



**National Association
of
Health Unit Coordinators, Inc.**

CANDIDATE HANDBOOK

November 2011



TABLE OF CONTENTS

INTRODUCTION	2	MISCONDUCT	5
TESTING AGENCY	2	COPYRIGHTED EXAMINATION QUESTIONS	6
STATEMENT OF NONDISCRIMINATION	2	PRACTICE EXAMINATION	6
ELIGIBILITY	2	TIMED EXAMINATION	6
CERTIFICATION EXAMINATION OVERVIEW	2	CANDIDATE COMMENTS	6
CERTIFICATION	2	FOLLOWING THE EXAMINATION	6
RECERTIFICATION	2	PASS/FAIL SCORE DETERMINATION	6
APPLYING FOR AN EXAMINATION	3	QUALITY CONTROL/SCORING	7
SCHEDULING AN EXAMINATION	3	SCORES CANCELLED BY THE CLIENT OR AMP	7
ASSESSMENT CENTER LOCATIONS	3	IF YOU PASS THE EXAMINATION	7
HOLIDAYS	3	IF YOU FAIL THE EXAMINATION	7
CANDIDATES WITH DISABILITIES	4	FAILING TO REPORT FOR AN EXAMINATION	7
TELECOMMUNICATION DEVICES FOR THE DEAF	4	CONFIDENTIALITY	7
EXAMINATION APPOINTMENT CHANGES/FAILURE TO REPORT OR TO SCHEDULE AN EXAMINATION	4	DUPLICATE SCORE REPORT	7
INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY	4	PREPARING FOR THE EXAMINATION	7
EXAMINATION FEES	4	EXAMINATION CONTENT OUTLINE	7
NO REFUNDS	4	SAMPLE QUESTIONS	9
RESCHEDULING AN EXAMINATION	5	SUGGESTED RESOURCES	10
EXAMINATION DAY	5	EXAMINATION REGISTRATION FORM	11
SECURITY	5	REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS	13
PERSONAL BELONGINGS	5	DOCUMENTATION OF DISABILITY-RELATED NEEDS	14
EXAMINATION RESTRICTIONS	6	DUPLICATE SCORE REPORT REQUEST FORM	15

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Web site: www.nahuc.org
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18000 W. 105th Street
Olathe, KS 66061-7543
(888) 519-9901
Web site: www.goAMP.com

Hours of Operation:
Monday through Thursday 7:00 a.m. – 9:00 p.m.
Friday 7:00 a.m. to 7:00 p.m.
Saturday 8:30 a.m. to 5:00 p.m.
(Central Time)



INTRODUCTION

This handbook is designed for candidates seeking Health Unit Coordinator Certification. It describes the process of applying for and taking the Health Unit Coordinator Certification Examination. It also contains information about the national certification examination developed by the National Association of Health Unit Coordinators (NAHUC) Certification Board. **It is important that you read this entire handbook and keep a copy of it until you are notified of your examination results.**

NAHUC is dedicated to promoting Health Unit Coordinating as a profession through education, certification, and compliance with the NAHUC Standards of Practice, Standards of Education, and Code of Ethics.

TESTING AGENCY

NAHUC has contracted with Applied Measurement Professionals, Inc. (AMP), a nationally recognized leading provider of assessment services to regulatory agencies and national associations. Based on examination specifications that are developed and approved by the NAHUC Certification Board, AMP will develop, administer, score, and report the results of the Health Unit Coordinator Certification Examination. AMP is also responsible for test centers, examination security, examination administration, and statistical analysis of the examination.

STATEMENT OF NONDISCRIMINATION

NAHUC and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

ELIGIBILITY

You may take the Health Unit Coordinator Certification Examination if you meet the following criteria established by the NAHUC Certification Board.

- You do not need to be a member of NAHUC in order to take the certification examination.
- If you are currently a health unit coordinator (ward clerk, floor secretary, unit secretary, etc.), or if you have completed a training program to become a health unit coordinator, or someone who is involved with health unit coordinating activities, you may test for certification.
- You must have, at minimum, a high school diploma or GED.

The NAHUC Certification Board reserves the right to refuse approval to take the Health Unit Coordinator Certification Examination if you do not have the proper identification or if

the examination has already begun when you arrive on the day of examination. If you are refused admission for any of these reasons, or if you fail to appear at the test center, you will receive no refund of the application and examination fees and there will be no fee credit for future examinations.

CERTIFICATION EXAMINATION OVERVIEW

The Health Unit Coordinator Certification Examination consists of 120 questions (20 pre-test (non-scored) items and 100 scored items). The examination is designed as a nationally administered comprehensive job-related objective examination. The examination measures knowledge and skills in areas of job performance that the NAHUC Certification Board regards as essential. You will have 2.5 hours to complete the examination.

A NAHUC Certification Board Review Committee of practitioners reviews all examination questions before they are used on the certification examination. The review committee also helps to provide the job-related perspective that underlies the validity of the examination. Through the efforts of this review committee, the NAHUC Certification Board maintains responsibility for determining the examination content outline and examination specifications by maintaining an item bank of approved examination questions, for approving each individual examination and for administration, and setting the passing score for successful achievement.

There are no provisions for allowing failing or passing candidates to review their examination results. The certification examination is secure and confidential and is not available for general distribution.

CERTIFICATION

The NAHUC Certification Board grants Health Unit Coordinator Certification for three (3) years.

RECERTIFICATION

Certification is a privilege. It is your responsibility to maintain your certification. You may renew your certification in one of two ways:

1. By providing proof to the NAHUC Certification Board of having acquired thirty-six (36) NAHUC contact hours for various educational activities during the three (3) year certification period; or
2. By passing the certification examination before your certification expiration date.



Upon satisfying either of these requirements, you will be recertified as a CHUC and issued a new certification card and recertification certificate. You will retain your original certification identification number and date. Failure to meet either recertification requirement will result in the revocation of your certification. In order to become certified again, you will have to re-take the examination.

APPLYING FOR AN EXAMINATION

You may apply for the NAHUC examination online at www.goAMP.com by selecting “Candidates” and your examination program. Follow the menu prompts to register for the examination. To apply by mail, please complete the application included on page 11 of this handbook. The Affidavit questions must be answered and your signature included to be eligible for the examination.

SCHEDULING AN EXAMINATION

You may schedule an examination appointment by one of the following methods. Be prepared to confirm a date and location for testing and to provide your Social Security number as your unique identification number.

- Schedule Online:** You may schedule an examination appointment online at any time by using our Online Application/Scheduling service at www.goAMP.com. To use this service on our website, follow these easy steps:
 - Go to www.goAMP.com and select “Candidates.”
 - Follow the simple, step-by-step instructions to choose your examination program and schedule your examination appointment.

OR

- Telephone Scheduling:** Call AMP at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 5:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

If special accommodations are being requested, please submit the Request for Special Examination Accommodations form included on page 13 prior to contacting AMP at (888) 519-9901 to schedule your examination.

The examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

If you call AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if open)
Thursday	Monday
Friday	Tuesday

When the appointment is made, the applicant will be given a time to report to the Assessment Center. Please make a note of it since an admission letter will not be sent. The applicant will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Assessment Center. **UNSCHEDULED CANDIDATES (WALKINS) WILL NOT BE ADMITTED** to the Assessment Center.

ASSESSMENT CENTER LOCATIONS

Examinations are administered by computer at over 170 AMP Assessment Centers geographically distributed throughout the United States and Canada. Assessment Centers are typically located in H&R Block offices. Assessment Center locations, detailed maps and directions are available on AMP’s website, www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

HOLIDAYS

The examinations are not offered on the following holidays:

- New Year’s Day
- Martin Luther King Jr. Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day



CANDIDATES WITH DISABILITIES

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 1-888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to AMP using the form on page 13 at least 45 calendar days prior to your desired examination date. Please inform AMP of your need for special accommodations when scheduling your examination time.

TELECOMMUNICATION DEVICES FOR THE DEAF

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at (913) 895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

EXAMINATION APPOINTMENT CHANGES/FAILURE TO REPORT OR TO SCHEDULE AN EXAMINATION

1. A candidate may reschedule an appointment for examination at no charge once by calling AMP at 1-888-519-9901 at least two business days prior to the scheduled testing session.

If the examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

2. A candidate who wishes to reschedule his/her examination appointment, but fails to contact AMP at least TWO business days prior to the scheduled testing session will forfeit the examination fee and be required to reapply and submit required fees to reschedule the examination.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center. If power to an Assessment Center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue the examination.

Candidates may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

EXAMINATION FEES

The examination fee for non-members is \$175. If you are a NAHUC member, you are eligible to receive a reduced examination fee of \$150. Examination fees must be paid at the time of reservation by money order, cashier's check, or credit card (MasterCard, Visa, Discover or American Express). **Payment will not be accepted at the test center, and cash and personal checks will not be accepted at any time.** To receive the reduced fee, please indicate your NAHUC Membership # on the online or paper application or have it available when calling AMP to make a reservation.

NO REFUNDS

Candidates failing to arrive at the Assessment Center on the dates and times they are scheduled for examination will not be refunded any portion of their examination fees and must reregister by contacting AMP; examination fees may NOT be transferred to another appointment. Candidates arriving more than 15 minutes late for an appointment will not be admitted, will forfeit their examination fee, and must reregister for the examination online at www.goAMP.com or by contacting AMP.



RESCHEDULING AN EXAMINATION

If you fail the examination, you must wait sixty (60) days before you may retake it. You may make a reservation and pay the examination fee for reexamination online or by telephone only. Please note that even if you failed only one section of the examination, you must retake the entire examination.

EXAMINATION DAY

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the H&R Block office, look for the signs indicating AMP Assessment Center check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Assessment Center, you must have proper identification and be willing to submit to AMP's fingerprint scanning process on your scheduled exam date before gaining admission to the Assessment Center. Failure to provide appropriate identification and submit to fingerprint scan at the time of the examination is considered a missed appointment. Each candidate must present two (2) forms of identification, one (1) with a current photograph. Both forms of identification must be valid and include the candidate's current name and signature. You will be required to sign a roster for verification of identity. Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification.

During your testing process, you will be required to provide biometric verification of your identity. Biometric identification may include photography, fingerprint scan, or other. Your testing session is also subject to video surveillance. If you do not agree to these conditions, you will not be able to test and will be excused from the **Assessment Center**. **Your testing fee will NOT be refunded. You must have proper identification and provide a valid fingerprint scan to gain admission to the Assessment Center.** Failure to provide appropriate identification and fingerprint scan at the time of the examination is considered a missed appointment. There will be no refund of your testing fee.

SECURITY

NAHUC and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- Use of a calculator, computer, or Personal Digital Assistant (PDA) is not permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons are allowed in the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

PERSONAL BELONGINGS

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- cell phones or personal communication devices

Once you have placed everything into the soft locker, you will be asked to pull your pockets out to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, the administration will be forfeited.

EXAMINATION RESTRICTIONS

- No personal belongings (other than keys or wallets) will be allowed in the Assessment Center.
- Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Pencils will be provided during check-in.
- Use of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with scratch paper to use during the examination. You must sign and return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room. If you need a second piece of scratch paper, you need to ask the test proctor for another piece of paper and turn in the one you used before.



- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of NAHUC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report. Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note, that this practice examination is to help you become familiar with the computerized examination format, it is possible that the problems will not be health unit coordinator related.

TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. You will have 2.5 hours to complete the examination. Before beginning, instructions for taking the examination are provided on-screen. The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking in the option using the mouse.

To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit. To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

CANDIDATE COMMENTS

During the examination, online comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.



FOLLOWING THE EXAMINATION

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Candidates are then instructed to report to the examination proctor to receive their examination completion report.

PASS/FAIL SCORE DETERMINATION

The methodology used to set the minimum passing score is the Angoff method, based upon data gathered during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination to accommodate for variances in examination difficulty. To ensure fairness to all candidates, a process of statistical equating is used. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

QUALITY CONTROL/SCORING

Before the final scores are released to the candidate, each examination undergoes quality control checks. A thorough item analysis is completed and is used a part of the statistical review of the performance of the examination. NAHUC, AMP and subject matter experts (SME's) review examination data and candidate comments. All these materials are reviewed during a key validation meeting with SME's to ensure that the scoring of the questions is appropriate.

SCORES CANCELLED BY THE CLIENT OR AMP

NAHUC and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. NAHUC and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

All candidates who pass the examination will typically receive a score report at the test center after completing the examination.

NAHUC periodically performs quality assurance (QA) procedures to ensure the validity of candidate's scores. Because of this QA process candidates may occasionally receive provisional score reports at the test center. If you receive a provisional score report, you will receive an official score report after the QA is completed, usually within 6-12 weeks.

Passing candidates will receive a certificate and information about maintaining certification approximately six (6) weeks after passing the examination.

IF YOU FAIL THE EXAMINATION

You will be given the opportunity to apply for and schedule a future examination appointment after waiting a period of 60 days.

FAILING TO REPORT FOR AN EXAMINATION

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

DUPLICATE SCORE REPORT

You may request a duplicate score report from AMP in writing by completing a *Duplicate Score Report Request Form* and mailing it to AMP along with the \$25 fee. Please note that it takes two (2) weeks for processing.

PREPARING FOR THE EXAMINATION

If you have studied to become a health unit coordinator, it is recommended that you review your course notes, handouts, and test materials. You may also study the resources listed in this handbook (see *Suggested Resources*).

Workshops may be held to help you prepare for the examination. The workshops may be offered for credit through vocational-technical schools or community colleges. For more information about when and where these workshops are held, please contact a NAHUC Regional Representative in your state.

Also, to familiarize yourself with the types of questions on the examination, see a list of sample questions on page 9.



EXAMINATION CONTENT OUTLINE

The NAHUC Certification Examination is composed of questions from the following content area. The percentage of questions on the examination from each of the five major content areas appears in parentheses.

I. TRANSCRIPTION OF ORDERS (30%)

A. Processing

1. Check charts for orders that need to be transcribed
2. Interpret medical symbols, abbreviations, and terminology
3. Clarify orders as needed
4. Prioritize orders and tasks
5. Process orders according to priority (i.e., standing, one-time, prn, and stat)
6. Enter orders on a paper (Kardex) or computerized patient treatment plan
7. Process pathway protocols
8. Schedule diagnostic tests and procedures
9. Initiate test preparation procedures
10. Process orders for diagnostic and therapeutic tests and procedures
11. Process nursing treatment orders
12. Process pre- and post-operative charts
13. Process medication orders (e.g., scan, FAX, tube)
14. Process orders for parenteral fluids
15. Recognize order categories (e.g., medication, diagnostics)

B. Notification

1. Notify staff of new orders
2. Notify and document consulting physicians of consult requests
3. Indicate on the order sheet that each order has been processed
4. Sign off orders (e.g., signature, title, date, and time)

C. Requests

1. Request services from ancillary and support departments
2. Facilitate requests for special equipment (e.g., bariatric equipment, orthotic supplies)
3. Request supplies and equipment
4. Request patient information from external facilities

II. COORDINATION OF HEALTH UNIT (45%)

A. Admission

1. Assemble patient charts (hard copy or electronic) upon admission
2. Obtain patient information prior to admission
3. Initiate patient admission
4. Notify nursing staff and physicians of patient admissions, transfers, discharges, and returning surgical patients

B. Patient Results Processing

1. Receive diagnostic test results
2. Notify nursing staff of diagnostic test results
3. File diagnostic test results

C. Discharges/Transfers

1. Assemble necessary forms (hard copy or electronic) and perform clerical tasks for patients being transferred to an external facility
2. Prepare patient charts and perform clerical tasks for discharge or transfer to other units within the healthcare facility
3. Initiate protocol and follow policies for expired patients
4. Notify departments and individuals when patients are discharged (e.g., home, expired, AMA, transferred, etc.)
5. Disassemble patient charts, put in designated order, and send to medical records office upon expiration or discharge
6. Select disposition of discharged patient

D. Unit Responsibilities/Clerical

1. Maintain a supply of chart forms
2. Maintain stock of unit materials (e.g., patient care supplies and equipment, clerical and desk supplies)
3. Maintain patient charts by thinning and adding forms as needed
4. File forms and reports
5. Arrange for maintenance and repair of equipment

E. Reports and Record Keeping

1. Report unit activities to on-coming shift
2. Coordinate entry of ADT patient information into all required data management systems (e.g. census logs, boards)
3. Chart information onto designated forms (hard copy or electronic)
4. Maintain patient assignment board
5. Perform quality assurance on charts (i.e., verify that chart forms are filed and labeled correctly, all orders have been transcribed, allergies are noted, etc.)

F. Personnel Management

1. Orient new staff members to the unit
2. Precept new or student unit coordinators
3. Communicate facility policies to visitors, patients and staff (i.e., visiting hours, no smoking, etc.)
4. Greet patients, physicians, visitors, and facility staff as they arrive on the unit
5. Respond to patient, physician, visitor, and facility staff requests and complaints

G. Safety and Security

1. Maintain a hazard-free work environment
2. Maintain unit security
3. Participate in emergency and disaster plans
4. Respond to cardiac or respiratory arrests
5. Initiate call to cardiac or respiratory arrests



6. Comply with regulatory agency guidelines/rules
7. Identify and correct potential hazards
8. Adhere to Universal Blood and Body Fluid Precautions
9. Adhere to infection control standards

H. Confidentiality and Patient Rights

1. Screen telephone calls and visitor requests for patient information
2. Restrict access to patient information (i.e., charts, computer, cell phones)
3. Adhere to Patient's Bill of Rights
4. Refer ethical concerns to designated resources
5. Acts as patient advocate

III. EQUIPMENT/TECHNICAL PROCEDURES (10%)

A. Communication

1. Communicate with patients and staff via intercom
2. Send and receive documents via fax machine, scanners, emails, etc.
3. Contact personnel via telecommunications systems (i.e., pagers, cell phones)
4. Answer and process unit telephone calls

B. Computers and Peripherals (printers, scanners, etc.)

1. Maintain computer census (i.e., ADT functions)
2. Follow computer down-time procedures
3. Use software for word processing, emailing, spreadsheets, etc.
4. Generate reports
5. Troubleshoot problems

C. Miscellaneous Equipment

1. Duplicate documents using a copy machine
2. Transport patient specimens, supplies, and medication using pneumatic tubes

IV. PROFESSIONAL DEVELOPMENT (15%)

A. Training

1. Attend in-service training sessions
2. Attend department, staff or health unit coordinator meetings
3. Participate in interdisciplinary committees and councils

B. Individual Development

1. Review facility specific publications, memos, policies
2. Pursue and maintain certification
3. Participate in performance improvement activities
4. Participate in cross-training activities

C. Critical Thinking

1. Use conflict resolution techniques
2. Demonstrate customer service skills
3. Respect patient/family cultural/religious beliefs

SAMPLE QUESTIONS

The following sample questions are illustrative of the type of questions found on the examination.

1. In transcribing a physician's order for a patient discharge, the unit coordinator must take all of the following steps **EXCEPT**
 - A. arrange for a follow-up appointment if the physician has requested one.
 - B. notify Housekeeping that the discharged patient's room should be cleaned.
 - C. complete the discharge summary.
 - D. prepare the chart for Medical Records.
2. Dr. T is being paged. The unit coordinator is aware that Dr. T is in an examination room where the paging system cannot be heard. The unit coordinator's **MOST** appropriate action is to
 - A. wait until Dr. T emerges from the examination room, and then ask if he heard the page.
 - B. ask the operator for the message and deliver it to Dr. T.
 - C. explain that Dr. T is busy and ask the operator to page him later.
 - D. ask the operator to transfer the call into the examination room.
3. The flashing symbol on a computer display screen that indicates the position where the date may be entered is called the
 - A. password.
 - B. enter key.
 - C. cursor.
 - D. menu.
4. Which of the following studies is used by a physician to diagnose a myocardial infarction?
 - A. CPK
 - B. Diff
 - C. Lytes
 - D. Febrile agglutinins
5. To obtain a patient's old records from another hospital, what should the unit coordinator do?
 - A. Contact the patient's physician.
 - B. Obtain the patient's consent and notify Medical Records.
 - C. Obtain the patient's consent and notify the admissions clerk.
 - D. Call medical records at the other hospital.



6. A medication to be administered “10 mg IM q4h” should be given how many times in twenty-four hours?
- A. 3
 - B. 4
 - C. 6
 - D. 8
7. Dr. C is a cardiologist and the attending physician for patient Q. Dr. P, a consulting pulmonary specialist writes an order to transfer patient Q out of CCU. To process this transfer, the unit coordinator should **FIRST**
- A. report the new room number to Dr. C’s office.
 - B. call Admitting for a bed assignment.
 - C. prepare the patient’s chart for transfer.
 - D. confirm the order with Dr. C.
8. On a patient’s third post-op day, a unit coordinator makes an imprinter error on a patient’s completed chart form. The coordinator should
- A. “white-out” the error and write the correct information over the error.
 - B. cross out the error, initial it, and write in the correct information.
 - C. put a label over the error, initial it, and write the correct information on the label.
 - D. discard the page with the error and recopy all information.

**ANSWER KEY FOR
SAMPLE QUESTIONS**

- 1. c
- 2. b
- 3. c
- 4. a
- 5. b
- 6. c
- 7. d
- 8. b

SUGGESTED RESOURCES

Listed below are resources that may assist you in preparing for the NAHUC Certification Examination. Your hospital, university, or city library may have these texts. The nearest bookstore or educational program for health unit coordinators may also have them.

Applegate, *Anatomy & Physiology Learning System* (3rd ed.) W.B. Saunders, 2006.

Chabner, *The Language of Medicine* (8th ed.). W.B. Saunders, 2007.

Dorland’s Pocket Medical Dictionary (28th ed.). W.B. Saunders, 2009.

Fischbach, F., *A Manual of Laboratory Diagnostic Test* (8th ed.) J.B. Lippincott, 2008.

Gillingham and Wadsworth Seibel, *LaFleur Brooks’ Health Unit Coordinating* (6th ed.). Elsevier, 2008.

Gillingham and Wadsworth Seibel, *LaFleur Brooks’ Skills Practice Manual for Health Unit Coordinating* (6th ed.). Elsevier, 2008.

Kuhns, Rice, Winslow, *Health Unit Coordinator: 21st Century Professional*. Delmar, 2005

Kuhns, Rice, Winslow, *Health Unit Coordinator: A Guide to Certification Review and Job Readiness*. Delmar Cengage Learning, 2008.

To order texts published by Delmar, call (800) 354-9706, or visit www.healthcare.delmar.cengage.com.

To order texts published by Elsevier Health Science, call (800) 545-2522, or visit www.us.elsevierhealth.com.

To order texts published by Lippincott Williams & Wilkins, call (800) 638-3030 or visit www.lww.com.

To order texts published by Prentice Hall, call (800) 282-0693 or visit www.mypearsonstore.com.

NATIONAL ASSOCIATION OF HEALTH UNIT COORDINATORS, INC.

EXAMINATION REGISTRATION FORM

Submit this form with the examination fee to:

AMP Candidate Support Center • 18000 W. 105th Street • Olathe, KS 66061-7543 • Fax: (913) 895-4650

PERSONAL INFORMATION

NAHUC Membership Number: _____

Name: (Last, First, M.I.) _____

Social Security Number: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

E-mail Address: _____

Street Address: _____

City: _____ State/Province: _____ Zip Code/Postal Code: _____ Country: _____

Examination Fee: \$150 (NAHUC Member) \$175 (Non-Member)

Your examination fee must be submitted with your registration form. Payment may be made by credit card or by cashier's check or money order made payable to AMP. Payment by company check, personal check or cash is not acceptable.

Credit Card Information: Credit Card Type: VISA Mastercard American Express Discover

I agree to pay according to the cardholders agreement.

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ Signature: _____

Do you have a disability that requires special accommodations during testing? Yes No

If yes, complete the REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS form included in the Candidate Handbook and enclose it with your application.

EXAMINATION AFFIDAVIT REQUIREMENTS

If you answer "no" to any of the following questions, you will not be permitted to take the examination. Please note that if you are not permitted to take the examination, you will not be eligible for a refund of the application and examination fees.

1. Do you affirm that all information contained in your application for the Health Unit Coordinators Certification Examination is true and accurate to the best of your knowledge? In addition, do you authorize the NAHUC Certification Board, or its officers, directors, committee members, employees, or agents, to review your application to take the NAHUC Certification Examination? Do you authorize the NAHUC Certification Board to determine your eligibility for the Health Unit Coordinator Certification? Yes No
2. Do you agree to revocation or other limitation of your certification if any statement made on your application or hereafter supplied to the NAHUC Certification Board is false or inaccurate, or if you violate any of the rules or regulations of the NAHUC Certification Board. . . . Yes No
3. Do you understand that if you receive Health Unit Coordinator certification, it will be your responsibility to remain in compliance with all NAHUC Certification Board standards for certification, including the recertification requirement every three (3) years? Yes No
4. Do you agree to cooperate promptly and fully in any review of your certification by the NAHUC Certification Board, including submitting such documents and information deemed necessary to confirm the information in your application?. Yes No
5. Do you authorize the NAHUC Certification Board, or its officers, directors, committee members, employees, or agents, to communicate any and all information relating to any NAHUC Certification Board application and review thereof, including, but not limited to, pendency or outcome of disciplinary proceedings, to state and federal authorities and others? Yes No
6. Do you understand that you may seek approval to take the Health Unit Coordinator Certification Examination only for the purpose of seeking Health Unit Coordinator Certification or recertification, and for no other purpose? Yes No
7. Do you understand that the review of the adequacy of examination materials will be limited to scoring correction? Yes No
8. Do you understand that your examination results may be voided, and that you may be the subject of legal action, if you do anything that is not authorized or that is prohibited by the NAHUC Certification Board in connection with any NAHUC Certification Board examination? In a case in which your examination results are voided, you will receive no refund of the application and examination fees, and there will be no fee credit for any future examination? Yes No
9. Do you waive all further claims of examination review and agree to indemnify and hold harmless the NAHUC Certification Board, its officers, its directors, its committee members, its employees, and AMP for any action taken pursuant to the rules and standards of the NAHUC Certification Board with regard to your application, the Health Unit Coordinator Certification Examination, and/or your certification? . . . Yes No
10. Do you understand that if you answered "NO" to any of these questions, you will not be permitted to take the certification examination, and that by taking the certification examination you agree that you have read, understood, and are bound by the terms of this affidavit? Yes No

SIGNATURE (Sign and date in ink the statement below.)

I certify that I agree to abide by regulations outlined within this Handbook. I believe that I comply with all admission policies for the NAHUC Certification Examination. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed or voided.

Name (Please Print): _____

Signature: _____ Date: _____



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Social Security # _____ - _____ - _____ Requested Assessment Center: _____

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State/Providence Zip Code/Postal Code

Daytime Telephone Number

SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: _____ Date: _____

**Return this form with your examination application and fee to:
Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call the Candidate Support Center at (888) 519-9901.**



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / ____ in my capacity as a

Candidate Name

Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ E-mail Address: _____

Date: _____ License # (if applicable): _____

**Return this form with your examination application and fee to:
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.
If you have questions, call AMP at (888) 519-9901.**

Mail your completed form and correct fee to:
AMP, 18000 W. 105th Street, Olathe, KS 66061-7543

NAHUC EXAMINATION DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the **examination** date and include a check or money order for \$25 payable to AMP. Duplicate score reports will be processed and mailed within approximately two weeks following receipt of the request.

Name: _____ Social Security #: _____

Mailing Address: _____

_____ Daytime Phone: _____

Examination Date: _____

I hereby authorize AMP to send me a duplicate of my **examination** results.

Signature: _____ Date: _____