 - 3112 BENEFIS WEST

* not created ! unlocked • locked

Create	...a test packet from the selected request packet.
Print	...a 1250 (admin) report for the selected packet.
Lock	...the selected packet to prevent further testing.
Unlock	...the selected packet to begin testing.
Submit	...the selected packet for server scoring.
Score	...skill exams for the selected packet.

Copyright © 2003, D&S Diversified Technologies, dba [Headmaster](#), All rights reserved, hdmaster@hdmaster.com

13

13. Click on **Score** to access the candidates for whom you need to print the skill tasks.

D&S Diversified Technologies Skill Test Candidates

Candidates for packet J839:

Score Exam	Preview Tasks	Printable Form
	DUCK, DAFFY DUCK, DONALD MOUSE, MINNIE	

Copyright © 2003, D&S Diversified Technologies, dba [Headmaster](#), All rights reserved, hdmaster@hdmaster.com

14

15

14. Click on a **candidate's name** to highlight it and access the skill tasks for each candidate (You will print out each candidate's skills individually).

15. Click on **Printable Form**.

These are the Skills Task Sheets.

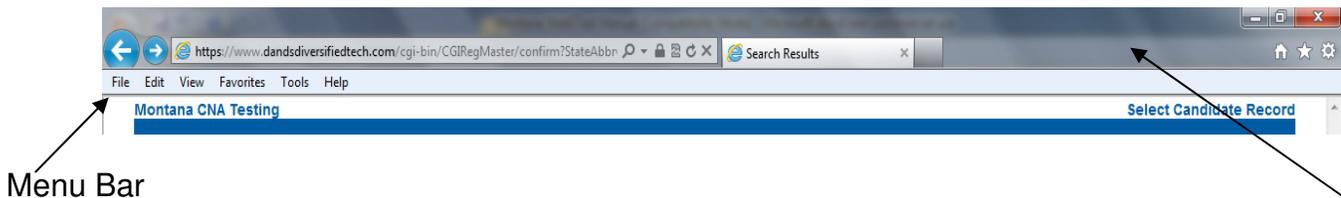
DUCK, DAFFY : Handwashing	
<p>Scenario: This handwashing task, as with every one of your five tasks, must really be done, so I can observe and record each of the steps you will actually perform. Do each of your five tasks as you would if you were on the job. You are entering [] room, please wash your hands. Note to EV: If handwashing area is not in the skill test room, then start this task by reading the scenario in the skill test room, thus allowing the candidate the opportunity to introduce themself to the actor, before you accompany them to the handwashing area. Date: [] Test Start Time: [] Test End Time: [] Suggested Closure at the end of the five tasks: Less than 35 minutes -- "You have [] minutes remaining. You just completed the tasks of HW, and (read from filled in blanks above.) Are you finished?" When you get the yes, say, "Thank you for coming." When the 35 minute audible buzzer sounds interject into the flow of the test saying, "You may complete your test but now you cannot go back and correct anything you think you may have performed/demonstrated incorrectly." When candidate finishes at 35 minutes or greater say: "You have now completed your skill test. Thank you for coming."</p>	
1. Knocks on door.	
2. Introduces him/her self to the resident.	
3. Turns on water.	
4. Thoroughly wets hands.	

15. Click on **File and Print** or right click on the screen with your mouse and select **Print**. **MAKE SURE ALL 5 SKILLS TASKS PRINT.**

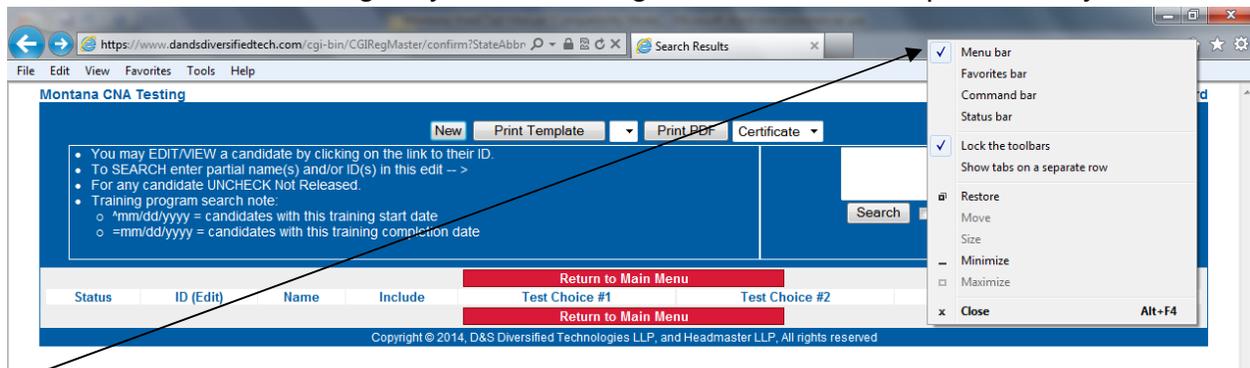
If you have more candidates who are scheduled to do their skills, click the back arrow on your browser and repeat Steps 14 & 15.

Once you have printed all the skills for each candidate, you are done until test day and can close your browser.

HINTS:



If your menu bar is not showing on your screen, right click on a blank spot beside your browser bar.



Click on the Menu Bar from the list and your menu bar will come up on your internet window for you.

TAB 10

PROCTORING THE KNOWLEDGE (WRITTEN) EXAM

Proctoring the Knowledge (Written) Exam

Go to the **WebETest® Main Menu**



Welcome to WebETest®, our on-line exam service.
Choose a link below based on the description that best fits your needs.

Regulatory Agency	Select Test Event / Re-schedule
Training Program / Instructor	Proctored Written Exam
Test Site	On-line Test Results
Sponsoring Facility	Skill Evaluator or Written Test Proctor
Three Month Test Schedule	Printer Friendly Test Schedule

Copyright © 2011-2013, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

1

1. Click on **Proctored Written Exam** to log the candidate into his/her knowledge exam.

Montana CNA Testing Written Exam Login

To login you must complete the following fields. Your identification number is your social security number, and your test proctor will give you your facility and packet numbers. You may complete the fields as time allows, but do not **LOGIN** until instructed to do so. When you complete the exam you **MUST** have your proctor log you out.

Please enter your **identification number** 555443333

Please enter your **facility number** 0023

Please enter your **packet number** J801

Click this button when required fields are complete

Click here to start a Warmup test

NOTE: You may learn how to navigate the test pages by taking a special warmup exam. Simply leave all fields blank and select WARMUP. You must enable **COOKIES** on your browser to take the warmup exam.

Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

2

3

4

2. Enter the candidate's **SOCIAL SECURITY NUMBER** or **TEST ID NUMBER**, numbers only (without the dashes).
3. Enter the **Facility Number** (listed as the Test Site number in the second line at the top of your Administrator's Report – Form 1250).
4. Enter the **Packet Number** (listed in the first line at the top of your Administrator's Report – the packet number must be entered with an upper case letter or you will receive an error message).

To login you must complete the following fields. Your identification number is your social security number, and your test proctor will give you your facility and packet numbers. You may complete the fields as time allows, but do not **LOGIN** until instructed to do so. When you complete the exam you **MUST** have your proctor log you out.

Please enter your **identification number** 555443333
 Please enter your **facility number** 0023
 Please enter your **packet number** J801

Click this button when required fields are complete

Click here to start a Warmup test

NOTE: You may learn how to navigate the test pages by taking a special warmup exam. Simply leave all fields blank and select WARMUP. You must enable **COOKIES** on your browser to take the warmup exam.

Copyright © 2011, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

5. A candidate may click on the **Warmup Test** to practice using the navigation controls for the exam. It is NOT part of their actual Knowledge (Written) Exam. Once they feel confident with how the controls work, Type Sunset next to the **Stop Exam** button and click **Stop Exam** to go back to this login screen.
6. If the candidate does not wish to do the Warmup Test, have them click the login button – **Click this button when required fields are complete.**

Continue to Exam

Incorrect data can lead to notification and reporting problems, thus you **must** verify your data before you can begin the test. If you find discrepancies you must report them to your test proctor before you can begin the test.

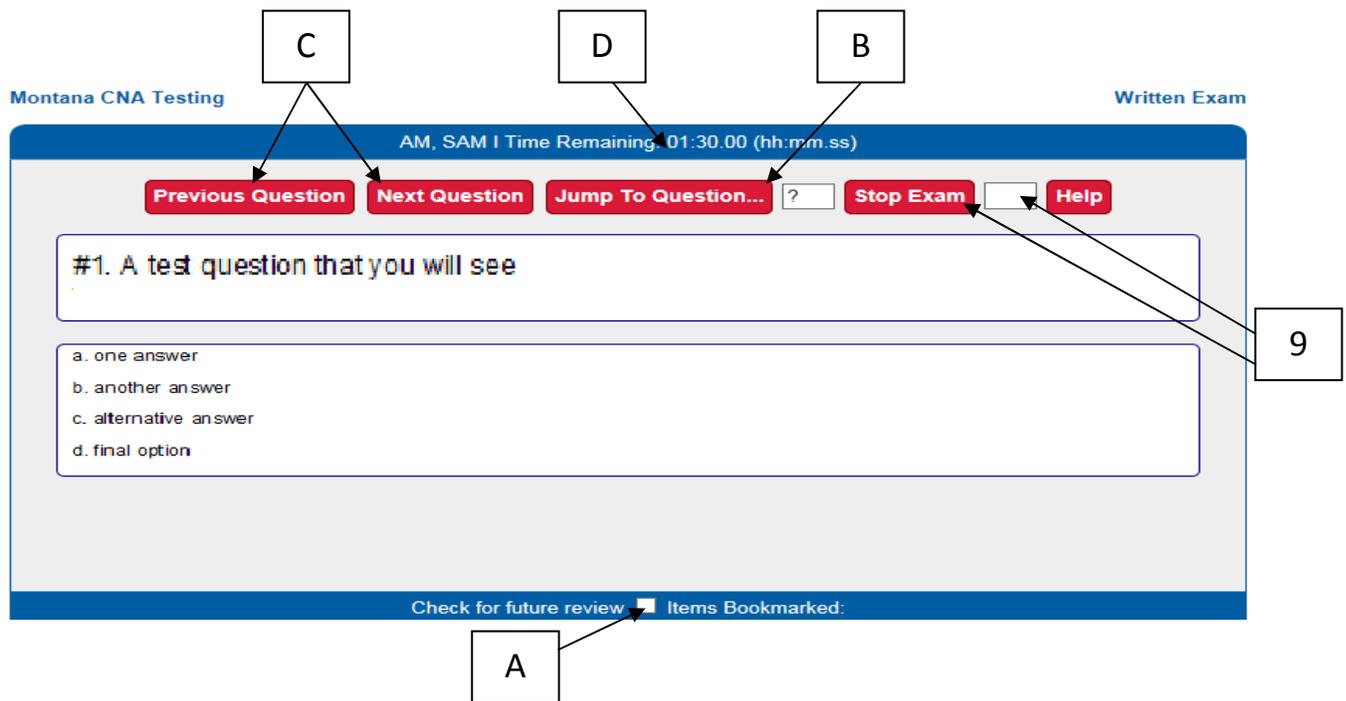
I have **not reviewed** the data below.
 I have reviewed the data and it is **correct**.
 I have reviewed the data, and have **reported errors** to my test proctor.

Candidate Details	
ID Number:	55555555
Name:	SAM I AM
Address:	123 SOMEWHERE LN HELENA MT 59601
Date of Birth:	01/01/1970
Email Address:	

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

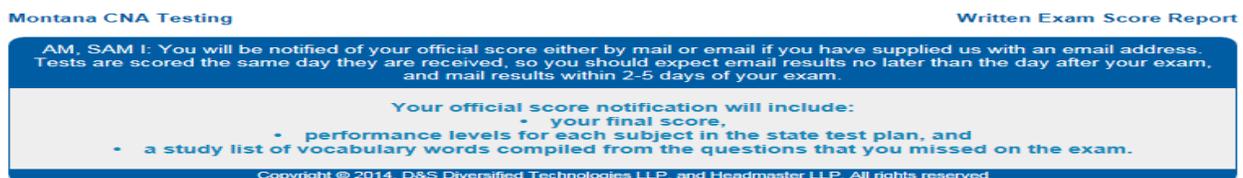
7. The candidate must verify his/her demographic information. *****Note:** This is the information submitted to the Montana Department of Health and Human Services, Montana Nurse Aide Registry for State Certification. It **must** be correct!
 - a. The screen defaults to the option “**I have not reviewed the data below**”. The candidate cannot continue to the exam while this is selected.
 - b. If the information is correct, have them select “**I have reviewed the data and it is correct**”.
 - c. If the information is NOT correct, have them give you the correct information and note it on your Administrator’s Report (1250 Form). Select “**I have reviewed the data, and reported errors to my test proctor**”. In order to continue, the **Test Administrator** must type **ETEST** (all upper case letters) into the box next to this option to acknowledge he/she has received the corrections.
8. Click on **Continue to Exam**.

The Knowledge (Written) Exam



The Knowledge Exam will display one question at a time. The candidates may move to the next or previous question without answering the current question, if desired.

- A. If they would like to Bookmark a question to return to it, have them put a check mark next to **Items Bookmarked**. The question numbers they have bookmarked will be listed here.
 - B. If they would like to jump to one of their marked questions, have them enter the question number and press the **Jump to Question** button. When the candidate believes he/she has finished the exam, he/she can click the **Jump to Question** button and it will take them to any unanswered questions, if any have been left unanswered.
 - C. They can move from one question to the other by pressing **Next Question** or **Previous Question**.
 - D. They can see how much time they have remaining on the top of their screen.
9. When the candidate has finished the exam, you will log them out by typing **E TEST** in all upper case letters in the box next to the **Stop** button and then clicking **Stop**. ONLY YOU CAN DO THIS! It is the Test Administrator's responsibility to verify the candidate has completed answering all the questions prior to stopping the exam.

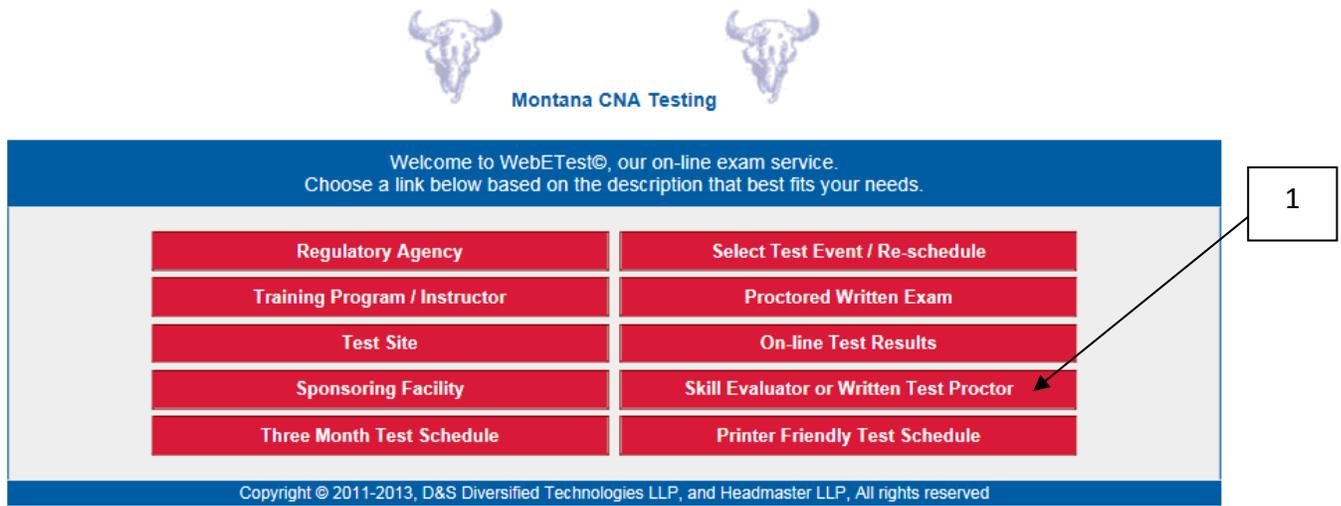


This is the confirmation that the written exam has been completed.

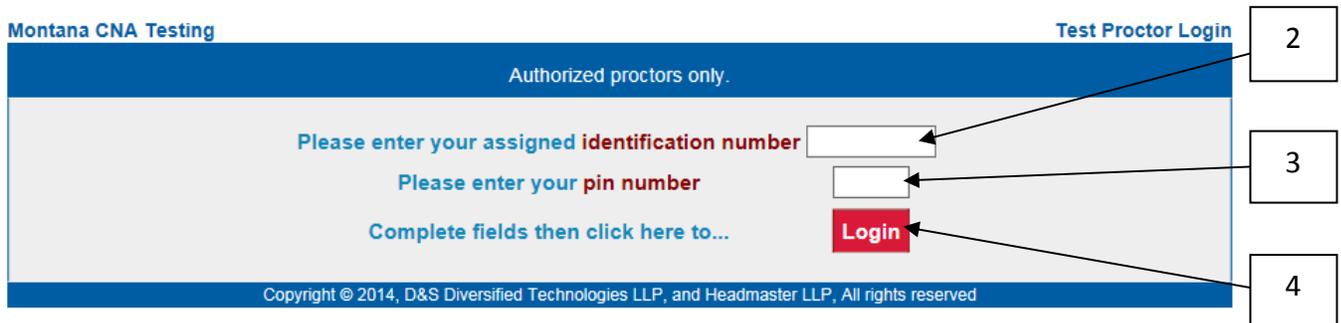
TAB 11

ENTERING THE SKILL MARKS

Go to the **WebETest® Main Menu**



1. Click on **Skill Evaluator or Written Test Proctor** to access the Test Administrator / Proctor Menu.



2. Enter your **ID Number** (Social Security number).
3. Enter your PERSONAL **PIN Number**.
4. Click on the **Login** button.

D&S Diversified Technologies Test Proctor/Evaluator Options

SMITH RN, JACK S : Packets Available

* J839 : 10/08/2014 - 3112 BENEFIS WEST

* not created ! unlocked • locked

Create	...a test packet from the selected request packet.
Print	...a 1250 (admin) report for the selected packet.
Lock	...the selected packet to prevent further testing.
Unlock	...the selected packet to begin testing.
Submit	...the selected packet for server scoring.
Score	...skill exams for the selected packet.

Copyright © 2003, D&S Diversified Technologies, dba Headmaster, All rights reserved, hdmaster@hdmaster.com

5. Click on the packet to highlight it.
6. Click on the **Score** button to access the candidates who were scheduled for the skills exam.

Montana CNA Testing

Skill Test Candidates

Candidates for packet K830:

Score Exam Preview Tasks Printable Form

AM, SAM I

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

7. Click on the name of the candidate for which you would like to enter skill marks to highlight it.
8. Click on **Score Exam** to access the candidate's skill exam and enter the A/B marks from your skill task sheets.

This screen is where you will mark if a candidate completed each step of a task correctly or incorrectly. You can move from skill task to skill task by pressing either **Previous Task** or **Next**, or by clicking on the skill task for which you would like to enter marks.

Montana CNA Testing Skill Exam

<< Previous Task Stop the exam Next Task >>
 Handwashing Antiembolic Stockings Fluid Intake Perineal Female Passing Fresh Water
 Check or uncheck all steps.

AM, SAM I : Handwashing

Scenario: This handwashing task, as with every one of your five tasks, must really be done, so I can observe and record each of the steps you will actually perform. Do each of your five tasks as you would if you were on the job. You are entering room, please wash your hands. Note to EV: If handwashing area is not in the skill test room, then start this task by reading the scenario in the skill test room, thus allowing the candidate the opportunity to introduce themselves to the actor, before you accompany them to the handwashing area. Date: Test Start Time: Test End Time: Suggested Closure at the end of the five tasks: Less than 35 minutes -- "You have minutes remaining. You just completed the tasks of HW, and (read from filled in blanks above.) Are you finished?" When you get the yes, say, "Thank you for coming." When the 35 minute audible buzzer sounds interject into the flow of the test saying, "You may complete your test but now you cannot go back and correct anything you think you may have performed/demonstrated incorrectly." When candidate finishes at 35 minutes or greater say: "You have now completed your skill test. Thank you for coming."

<input type="checkbox"/> 1. Knocks on door.		
<input type="checkbox"/> 2. Introduces him/her self to the resident.		
<input type="checkbox"/> 3. Turns on water.		
<input type="checkbox"/> 4. Thoroughly wets hands.		
<input type="checkbox"/> 5. Applies liquid soap to hands.		
<input type="checkbox"/> 6. Rubs hands together for 20 seconds using friction		
<input type="checkbox"/> 7. Using friction, rubs interlaced fingers together while pointing downward.		
<input type="checkbox"/> 8. Washes all surfaces of hands with liquid soap		
<input type="checkbox"/> 9. Washes wrists with liquid soap		

9. Fill in the boxes at the top of the task.
 - a. Actor's name
 - b. Date
 - c. Test Start Time (enter the start time for the skill exam portion)
 - d. Test End Time (enter the skill exam end time for all 5 skill tasks)
 - e. Minutes remaining (if any) after the candidate has completed all 5 skill task steps

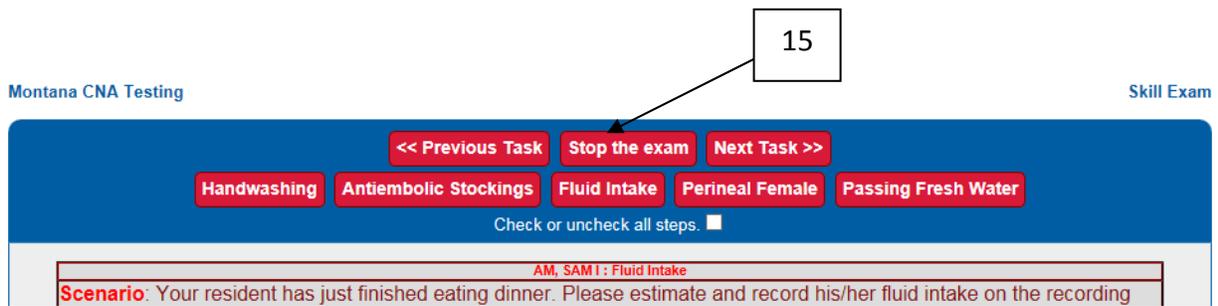
10. Click on “**Check or uncheck all steps**”. This puts a checkmark in each box next to each skill step indicating the candidate has completed all the steps for the task (all **A** marks).

11. Uncheck **ONLY** the steps that the candidate did **NOT** do correctly. This indicates the candidate missed this step (a **B** mark).

12. In the box to the right of the missed skill step, list a brief explanation regarding what the candidate did or did not do. For example: Did not lock brakes.

13. If the candidate was assigned a measurement task, there will be input boxes to the right of the skill steps in which to enter the measurements recorded by the candidate and Test Administrator.

Once you have completed the first task, move on to the next one by pressing either **Next Task** or by clicking on the name of the next skill.



14. When you have finished entering all of the A/B marks, measurements, and test data for the candidate, select the **Stop the exam** button.

15. The next window displays your menu options.



16. Select the Menu to which you would like to return.

- a. If you have more candidates for which to enter skill exam marks, select the **Score another skill exam** button and follow Steps 7-15 until all the skill marks have been entered for all the candidates tested in the test packet.
- b. If you have completed entering skill marks for all the candidates tested in the test packet and all the candidates have completed the Knowledge Exam, click on the **Return to Proctor menu** button in order to submit the Exam to Headmaster for official scoring.
- c. The only time you will select **Return to Main Menu** is when you want to go back to the **WebETest© Main Menu**.

TAB 12

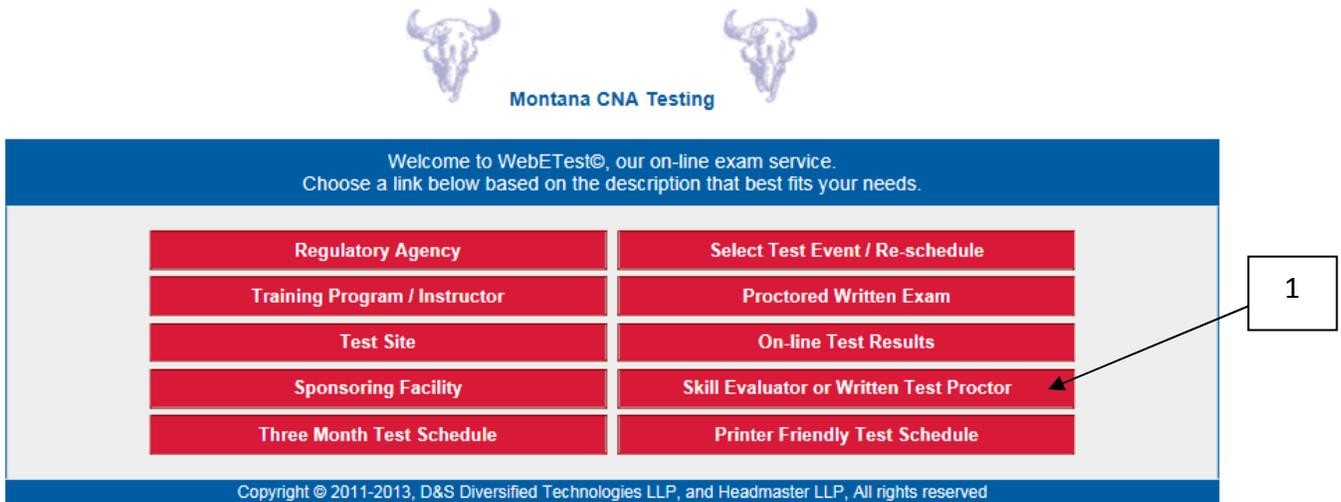
SUBMITTING THE TEST PACKET FOR OFFICIAL SCORING

Submitting the Test Packet for Official Scoring

Note: DO NOT submit the exam, if any of the candidates have not yet taken the knowledge (Written) Exam portion or you have not entered all the skill task data!

Note: If you are still logged in after completing the data entry for the skills exams and **all** the candidates have completed the knowledge test, you can skip the login steps and start on Step 5 by clicking on **Return to Proctor Menu** in the last step in TAB 11.

Go to the **WebETest© Main Menu**



1. Click on **Skill Evaluator or Written Test Proctor** to access the Test Administrator Menu.



2. Enter your **ID Number** (Social Security number).

3. Enter your PERSONAL **PIN Number**.

4. Click on the **Login** button.

**D&S Diversified Technologies
Test Proctor/Evaluator Options**

SMITH RN, JACK S : Packets Available

* J839 : 10/08/2014 - 3112 BENEFIS WEST

* not created ! unlocked • locked

Create	...a test packet from the selected request packet.
Print	...a 1250 (admin) report for the selected packet.
Lock	...the selected packet to prevent further testing.
Unlock	...the selected packet to begin testing.
Submit	...the selected packet for server scoring.
Score	...skill exams for the selected packet.

Copyright © 2003, D&S Diversified Technologies, dba Headmaster, All rights reserved, hdmaster@hdmaster.com

- Click on the packet to highlight it.
- Click on the **Submit** button to access the Test Confirmation window and finalize the Test Packet submission process.

Montana CNA Testing Test Confirmation

Complete

SECURITY AFFIDAVIT: I Sample, RN, Tester hereby swear to and verify that all security measures were followed and all the candidates listed above completed their tests without any assistance from any outside source. (except as listed as an irregularity below) Further I declare that all testing materials were...

Submission report for packet: K830
Evaluator: Sample, RN, Tester 2

Login ID	Candidate Name	Photo	Written	Skill	Written Discrep	Skill Discrep
AM, SAM I		<input type="checkbox"/>	Yes	Yes		

TEST IRREGULARITIES:

SELECT ACTOR:
ACTOR, Not Used

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP, All rights reserved

- Put a check mark in the **Photo** box next to each candidate by clicking in the box under **Photo**. You will need to put a check mark in this box even if the candidate was a No Show or Rescheduled.
- Enter any Test Irregularities.

Examples of Test Irregularities:

 - Demographic changes reported to you by the candidate when you logged him/her into the Knowledge Exam
 - Candidates who were a No Show
 - Candidates who rescheduled
 - Equipment malfunctions
 - Anything that was not a normal part of the test event
- Select the Actor you used from the drop down menu. If you did not use an actor, leave it as ACTOR, Not Used.
- Put a checkmark in the **Security Affidavit** box, attesting that you followed the rules and procedures for testing and the security of the test was maintained.
- Click the **Complete** button to submit the test packet.

You will receive this message indicating the packet has been submitted for official scoring.

Packet submitted for official scoring.

Login ID :
Facility :
Packet :
IP : 206.127.112.137

Copyright © 2014, D&S Diversified Technologies LLP, and Headmaster LLP. All rights reserved



CONGRATULATIONS!

You have completed the testing process!