



CANDIDATE HANDBOOK

CERTIFICATION EXAMINATION FOR HEALTH UNIT COORDINATORS

2002 - 2004

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NATIONAL ASSOCIATION OF HEALTH UNIT COORDINATORS (NAHUC) CERTIFICATION BOARD

1947 Madron Road
Rockford, IL 61107
(888) 22-NAHUC

Web site: www.nahuc.org

Email: office@NAHUC.org

Call or E-mail NAHUC to:

- Request information concerning the NAHUC Certification Examination

PROMISSOR

Three Bala Plaza West
Suite 300
Bala Cynwyd, PA 19004-3481
(800) 274-8719

www.promissor.com

Hours of Operation:

*Monday through Friday 7:00 a.m. - 11:00 p.m.,
Saturday 8:00 a.m. - 5:00 p.m., and
Sunday 10:00 a.m. - 4:00 p.m. (Eastern Standard Time)*

Call Promissor to:

- Request information concerning examination scheduling
- Make an examination reservation

When calling Promissor:

- Have this handbook available for reference
- Have a list of prepared questions
- Have a writing utensil available to record the name of the Promissor representative and any information that he or she gives

Go to Promissor's Website at:

<http://www.promissor.com> to:

- Download a candidate handbook
- Download the candidate fact sheet
- Download a Promissor Test Center Location Card

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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.

NAHUC has contracted with Promissor, 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, Promissor will develop, administer, score, and report the results of the Health Unit Coordinator Certification Examination. Promissor is also responsible for procurement and maintenance of assessment centers, examination security, examination administration, and statistical analysis of the examination.

ELIGIBILITY

The NAHUC Certification Board will determine whether or not you are eligible to take the Health Unit Coordinator Certification Examination.

- 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.

CERTIFICATION EXAM OVERVIEW

The Health Unit Coordinator Certification Examination consists of 120 items (20 pre-test items and 100 test 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.

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. If you have questions or comments concerning your examination results, or if you wish to verify data recorded by Promissor, please submit a written inquiry to Promissor at the address on the inside front cover of this handbook.

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) CHUC 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.

EXAM AFFIDAVIT REQUIREMENTS

Before you take the examination on Promissor's electronic testing system, you will be asked to complete the following ten (10) affidavit questions. 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 for 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?
- 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?
- 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?
- 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?
- 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?

- 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?
- 7) Do you understand that the review of the adequacy of examination materials will be limited to scoring correction?
- 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?
- 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 Promissor 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?
- 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?

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 assessment center, you will receive no refund of the application and examination fees and there will be no fee credit for future examinations.

EXAM RESERVATION AND TESTING PROCESS

THE PROMISSOR TESTING SYSTEM

Your examination will be administered electronically. The Promissor testing system eliminates the use of paper-and-pencil answer sheets. Examination questions and answers are presented on a PC screen. Promissor's testing system allows you to change your answers, skip questions, and mark questions for review. **Knowledge of computers and typing is NOT required.**

Please note that under no circumstances will you be permitted to work beyond the time allotted for the examination.

EXAM PROCTORS

The examination proctors are not familiar with either the content of the examination or NAHUC requirements. Therefore, please do not ask the proctors questions concerning either subject. If you have any questions concerning the examination and/or NAHUC requirements, please call the NAHUC Certification Board at (888) 22-NAHUC or email them at office@NAHUC.org.

PHONE RESERVATIONS

To make a reservation for your certification examination, you must call Promissor at (800) 274-8719, Monday through Friday 7:00 a.m. and 11:00 p.m., Saturday 8:00 a.m. to 5:00 p.m., or Sunday 10:00 a.m. to 4:00 p.m. A Customer Care Representative will help you select the best date and location for your examination, provide specific instructions and directions, and answer any questions you may have about testing.

Walk-in testing is not available. Reservations made on Saturday require an additional business day to arrange. This reservation schedule is illustrated in the following chart:

RESERVATIONS	
Call for an exam reservation on:	Test on or after:
Monday	Thursday
Tuesday	Friday
Wednesday	Saturday
Thursday/Friday	Tuesday
Saturday/Sunday	Wednesday

Have available the following information when you call to make a reservation:

- Your full legal name, address, Social Security number, daytime telephone number, and date of birth
- The examination date and location of the assessment center you desire
- The name of the examination you will be taking
- Your score report (if re-taking an examination)

You will receive a confirmation number. Write this number down. You will need it to be admitted to the assessment center on the day of your scheduled examination.

CONFIRMATION INFORMATION
Confirmation Number:
Examination Date:
Promissor Assessment Center:
Customer Care Associate:

FAX RESERVATIONS

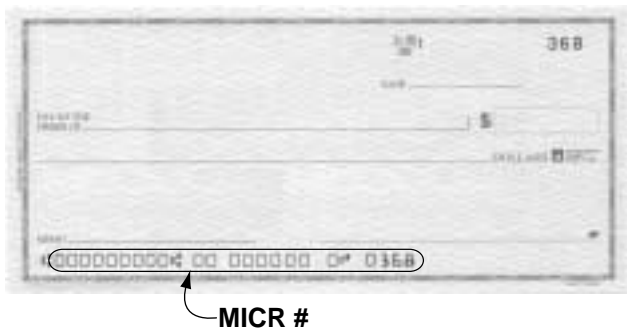
You may make an examination reservation by faxing a completed *Fax Reservation Form* (see *Appendix A*) Promissor at (610) 204-6291, Monday through Saturday twenty-four (24) hours a day. Your completed *Fax Reservation Form* must be received at least four (4) business days before the desired examination date and should include a second choice for the examination date. A confirmation of this fax reservation will be transmitted by fax within twenty-four (24) hours of receipt of this form. Examination reservations may not be canceled or changed by fax.

EXAM FEES

The examination fee for non-members is \$145. If you are a NAHUC member, you are eligible to receive a reduced examination fee of \$125. Examination fees must be paid by credit card, debit card (issued through VISA or Mastercard) or electronic check at the time a reservation is made. **Payment will not be accepted at the assessment 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 fax reservation form or have it available when calling Promissor to make an examination reservation. If you choose to pay the fee by

electronic check you must have a personal checking account, and you must be prepared to provide to Promissor at the time of reservation the following:

- Bank name
- Magnetic Ink Character Recognition (MICR) number (as illustrated below)
- Name and address on the account
- Social Security number or driver's license number
- Next available check number
- An active email address



Using this information, Promissor can obtain payment from the your bank account just as if you had submitted an actual paper check. Promissor has security measures in place to protect all candidates who pay examination fees by credit card, debit card or electronic check.

If you do not have or do not wish to use a credit card, debit card, or personal checking account, you may choose to pre-pay your examination fee. You should first call Customer Care to obtain a candidate ID number, and then send to Promissor a Pre-Payment Request Form (see Appendix B), along with a company check or money order (made payable to “Promissor”) for the amount of the examination fee. Promissor will process mailed requests within ten (10) business days, and will notify you by mail when processing is complete. You may then make a reservation.

REFUNDS/TRANSFERS

Under normal circumstances, examination fees are refundable only if a reservation is canceled within the time frame specified in the *Change/Cancel Policy*. If you cancel your examination within this time frame, you may choose to forgo a refund and apply the fee to a future examination. If you require a refund you should make a request to Promissor at (800) 274-8719. Refunds for fees paid by

credit cards and debit cards are immediate, while paper refunds for electronic checks and pre-paid fees will be processed within 2-3 weeks.

Once an examination reservation has been made (by either you or a third party), you will be responsible for paying the full examination fee. If you cannot test for any reason, or if you decide not to test, the reservation must be either changed or canceled according to the *Change/Cancel Policy* on page 10.

Candidates are responsible for knowing all regulations regarding fees and examination scheduling presented in this handbook, without exception.

PROMISSOR PAYMENT VOUCHERS

Prior to your registering for the certification examination, your facility may purchase Promissor Payment Vouchers to cover the examination fee. A minimum of five (5) vouchers must be purchased, but a facility may purchase more than five (5) vouchers if it wishes. To purchase vouchers, your facility must submit a company check of all vouchers being purchased (\$145 each), plus a \$10 processing fee. For example, ten (10) vouchers would cost \$1,450, plus \$10 for the processing fee, equaling \$1,460.

Promissor Payment Vouchers must be purchased *before* you register. To request Promissor Payment Vouchers, a facility should send a written request along with payment to:

Promissor/NAHUC

Accounting Department

PO Box 13046

Philadelphia, PA 19101-3046

A voucher is valid for one (1) year from the date it is issued. Since vouchers are recognized as real dollars, Promissor cannot replace any vouchers that are lost or stolen. **Fees for vouchers are nonrefundable and nontransferable.**

ASSESSMENT CENTER LOCATIONS

For information regarding Assessment Center Locations, please refer to the blue Promissor Assessment Center Location Card mailed along with this handbook. You may also view this card at <http://www.promissor.com>. Just click on “Professional Certification” then go to “National Association Health Unit Coordinators” and click on “Promissor Test Center Location Card”.

At the time that you call for your examination reservation, a Customer Care Representative will provide you with specific information and directions to the assessment center.

SPECIAL EXAM REQUESTS AND SERVICES

Promissor complies with the provisions of the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. 2000e *et seq.*), in accommodating disabled candidates who need special arrangements to take an examination.

Candidates who require special testing arrangements due to impaired sensory, manual or speaking skills, or other disability, should fax the *Special Accommodations Request Form* (see *Appendix E*) to Promissor.

The *Special Accommodations Request Form* must be accompanied by supporting documentation from a physician or other qualified professional that reflect a diagnosis of the candidate's condition and an explanation of examination aids or modifications. Promissor will provide auxiliary aids and services, except where they may fundamentally alter the examination or results, or result in an undue burden. The examination will be scheduled upon receipt of all required information by Promissor.

Candidates who have additional questions concerning ADA arrangements may contact the ADA Coordinator at (800) 274-3707. However, the *Special Accommodations Request Form*, along with the required supporting documentation, **MUST** be submitted to Promissor before any special testing arrangements can be finalized.

Promissor will determine the time and place of specially arranged examinations and will confirm these arrangements directly with the candidate. Candidates who need to re-test should notify Promissor that special arrangements were used for the prior examination.

Due to the unique nature of each special request, Promissor recommends that candidates request special services as early as possible. Promissor will make a concerted effort to provide reasonable accommodations as permitted by the NAHUC Certification Board and individual Promissor Assessment Center capabilities.

TELECOMMUNICATION DEVICES FOR THE DEAF (TDD)

Promissor is equipped with TDD (Telecommunication Devices for the Deaf) to assist deaf and hearing-impaired candidates. TDD calling is available during Promissor

business hours through a special Promissor toll-free number, (800) 274-2617. This number is for the express use of candidates with compatible machinery.

CHANGE/CANCEL POLICY

To change or cancel your reservation without monetary penalty, you must notify Promissor by phone at least four (4) days before your scheduled examination. If you call at least four (4) days before your scheduled examination date, you will **NOT** owe Promissor the examination fee and the fee from your first reservation will be applied to your new reservation.

If you call Promissor less than four (4) business days before your scheduled examination, you will be charged the full examination for both the canceled reservation and the new reservation.

TO CHANGE OR CANCEL YOUR EXAMINATION	
Call by:	If your exam is on the following:
Wednesday	Monday
Thursday	Tuesday
Saturday	Wednesday
Sunday	Thursday
Monday	Friday
Tuesday	Saturday

ABSENCE POLICY

If you are unable to attend your scheduled examination, you may be excused for any the following reasons:

- Illness — either you or an immediate family member
- Death in the immediate family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty

If you are absent from an examination session that you were scheduled to attend, and you have not re-scheduled or canceled according to the policies in the *Change/Cancel Policy* section, you will owe Promissor the full examination fee for that missed examination.

All candidates seeking excused absences must submit written verification and supporting documentation of the situation to Promissor within fourteen (14) days of the original examination date. Supporting documentation may include a doctor's note, court documents, police reports, etc.

LATENESS

Please allow yourself sufficient time to find the assessment center, and make sure you have all necessary documentation when you arrive. If you are late to your examination, you may be denied the opportunity to test and will forfeit both your reservation and the examination fee. **Fees are nonrefundable and nontransferable except as detailed in the *Change/Cancel Policy*.**

CANCELLATION AND DELAYS

If severe weather or a natural disaster makes the assessment center inaccessible or unsafe, the examination may be delayed or canceled. Listen to your local radio station for announcements regarding delays and cancellations.

RE-SCHEDULING PROCEDURES

To re-schedule an examination, you must wait sixty (60) days from the date you last took the examination. You may re-schedule by telephone only (please follow the instructions in *Phone Reservations*).

When you call to re-schedule, have your failing score report available. Please note that even if you failed only one section of the examination, you must retake the *entire* examination.

EXAM DAY

ADMINISTRATIVE PROCEDURES

When you arrive at the assessment center, report to the assessment center manager. Present your confirmation number and identification, and any other required documents (see *What to Bring*). The manager will gather your information and take your photograph. Your photograph will be printed on your score report.

The assessment center manager will assign you a seat and assist you with your testing unit. You will have an opportunity to take a tutorial on the Promissor Testing system. You may take up to fifteen (15) minutes with this tutorial. The assessment center manager will answer any question you may have about the testing system at this time.

The time you spend on the tutorial will not reduce the time allotted for taking your examination. When you feel comfortable with the testing system, you may begin the examination. The examination begins the moment you look at the first question.

You will be given 2¹/₂ hours to take the examination. At the end of this time, the testing system will automatically turn off. You should alert the assessment center manager when you have completed your examination by raising your hand. Official scoring of your examination will take place immediately, and you will leave the assessment center with your official scores in hand.

REPORTING TIME

Examination sessions are scheduled for 8:00 a.m. and 1:00 p.m. You should report to the assessment center at least thirty (30) minutes before the scheduled starting time of your examination. Please allow yourself sufficient time to locate the assessment center. Make sure that you have all necessary documentation with you before you report for testing (see *What to Bring*).

WHAT TO BRING

Bring the following items with you to the assessment center on examination day:

- Your confirmation number
- Two forms of signature identification, one of which must be photo-bearing, preferably a driver's license
- Two number two (2) pencils
- Failing score report (**ONLY if you are re-taking the examination**)

If you do not present all of the above items on examination day, you will be denied admission to the examination, considered absent, and will forfeit Promissor the full examination fee.

ASSESSMENT CENTER REGULATIONS

To ensure that all candidates are tested under equally favorable conditions, the following regulations and procedures are observed at each Promissor Assessment Center.

ELECTRONIC DEVICES

Cellular phones, beepers, and any other electronic devices are not permitted to be used and must be turned

off during testing. There is no place to store personal belongings at the assessment center.

You are **NOT** permitted to use a calculator during the examination.

PERSONAL BELONGINGS/STUDY AIDS

You are not allowed to bring personal belonging such as briefcases, large bags, or study aids such as textbooks, or materials of any other kind (including scratch paper) into the examination room. Such personal belongings and materials should be either left at home or stored in your car.

RESTROOM POLICY

You may leave the examination room to use the restroom only after obtaining permission from the assessment center manager. No extra time will be allowed for taking the examination if you leave the room.

EATING/DRINKING/SMOKING

Eating, drinking, and/or smoking are not allowed in the examination room at any time during the examination.

VISITORS/PETS/GUESTS

No visitors, pets, guests, or children are allowed at the assessment center.

DISRUPTIVE BEHAVIOR

Noisy, disrespectful, or disruptive behavior at the assessment center will **NOT** be tolerated. Such behavior will be reported to the NAHUC Certification Board by the assessment center manager.

CHEATING

Cheating of any kind, or attempting to copy examination questions for removal from the assessment center, will not be tolerated. Any candidate who gives or receives assistance during the examination will be required to immediately leave the room. Under these circumstances the candidate's examination will not be scored and the situation will be reported to the NAHUC Certification Board.

The performance of all examinees is monitored and may be analyzed statistically for purposes of detecting and verifying fraud. If it is determined that a score has questionable validity, the NAHUC Certification Board will be notified and will determine whether the examinee's scores will be released.

SECURITY

Any individual who removes or attempts to remove examination materials from the assessment center will be prosecuted. Examinees who violate security regulations will not have their examinations processed and scored.

Promissor is obligated to report scores that accurately reflect the performance of candidates. For this reason, Promissor maintains examination administration and security standards designed both to ensure that all candidates are given the same opportunity to demonstrate their abilities and also to prevent some candidates from gaining an unfair advantage over others because of testing irregularities or misconduct. Promissor routinely reviews irregularities and examination scores believed to be earned under unusual or nonstandard circumstances.

DUPLICATE SCORE REPORT

You may request a duplicate score report from Promissor in writing by completing a *Duplicate Score Report Request Form* (see *Appendix D*) and mailing it to Promissor along with the correct fee. Please note that it takes two (2) to three (3) weeks for shipping.

PREPARATION FOR THE EXAM

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 will often 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 16.

EXAM CONTENT OUTLINE

The NAHUC Certification Examination is composed of questions from the following content area. The left-hand column shows the percentage of questions on the examination from each of the five major content areas.

48% I. Coordinator of the Health Unit

A. Operations

1. Supplies and Services Management
2. Information Management: Patient Record, Unit, Staff, Organization

B. Communications

1. Equipment
2. Skills

C. Orientation and Training Personnel

D. Safety

10% II. Confidentiality and Patient Rights

6% III. Critical Thinking

A. Problem Identification and Resources

B. Prioritization and Decision Making

31% IV. Order Transcription

A. Process

B. Classifications: Diagnostics, Dietary, Nursing, Pharmacy, Therapy, Miscellaneous

C. Medical Terms, Abbreviations, and Symbols

5% V. Professional Development

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.

ANSWERS

- | | | | |
|------|------|------|------|
| 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.

NAHUC Certification Board Job Analysis. Available from the NAHUC Certification Board, 1947 Madron Road, Rockford, IL 61107 (for a donation of \$15).

Applegate, Anatomy & Physiology Learning System (2nd ed.) W.B. Saunders, 2001.

Chabner, The Language of Medicine (6th ed.). W.B. Saunders, 2001.

Cox-Stevens, K, Being A Health Unit Coordinator (5th ed.) Prentice Hall, 2002.

Dorland's Pocket Medical Dictionary (26th ed.) W.B. Saunders, 2001.

Fischbach, F., A Manual of Laboratory Diagnostic Test (6th ed.) J.B. Lippincott, 1999.

LaFleur, M., Certification Review Manual for Health Unit Coordinators (4th ed.). W.B. Saunders, 1998.

LaFleur, M., Health Unit Coordinating (4th ed.). W.B. Saunders, 1998.

LaFleur, M., Skills Practice Manual for Health Unit Coordinating (4th ed.). W.B. Saunders, 1998.

To order texts published by Elsevier Health Science (previously known as W.B. Saunders), call (800) 545-2522 or go to <http://www.harcourthealth.com>

To order texts published by Lippincott Williams & Wilkins, call (800) 638-3030 or go to <http://www.lww.com>

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NAHUC Fax Reservation Form

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ ZIP _____

() ()

Telephone (Daytime) _____ Telephone (Evening) a.m. p.m.

()

Your Fax # _____ Today's Date/Time _____

Social Security # _____ Date of Birth _____

Licensure State _____

NAHUC Membership # _____

Candidate Signature _____

School Code _____

Assessment Center _____ Code _____

Choice #1	Date _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Choice #2	Date _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Choice #3	May we register you for the next available date? <input type="checkbox"/> Yes <input type="checkbox"/> No

CUSTOMER CARE FAX # (888) 204-6291

A confirmation of this reservation will be sent to you by fax within 24 hours of receipt of this Fax Reservation Form.

CREDIT CARD PAYMENTS:

MasterCard Visa AmExpress Discover

Card #: _____

Expiration Date: _____ / _____ / _____

Signature: _____

ELECTRONIC CHECK PAYMENTS:

Bank Name: _____

MICR #: _____

Next Available Check #: _____

Name/Address on Account (if different from above): _____

FOR PROMISSOR USE ONLY

Reservation is confirmed for:

Examination Date _____ Time _____

Confirmation Number _____

Assessment Center _____

NAHUC Pre-Payment Request Form

PLEASE PRINT CLEARLY

Date

Last Name

First Name

Initial

Address

City

State

ZIP

NAHUC Membership #

Payment Type: Money Order Company Check

()

()

Day Phone

Evening Phone

Candidate ID #

Program (insurance, nurse aide, etc.)

State

Name of Examination

Make all checks payable to “Promissor” and mail this form to:

Promissor, c/o AP Voucher Program,
PO Box 41508,
Philadelphia, PA 19101-1508

Change of Address Form

DIRECTIONS:

Use this form to request a change of address prior to the examination. Please print or type all information on the reverse side of this form. Be sure to provide all information, or your request cannot be processed.

SEND TO:

NAHUC Change of Address

Promissor

Three Bala Plaza West

Suite 300

Bala Cynwyd, PA 19004-3481

Print your new address below:

Name _____

Street _____

City _____ State _____

ZIP _____

Telephone () _____

Please print previous address:

Name _____

Street _____

City _____ State _____

ZIP _____

Telephone () _____

Candidate ID or Social Security No.

Candidate's Signature

Date _____

Request for Duplicate Score Report Form

Use this form to request a duplicate copy of your score report. Please print or type all information on the reverse side of this form and include the correct fees, or your request will not be processed.

FEE: \$15.00

Please enclose **certified check or money order** made payable to “Promissor” Do not send cash. Write your confirmation number or Social Security number on your payment. You will receive your duplicate score report in 2 to 3 weeks.

SEND TO: NAHUC

Duplicate Score Request
Promissor Processing Center
PO Box 8588
Philadelphia, PA 19101-8588

AMOUNT ENCLOSED: \$ _____

PLEASE COMPLETE
BOTH SIDES OF
THIS FORM

Print your name and current address below:

Candidate ID #

Social Security # - -

Name _____

Street _____

City _____

State _____ ZIP _____

Telephone (_____) _____

If the above information was different at the time you were tested, please indicate your former name and address below:

Name _____

Street _____

City _____

State _____ ZIP _____

Telephone (_____) _____

Date taken: -
month year

State in which examination was taken _____

I hereby authorize Promissor to send a duplicate of my score report to me at the address above.

Candidate's Signature (required)

PLEASE COMPLETE BOTH SIDES
OF THIS FORM

Special Accommodations Request Form

Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act (ADA) may request special testing arrangements.

Candidates who wish to request special accommodations because of a disability should fax this form to Promissor at (610) 617-9397. Documentation on official letterhead from a physician, school official, licensed psychiatrist, licensed psychologist or other appropriate authority should be included with the form. This documentation should identify the disability and the need for the requested accommodations, and may be in the form of a letter, test results, signed school Individual Education Plan diagnosis and plan, or other official documentation identifying the disability and the accommodations prescribed.

Date _____

Last Name

First Name M.I.

Address

City State ZIP
()

Daytime Telephone

Description of Disability: _____

Required Accommodations:

- | | |
|---|--|
| <input type="checkbox"/> Large-print written exam | <input type="checkbox"/> Marker |
| <input type="checkbox"/> Additional time | <input type="checkbox"/> Separate testing room |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Sign language interpreter |
| <input type="checkbox"/> Other equipment or accommodation (please explain): _____ | |

Accommodations previously provided to you (list accommodation and purpose, such as "sign language interpreter for SAT examination"):

Candidates who have questions about special accommodations should contact Promissor:

Promissor Test Center Operations
3 Bala Plaza West, Suite 300
Bala Cynwyd, PA 19004
Phone: (800) 274-3707 (choose option 1)
TDD: (800) 274-2617 • Fax: (610) 617-9397

NOTE: Only candidates who require special testing accommodations should use this form. Only this side of the form need be completed and faxed.