

DIRECT CARE ALLIANCE PERSONAL CARE AND SUPPORT CREDENTIAL



2011 CANDIDATE MANUAL

The Direct Care Alliance is a nationwide and state-based alliance of direct care workers, employers and people of all ages and disabilities who use long-term services, care and supports. We are united to build an empowered and valued professional direct care workforce essential to ensuring high-quality services and a life of dignity, respect, autonomy and opportunity for all to participate in community life.

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WELCOME TO THE DIRECT CARE ALLIANCE PERSONAL CARE AND SUPPORT CREDENTIAL!

The Direct Care Alliance has created a national credential for personal assistance workers¹ who support elders and people with disabilities with the activities of daily living in their homes. We have done this because there is no national standard and we believe that it is imperative for personal assistance workers to achieve recognition for their knowledge and skills.

THE MANUAL CONTAINS THE FOLLOWING SECTIONS:

- 1. INTRODUCTION**
- 2. ELIGIBILITY REQUIREMENTS**
- 3. APPLICATION**
- 4. FEES**
- 5. SPECIAL RATES FOR EMPLOYERS AND GROUPS**
- 6. TEST FORMAT**
- 7. TAKING THE EXAM**
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- 9. RECERTIFICATION**
- 10. WHAT YOU NEED TO KNOW TO TAKE THE TEST**

We thank the Ford Foundation for their generous support and for making this possible.

¹ Personal assistance services refer to hands-on or cueing assistance with the performance of activities of daily living (ADL) such as eating, bathing or dressing, or instrumental activities of daily living (IADL) such as meal preparation, using the telephone, and transportation. These services help older people and people with disabilities maintain their independence in their own homes and communities. Some personal assistance workers also assist those they support with health-related tasks.

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INTRODUCTION TO THE NATIONAL CREDENTIAL:

This credential is based on the knowledge and skills personal assistance workers need to know to do their work well. The test reflects what personal assistance workers do on the job and is not based on any specific training program. If requested, the Direct Care Alliance is able to recommend training programs to prepare for the test. There are multiple benefits to 1) direct care workers; 2) consumers; and 3) employers.

1. Benefits to Direct Care Workers:

- Demonstrates a broad knowledge base that is required to be a competent personal assistance worker
- Provides formal professional recognition at a national level
- Promotes a sense of pride in the role
- Increases market value
- Increases career opportunities

2. Benefits to Consumers:

- Assurance that individual has met a national industry standard
- Access to well-qualified workers
- Access to information about the knowledge level of those they hire

3. Benefits to Employers:

- Assurance of a higher quality workforce and more competent staff
- Access to better-qualified workers who consumers will want to hire
- Gain market advantage and distinctiveness

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ELIGIBILITY REQUIREMENTS:

To take the Direct Care Alliance Personal Care and Support Credential exam, direct care workers must:

1. Be 18 years of age or older ; and
 2. Submit documented evidence of one of the following (see Appendix C for examples of qualifying documentation):
 - Successful completion of at least an 120-hour course with clinicals that covers the essential elements of the work of a personal assistance worker.
- OR-
- Successful completion of at least a 40-hour course that covers the essential elements of the work of a personal assistance worker AND six months work in good standing providing personal assistance services. This work must have been within the past two years.
- OR-
- Two years work in good standing providing personal assistance services; and
 3. Comply with all state regulatory training requirements for the level of service provided in the state where the individual works; and
 4. NOT have been convicted of a felony or have been convicted of neglect or abuse; and
 5. Demonstrate a commitment to the code of conduct/statement of ethical standards (sign form in Appendix B).

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APPLICATION:

Please complete the application form in Appendix A.

SPECIAL RATES FOR EMPLOYERS AND GROUPS

Employers wishing to facilitate the credentialing of their staff are offered a special group rate of \$75 per applicant for groups of 100 or more. The Direct Care Alliance believes that employers benefit from a credentialed staff, and will work with agencies, organizations or associations to help ensure staff are able to become Credentialed Personal Care and Support Professionals. This option is available for paper-and-pencil tests only and does not include the computer-based PSI option (see “Test Format” below).

FEES:

The fee for an individual to take the credentialing exam is \$140. Direct Care Alliance Members may take the exam at the reduced rate of \$125. The full \$140 (or \$125 for DCA Members) fee must be paid at the time of application; applicants who are found ineligible may re-apply at a reduced rate of \$70 if the new application is received within one year of being determined ineligible. Personal assistance workers may also apply and sit for the exam through their employer (see “Special Rates” below).

Please contact hhanson@directcarealliance.org or call 347-903-9804 for details on employer-led testing and group rates.

TEST FORMAT:

Candidates may take the exam in the traditional paper-and-pencil format, or opt to take a computer-based exam. The paper-and-pencil and computer-based exams are identical in content. See Appendix A (Application) for more information on selecting your test format.

The exam consists of two parts: 1) a multiple choice test to assess knowledge; and 2) a situational judgment test, to assess judgment and problem solving. You will have two hours to complete both sections of the test. We do not expect that it will take that much time, but we want to give you as much time as you need to answer all the questions and provide any comments you have about the procedures or test items. Although Direct Care Alliance will not be able to respond to individual comments, staff will review all comments in order to continue to improve the exam and application and test-taking procedures.

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TAKING THE EXAM:

Paper-and-pencil exams will be hosted by groups (employers, state associations or other organizations) who will choose an appropriate test location. DCA will announce the date, time and location of paper-and-pencil exams at least 6 weeks prior to the test date.

Applicants who wish to take the paper-and-pencil exam must indicate the date and location of the exam on their applications. Once an application is approved, DCA will notify the applicant via mail no later than two weeks prior to the test date (provided materials were received at least one month prior to the test date). The approval packet will include a letter and a test admission ticket. The letter will confirm that the applicant is registered to take the test at the desired location on the desired date. If an application is not approved, DCA will notify the applicant by mail within three weeks of receipt of the application. The letter will also explain why an applicant is not eligible to take the exam at this time. If the applicant can prove eligibility within 60 days of the date on the letter informing her that she is ineligible, then she may take the exam without incurring any additional fee. If the applicant fails to prove eligibility to take the exam within 60 days, DCA will return the application, and the applicant must re-apply to take the exam.

Applicants who fail to prove eligibility to take the exam may re-apply for a reduced fee of \$70 if the new application is received within one year of being determined ineligible.

On the day of the exam, candidates should arrive at forty-five minutes prior to the start time of the test. (The start time of the test will be indicated in the approval letter.) Every candidate must present a valid photo ID in order to take the exam. ONLY candidates who have a photo ID and who have registered for that test may sit for the exam.

If you find that you are unable to take the test on the scheduled date, please contact Direct Care Alliance as soon as possible. If you notify Direct Care Alliance at 347-903-9804 at least one week prior to the test date, you may arrange to take the exam at a computer-based testing center near you at your convenience or, if a paper-and-pencil exam is offered within the next three months in your area, you may register to take that exam. If an emergency arises that does not allow you to notify Direct Care Alliance a week before the test date and you can provide evidence of a legitimate emergency (including but not limited to illness, accident or family emergency), Direct Care Alliance will allow you to reschedule your test at a computer testing center or paper-and-pencil testing site.

However, if you fail to notify Direct Care Alliance or you cannot provide evidence of a legitimate emergency, your application will be returned to you without a refund and you must wait three months before re-applying to take the exam. You may re-apply at a reduced rate of \$70.

In the unlikely event that a paper-and-pencil exam must be delayed or cancelled due to inclement weather or other emergency, a notice will be posted at the testing site and on the Direct Care Alliance website. A cancellation announcement will be recorded on the credential telephone line. If you suspect that a test is delayed or cancelled, please visit www.directcarealliance.org/credential or call 347-903-9804 or contact the employer or host group. If the test has been cancelled, DCA will reschedule the test date and notify

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registered candidates of the new test date no later than two weeks following the original test date. If a candidate cannot take the test on the new date, he or she may take the computer-based test at a PSI testing center.

If a paper-and-pencil exam is not being offered in your area, but you still wish to take the exam, you may take a computer-based exam at a PSI testing center. This exam is identical to the paper and pencil exam, but is offered on a computer. PSI testing centers are located throughout the United States. If you would like to apply to take the computer-based test, check the appropriate box on your application.

If you are deemed eligible, Direct Care Alliance will contact you by mail within three weeks of receipt of materials and provide information on how to locate the nearest testing center and how to register with PSI. Candidates who take the computer-based exam must bring a photo ID to the testing center. No candidate may take the exam without presenting a photo ID and following all regulations set forth by the PSI testing center.

If you have a disability and require reasonable accommodation to take the exam, please submit a request for accommodation in writing along with your application.

TEST RESULTS:

Candidates who take the paper-and-pencil exam will receive test results by mail approximately 1-2 months from the test date. Results will include diagnostic information to help you understand how you performed in each of the test areas. Candidates who pass the exam will also receive a personalized certificate.

Candidates who take the computer-based exam will receive results immediately following the exam at the testing center. Results will include diagnostic information to help you understand how you performed in each of the test areas. Candidates who pass the exam will receive a personalized certificate by mail approximately 1-2 weeks following the test date.

RECERTIFICATION:

If you pass the test, you will be credentialed for three years. In order to receive recertification, you must document that you have worked at least 32 weeks/160 days per year providing personal assistance services and document completion of 36 hours of continuing education or in-service education over a three-year period in topics related to personal assistance work. The fee for recertification is \$60.

PLEASE NOTE: Application and test regulations and procedures are subject to change. In the event of a change to regulations or procedures, DCA will make every effort to minimize inconvenience caused to credential candidates and applicants.

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WHAT YOU NEED TO KNOW TO TAKE THE CREDENTIAL TEST

In this manual, you will learn about what you are expected to know before you take the DCA Personal Care and Support Credential exam. Next to each subject area is a percentage that equals the amount of the total test for that subject area. The test has eight subject areas:

Subject Area	Percentage of the Test
1. Understanding the Role of the Direct Care Worker	18%
2. Ethics and Integrity	12%
3. Judgment and Interpersonal	23%
4. Personal Care Knowledge	11%
5. Health Related Knowledge	6%
6. In-Home and Nutritional Support	8%
7. Safety and Emergencies	14%
8. Knowledge of Consumer Specific Needs	8%

Knowledge Area Category	# MC Items	# SJT Items	Total
1. Understanding the role of the DCW	8	4	12
2. Ethics and Integrity	5	3	8
3. Judgment and Interpersonal	7	8	15
4. Personal Care	7	0	7
5. Health Related	4	0	4
6. In-Home and Nutritional Systems	5	0	5
7. Safety and Emergencies	9	0	9
8. Consumer Specific Needs	5	0	5
Total	50	15	65

MC = multiple choice; SJT = situational judgment

(Situational judgment items ask you to read a sample situation and select the most effective response and the least effective response.)

The details of what you need to know in these subject areas are listed below as Test Specifications.

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TEST SPECIFICATIONS

1. Understanding of the Role of the Direct Care Worker (DCW)

- a) Knowledge of how the relationship between the consumer, family caregiver(s), and DCW impacts quality of care
- b) Understanding of the relationship between DCW and other members of the service team
- c) Knowledge of the DCW role in providing care in different settings (e.g., long-term care, hospice, acute)
- d) Ability to interpret and apply the service or care plan
- e) Understanding how the DCW can support consumer engagement in the community, including the choice of engagements
- f) Knowledge of stress-management techniques
- g) Knowledge of time-management techniques
- h) Knowledge in implementing time-management techniques
- i) Knowledge of resources for personal wellness, including physical and mental, of the DCW
- j) Knowledge of resources, techniques, and strategies for dealing with aggressive behavior
- k) Knowledge of the structure and regulations of the organization for which the DCW works

2. Ethics and Integrity

- a) Knowledge of ways to promote overall independence
- b) Knowledge of how to support independent and consumer-directed living
- c) Knowledge of confidentiality issues, including HIPAA, state regulations, and employer confidentiality guidelines
- d) Knowledge of types and indicators of abuse, such as physical and psychological abuse, neglect and exploitation
- e) Knowledge of state law related to prevention and report of abuse
- f) Knowledge of consumer's and health care decision makers' rights related to health care decisions (e.g., advanced directives and living wills)
- g) Knowledge of the legal limits of the area of professional practice of the DCW
- h) Knowledge of legal and ethical restrictions on the DCW-Consumer/DCW-Family Caregiver relationship (e.g., related to providing legal advice, selling and receiving objects)

3. Judgment and Interpersonal

- a) Knowledge of interpreting non-verbal forms of communication
- b) Knowledge of how to relate to others with empathy, compassion, and respect
- c) Knowledge of solving communication problems
- d) Knowledge of identifying and solving logistical problems (for example, identifying new ways to conduct a transfer when standard procedures are not possible)
- e) Knowledge of recognizing sources of conflict in interpersonal exchanges
- f) Ability to communicate orally²
- g) Ability to communicate in writing²
- h) Professionalism in appearance and actions
- i) Integrity in all behavior (e.g., honesty)
- j) Respect for diversity
- k) Knowledge of how to work independently (e.g., without on-site supervision)
- l) Knowledge of boundaries regarding personal information shared with consumers

4. Personal Care Knowledge

- a) Knowledge of techniques and methods for bathing and shampooing a consumer in a shower or bath
- b) Knowledge of techniques and methods for bathing, shampooing, and dressing a consumer who is bed-bound
- c) Knowledge of techniques and methods for bathing, shampooing, and dressing a consumer who is semi-mobile
- d) Knowledge of proper techniques and methods for using bedpans, urinals, commodes
- e) Knowledge of techniques and methods for providing pericare
- f) Knowledge of techniques and methods for providing oral hygiene
- g) Knowledge of techniques and methods for routine skin and nail care (excluding nail clipping)
- h) Knowledge of techniques and methods for safely shaving a consumer
- i) Knowledge of using wheelchair, lift, and other mobility devices
- j) Knowledge of the proper catheter care and storage of catheter supplies
- k) Knowledge of techniques and methods for applying external catheters

² While this ability is important for DCWs, we will not measure it with the written test.

5. Health Related Knowledge and Skills

- a) Knowledge of how to use instruments that record temperature, pulse and respiration
- b) Knowledge of acceptable ranges of physical and physiological functions, including temperature, heart rate, respiration, blood pressure, and body size
- c) Knowledge of adding single- and double-digit values
- d) Knowledge of how to write and read forms and measurements
- e) Knowledge of signs and symptoms of medication overdose
- f) Knowledge of instruments that record blood pressure
- g) Knowledge of methods and techniques for preventing decubitus ulcers (i.e., pressure or bed sores)
- h) Knowledge of how to recognize signs and symptoms of decubitus ulcers

6. In-Home and Nutritional Support Knowledge and Skills

- a) Knowledge of meal planning, food preparation and serving, food shopping, storage and handling
- b) Knowledge of kitchen utensils and measurement instruments
- c) Knowledge of basic nutritional dietary requirements
- d) Knowledge of methods and techniques for cleaning and organizing standard household objects
- e) Ability to read simple instructions and lists
- f) Knowledge of writing forms and lists
- g) Knowledge of methods and techniques for cleaning laundry

7. Safety and Emergencies

- a) Knowledge of proper body mechanics for safe transfer and lifting
- b) Knowledge of how to use basic equipment, including adaptive and lifting, such as required for direct care
- c) Knowledge of emergency procedures, including the areas of home security, weather related, and power outages
- d) Ability to recognize when DCW's physical ability and health status changes in such a way as to impact his/her work performance
- e) Knowledge of who to notify and how, regarding safety issues
- f) Knowledge of common health and safety risks to consumer and DCW and prevention strategies
- g) Knowledge of standard (OSHA/CDC) hand washing procedures
- h) Knowledge of the principles (OSHA/CDC) of infection precautions and control, including the use appropriate self-protective equipment (e.g., gloves, masks, gowns)

8. Knowledge of Consumer-Specific Needs

- a) Knowledge of basic anatomy and physiology of body systems
- b) Knowledge of the physical signs and symptoms of common diseases and conditions of body (e.g., edema, heart, cancer, diabetes)
- c) Knowledge of the signs and symptoms of cognitive impairment (e.g., dementia)
- d) Knowledge of methods and techniques for caring for a cognitively impaired patient
- e) Knowledge of the disease-specific concerns at the end stages of the dying process
- f) Knowledge of methods and techniques for caring for a consumer during the end stages of the dying process
- g) Knowledge of the difference between signs and symptoms of the normal aging process and those of common diseases

SAMPLE QUESTIONS

Multiple Choice Test:

Which is an important factor to consider when serving a meal to a consumer?

- a. Temperature of the meal
- b. The time the consumer eats the meal
- c. The consumer's preferences
- d. All of the above**

To prevent the spread of infections and viruses, it is important to have knowledge of:

- a. the immune system.
- b. standard precautions.**
- c. which illnesses are communicable.
- d. your environment.

Situational Judgment Test (SJT):

Ann's doctor has given her instructions to exercise every day to increase mobility. Today, she does not want to do her exercises. Rate the effectiveness of each section.

- a. Tell Ann it is her choice if she wants to stay in a wheel chair for the rest of her life. **(LEAST)**
- b. Encourage Ann to exercise.
- c. Exercise with Ann to motivate her to exercise. **(MOST)**
- e. Provide Ann with alternative activities that mimic exercise.
- d. Let Ann miss her exercise, but make her exercise twice as long tomorrow.

Mary slipped on the floor after using the commode. After you determine she is not hurt, you must get her up from behind the tub. Rate the effectiveness of each action.

- a. Get a blanket; roll Mary onto the blanket; slide her into the hallway; and call emergency professionals.
- b. Put a Hoyer net under Mary; lift her; take her into the bedroom and allow her to rest in bed. **(MOST)**
- c. Lift Mary without assistance; and no one will know she fell. **(LEAST)**
- d. Coach Mary into reaching for the handrail to pull herself to a standing position.



If you have any questions, please email credential@directcarealliance.org or call 347-903-9804.

Please sign and return this form as part of your application packet.

By signing this document, I verify that I have read and understand the Candidate Manual. I also understand that, if deemed ineligible to sit for the exam, I will be not receive a refund, but within one year of being deemed ineligible, may re-apply to take the exam at a reduced rate of \$70.

Signature

Date

Print name

Date

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APPENDIX A

DIRECT CARE ALLIANCE PERSONAL CARE AND SUPPORT CREDENTIAL

Application

This application must be completed and submitted along with supporting documentation and your application fee in order to be considered to take the DCA Personal Care and Support Credential exam.

Information included here will be used to determine your eligibility to take the exam. After your application is evaluated, you will receive a determination of eligibility notice via mail within three weeks following the receipt of your application materials.

Please mail your completed application packet, including payment to:

Direct Care Alliance
National Credential
4 West 43rd St. #610
New York, NY 10036

Completed application packets will include:

- Page 14 of the Candidate Manual, signed & dated.
- Completed & signed Appendix A, DCA Personal Care and Support Credential Application;
- Signed Appendix B, Ethics & Conduct Pledge;
- Supporting documentation of eligibility, as outlined in Appendix C;
- Signed Appendix D, Release of Information;
- Completed and signed Appendix E, Employment Verification (if applicable);
- \$140 check or money order made payable to Direct Care Alliance (for non-DCA members); or \$125 check made payable to Direct Care Alliance (for DCA members with a valid membership card); and
- Reasonable accommodation letter (if applicable).

All materials must be mailed in one envelope. Incomplete application packets will NOT be reviewed. Candidates who submit an incomplete application will automatically be deemed ineligible to sit for the exam and must wait three months before submitting a new application, with fee.

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Personal Information

** Indicates required field.*

*Last Name: _____

*First Name: _____

Middle Initial: _____

Mailing Address

*Street: _____

Street 2: _____

*City/Town: _____

*State: _____

*Zip: _____

*Home Phone: _____

Cell Phone: _____

Email Address: _____

___ *Check here to receive only credential-related materials from DCA.*

*Date of Birth: _____

(MM/DD/YEAR)

***Have you previously submitted an application to take the DCA Personal Care and Support Credential exam? (check one):**

___ No.

___ Yes, and I was deemed ineligible/I did not take the exam

___ Yes, and I took the exam but did not pass.

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***Statistical Information:** *DCA collects the following information ONLY as a measure of quality assurance, to ensure the credential is offered to all populations. Your answers to these questions have absolutely no effect on your eligibility to take the exam.*

Race:

Are you of Hispanic, Latino or Spanish origin?

- No
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Hispanic, Latino or Hispanic origin: _____

If not, please indicate your race (you may mark more than one):

- African American
- White
- American Indian or Alaskan Native
- Asian Indian
- Japanese
- Native Hawaiian
- Chinese
- Korean
- Guamanian or Chamorro
- Filipino
- Vietnamese
- Samoan
- Other Asian: _____
- Other Pacific Islander: _____

Age: _____

Gender: Female Male

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Test Setting

Please check only one:

___ I am applying to take the pre-scheduled paper-and-pencil exam on
(Date: MM/DD/YEAR) _____, hosted by
(employer/organization) _____ in (state) _____.

___ I am applying to take the computer-based exam at a testing center in
my region.

*For a list of pre-scheduled paper-and-pencil exams in your area,
visit www.directcarealliance.org/credential,
email credential@directcarealliance.org or call 347-903-9804.*

To find a PSI testing center near you, visit <http://candidate.psiexams.com/>.



Training

** Indicates required field.*

*Have you completed a direct-care training program? (circle one):

Yes No

IF YES,

Type of training: _____

Name of the training: _____

Training organization: _____

Number of hours: _____

Dates of training: _____

If using training to qualify for the exam, please see Appendix C for approved eligibility documentation.

Certification

** Indicates required field.*

*Do you have a caregiver certification? (circle one): Yes No

IF YES, check one and specify:

__ C.N.A. State of certification: _____

__ L.P.N. State of certification: _____

__ H.H.A. State of certification: _____

__ Other Please specify: _____

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Employment History

Current Employer: _____
Employer Address: _____
Employer Phone: _____

Type of Employer (circle one): Agency Individual Other

Job Title: _____
Dates of Employment: _____
(MM/DD/YEAR-MM/DD/YEAR)

Previous Employer: _____
Employer Address: _____
Employer Phone: _____

Type of Employer (circle one): Agency Individual Other

Job Title: _____
Dates of Employment: _____
(MM/DD/YEAR-MM/DD/YEAR)

Previous Employer: _____
Employer Address: _____
Employer Phone: _____

Type of Employer (circle one): Agency Individual Other

Job Title: _____
Dates of Employment: _____
(MM/DD/YEAR)

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By signing this document, I verify that all information is correct and that I have not misrepresented myself and/or my qualifications. I also verify that I meet state regulatory training requirements for the level of service provided in the state where I work, and I have never been convicted of a felony and have never been convicted of neglect or abuse. By signing, I also give Direct Care Alliance permission to verify the information I provided, including employment.

Signature

Date

Print name

Date

If using employment to qualify for the exam, please see Appendix C for approved eligibility documentation.

You will receive notification from the Direct Care Alliance regarding the status of your application no more than three weeks following the receipt of your application materials. If you are deemed eligible, you will receive details on taking the exam. If deemed ineligible, you will be given 60 days to prove your eligibility. If you fail to prove your eligibility within 60 days, your application will be returned. You may apply to take the exam again at the reduced rate of \$70 as long as you do so within one year of the date you were first determined ineligible (the date on the letter informing you that you were found ineligible).



APPENDIX B

DIRECT CARE ALLIANCE PERSONAL CARE AND SUPPORT CREDENTIAL

Ethics Pledge

The preservation of the highest ethical standards is vital to the discharge of my responsibilities. As a **Personal Care and Support Professional**, I pledge that I will conduct myself in a professional, ethical, honest, and caring manner:

RESPECT: I will respect and maintain the dignity and independence of those I support.

JUDGMENT: I will use my best judgment when working in a client's home and remember I am working in some-one else's home, not my own.

PROFESSIONALISM: I will maintain high standards of professional conduct and competence and will use professional judgment at all times.

CONFIDENTIALITY: I will safeguard and respect the confidentiality and privacy of the people I support at all times.

RESPONSIBILITY: I will act with integrity and take care of my own health and well-being so that I can fulfill my responsibilities to myself and others.

I agree to uphold the integrity of the Personal Care and Support Credential and will not misrepresent myself in any way or disclose confidential information about the test to others.

Signature

Date

Print name

Date

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APPENDIX C

DIRECT CARE ALLIANCE PERSONAL CARE AND SUPPORT CREDENTIAL

Proof of Eligibility

In order to take the credential exam, you must meet the following criteria (as outlined in the Candidate Manual).

1. Be at least 18 years of age;
Acceptable documentation: photocopy of driver's license, passport or ID card.
2. Submit documented evidence of one of the following:
 - Successful completion of at least an 120-hour course that covers the essential elements of the work of a personal support professional.
Acceptable documentation: outline of training and certificate of completion.
 - Successful completion of at least a 40-hour course that covers the essential elements of the work of a personal support professional AND six months work in good standing providing personal assistance services. This work must have been within the within the past two years.
Acceptable documentation: outline of training course and certificate of completion; AND completed employer verification form; AND one pay stub from employer from the past 6 months.
 - Two years work in good standing providing personal assistance services;
Acceptable documentation: completed employer verification form; AND one pay stub from employer from the past 2 years.
3. Must comply with state regulatory training requirements for the level of service provided in the state where the individual works; and
4. Must NOT have a criminal record or have been convicted of neglect or abuse; and
5. Demonstrate a commitment to the code of conduct/statement of ethical standards (sign form in Appendix B).

Please note that by submitting an application, candidates agree that Direct Care Alliance may verify any information provided within the application.

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APPENDIX D

**DIRECT CARE ALLIANCE
PERSONAL CARE AND SUPPORT CREDENTIAL**

Release of Information

I, _____, an applicant for the Personal Care and Support Credential, allow the Direct Care Alliance to release information pertaining to my application and exam results to my current employer, perspective employers, and other interested parties who request such information. Such information will be limited to the status of my application (if I am eligible or ineligible to take the exam and, if applicable, why I am not eligible) and whether I passed or failed the exam. I agree that I will not hold the Direct Care Alliance responsible for any negative impact sustained from the release of this information. I understand that the Direct Care Alliance will not release information pertaining to the specific score I received on the exam or my answers to specific questions. When such information is used for public dissemination in reports and marketing materials, I understand that my name or other identifying information will never be attached to such information.

Signature

Date

Print name

Date

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APPENDIX E

**DIRECT CARE ALLIANCE
PERSONAL CARE AND SUPPORT CREDENTIAL**

Employment Verification Form

I, _____, of _____,
Name Company/Agency (if applicable)

verify that _____ has been employed by
Employee Name

me or by the above named agency from _____ through _____. I
MM/DD/YYYY MM/DD/YYYY

also verify that the named employee is/was in good-standing during the entire period of his/her employment.

I may be reached for the purpose of verifying this individual's employment at:

Phone

Email

Signature

Date

Print name

Date

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