



Certified Health Care Recruiter (CHCR) Examination Candidate Handbook



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TABLE OF CONTENTS

TESTING AGENCY	2
NONDISCRIMINATION POLICY	2
EXAMINATION ADMINISTRATION.....	2
ELIGIBILITY REQUIREMENTS.....	2
SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES	2
TELECOMMUNICATION DEVICES FOR THE DEAF	2
EXAMINATION FEES	2
SCHEDULING AN EXAMINATION	2
MISSED APPOINTMENTS AND CANCELATIONS.....	3
INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY.....	3
TAKING THE EXAMINATION.....	3
IDENTIFICATION.....	3
SECURITY.....	4
PERSONAL BELONGINGS	4
EXAMINATION RESTRICTIONS	4
MISCONDUCT.....	4
COPYRIGHTED EXAMINATION QUESTIONS	4
PRACTICE EXAMINATION.....	4
TIMED EXAMINATION.....	5
CANDIDATE COMMENTS	5
FOLLOWING THE EXAMINATION	5
SCORES CANCELED BY THE CLIENT OR AMP	5
IF YOU PASS THE EXAMINATION	6
IF YOU FAIL THE EXAMINATION	6
FAILING TO REPORT FOR AN EXAMINATION	6
CONFIDENTIALITY.....	6
DUPLICATE SCORE REPORT	6
EXAMINATION APPLICATION.....	7
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS.....	9
DOCUMENTATION OF DISABILITY-RELATED NEEDS	10

TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists the National Association for Health Care Recruitment (NAHCR) in the development, administration, scoring and analysis of the Certified Health Care Recruiter examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

NONDISCRIMINATION POLICY

AMP and NAHCR do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

EXAMINATION ADMINISTRATION

The examination will only be administered by computer at the conference on Tuesday, July 12, 2016. The administration will take place at The Cosmopolitan of Las Vegas, 3708 Las Vegas Blvd. S., Las Vegas, NV 89109.

ELIGIBILITY REQUIREMENTS

Candidates must have at least two years' experience as a health care recruiter by the time of application and currently be working as a health care recruiter.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment 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 888-519-9901 to schedule their examination.

1. Wheelchair access is available at the administration site. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements and will be reviewed by AMP.

Verification of the disability and a statement of the specific type of assistance needed **must be made in writing to AMP** at least 45 calendar days prior to your desired examination date by completing the *Request for Special Examination Accommodations* form. AMP will review the submitted forms and will contact you regarding the decision for accommodations.

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 through Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

EXAMINATION FEES

Payment may be made by credit card (VISA, MasterCard or American Express), cashier's check or money order made payable to NAHCR. **Examination registration fees are not refundable or transferrable and expire in one year.**

Credit card transactions that are declined will be subject to a \$25 processing fee. A certified check or money order for the amount due, including the processing fee, must be sent to AMP to cover declined credit card transactions.

SCHEDULING AN EXAMINATION

Candidates who are approved for the examination must test for the administration for which they applied. Candidates who fail to test at the examination administration for which they have applied will forfeit the examination fee and

must reapply. Candidates who do not pass the examination must complete a new application and submit it with payment in order to re-examine.

Once you have submitted an application, and been confirmed eligible, you will be scheduled for the computer administration taking place on Tuesday, July 12, 2016 in Las Vegas, Nevada. A confirmation notice will be sent once the application has been processed.

If special accommodations are being requested, complete the *Request for Special Examination Accommodations* form included in this handbook and submit it to AMP at least 45 days before the desired examination date.

MISSED APPOINTMENTS AND CANCELATIONS

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You wish to cancel an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

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 cancelation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if AMP personnel are able to administer the examination.

You may visit AMP's website at www.goAMP.com prior to the examination to determine if AMP has been advised that the administration has been canceled. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled, all scheduled candidates

will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

TAKING THE EXAMINATION

Your examination will be given via computer at the conference. You do not need any computer experience or typing skills to take the computer examination. On the day of your examination appointment, report to the designated location no later than your scheduled testing time. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

IDENTIFICATION

To gain admission to the administration, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

Examples of valid primary forms of identification are **current**: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.

The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).

If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Candidates must have proper identification to gain admission to the administration. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

SECURITY

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

PERSONAL BELONGINGS

No personal items, valuables or weapons are allowed in the testing room. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the proctor at the completion of testing or you will not receive your score report.
- No documents or notes of any kind may be removed from the testing room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the testing room.

- 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

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive or otherwise uncooperative;
- display and/or use electronic communications devices such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with unauthorized notes, books or other aids.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of NAHCR. 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.

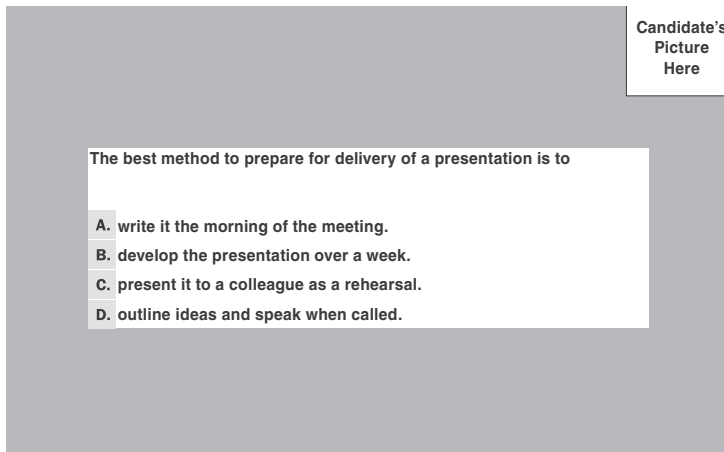
PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification 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.

TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. You will have two hours to complete the examination. There are 90 items on 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 menu bar on the screen 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 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 on the option using the mouse. To change your answer, enter a different option typing in the letter in the response box 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.

This action will move you forward through the examination question by question. If you wish to review any question(s), 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.

To identify all unanswered and/or bookmarked questions, click on the hand icon. 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, you may return to the examination and answer those questions. Be sure to provide an answer for each examination question before exiting the examination. There is no penalty for guessing.

CANDIDATE COMMENTS

During the examination, 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, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive an examination completion report.

SCORES CANCELED BY THE CLIENT OR AMP

AMP is 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. AMP reserves the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

IF YOU PASS THE EXAMINATION

Candidates who are successful in passing the examination will receive their certification materials approximately 45 days after the examination.

IF YOU FAIL THE EXAMINATION

Candidates who were not successful in passing the examination may register to re-take the examination. Candidates who were not already members of NAHCR will receive a complimentary membership in NAHCR for the remainder of the current calendar year.

FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination, you will forfeit 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 purchase additional copies of your results at a cost of \$25 per copy. Requests must be submitted to AMP in writing. The request must include your name, identification number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately five business days weeks after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.

Certified Health Care Recruiter EXAMINATION APPLICATION

EXAMINATION DATE: JULY 12, 2016
LOCATION: LAS VEGAS, NV • APPLICATION DEADLINE: JUNE 1, 2016

Applications must be received no later than June 1, 2016. On-site applications will not be accepted. To apply for the examination complete this application and return it with the examination fee to:

Applied Measurement Professionals, Inc.,
 NAHCR Examination, 18000 W. 105th St.
 Olathe, KS 66061-7543

Phone: 888-519-9901
 Fax: 913-895-4651
 Website: www.nahcr.com

SECTION 1: PERSONAL INFORMATION

Last Four Digits of Social Security Number: _____

Print your name as you wish it to appear on your certificate of competency.

Name: _____
Last First Middle

Mailing Address: _____
Street Apt#

City _____ State _____ Zip _____

Business Phone: (_____) _____ Home Phone: (_____) _____
Area Code Area Code

Cell Phone: (_____) _____ Email Address: _____
Area Code

I have previously taken the CHCR examination. No Yes Please indicate the date: _____

Because of functional limitations imposed by visual, sensory or physical disabilities, special accommodations will be necessary for me to complete the certification examination. Please submit a completed Special Examination Accommodations Form signed by a licensed healthcare provider or other qualified professional who is experienced in providing accommodations for you.

SECTION 2: PAYMENT INFORMATION

Check/money order payable to NAHCR

Examination Fee:

- \$450 Member
- \$595 Non-member
 Non-members who take the CHCR examination will receive a free NAHCR membership through the end of the calendar year.

Method of Payment: Check / Money Order
 VISA Master Card Discover American Express

Name on Card Card Number

Signature Expiration Date

I agree to pay the above amount according to card issuer agreement.

SECTION 3: EMPLOYMENT VERIFICATION

Current Employer: _____
Name of Hospital/Organization

Street _____ City _____ State _____ Zip _____

Title: _____ Employed From: _____
Mo/Day/Yr Mo/Day/Yr

Supervisor: _____

SECTION 4: PREVIOUS EMPLOYER (please list only if experience qualifies you for exam.)

Previous Employer: _____
Name of Hospital/Organization

Street _____ City _____ State _____ Zip _____

Title: _____ Employed From: _____
Mo/Day/Yr Mo/Day/Yr

Supervisor: _____

SECTION 4: DEMOGRAPHIC INFORMATION

- | | | |
|---|--|---|
| <p>1. I recruit for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Allied Health <input type="checkbox"/> 2 Long-Term Care <input type="checkbox"/> 3 HMO <input type="checkbox"/> 4 Nurse <input type="checkbox"/> 5 Home Care <input type="checkbox"/> 6 Physician | <p>4. My NAHCR Region:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Northeastern <input type="checkbox"/> 2 North Central <input type="checkbox"/> 3 Southern <input type="checkbox"/> 4 Western | <p>7. Years in Health Care Recruitment Industry:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 0-11 months <input type="checkbox"/> 2 1-5 years <input type="checkbox"/> 3 6-10 years <input type="checkbox"/> 4 11-15 years <input type="checkbox"/> 5 16-20 years <input type="checkbox"/> 6 20+ years |
| <p>2. My employment setting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Home Health <input type="checkbox"/> 2 Long-Term Care <input type="checkbox"/> 3 Hospital/Health System <input type="checkbox"/> 4 Sub-Acute Care <input type="checkbox"/> 5 Rehab <input type="checkbox"/> 6 Other (<i>please specify</i>) <p>_____</p> | <p>5. Highest Degree:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 PhD <input type="checkbox"/> 2 MS <input type="checkbox"/> 3 BS <input type="checkbox"/> 4 AD <input type="checkbox"/> 5 Other (<i>please specify</i>) <p>_____</p> | <p>8. Age Group:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 20-30 years <input type="checkbox"/> 2 31-40 years <input type="checkbox"/> 3 41-50 years <input type="checkbox"/> 4 51-60 years <input type="checkbox"/> 5 60+ years |
| <p>3. I report to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Human Resources <input type="checkbox"/> 2 Nursing <input type="checkbox"/> 3 Other (<i>please specify</i>) <p>_____</p> | <p>6. Certifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 RN <input type="checkbox"/> 2 MSN <input type="checkbox"/> 3 MBA <input type="checkbox"/> 4 PhD <input type="checkbox"/> 5 PHR | <p>9. Select the position nearest to your title:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1 Senior Vice President <input type="checkbox"/> 2 Vice President <input type="checkbox"/> 3 Division Manager <input type="checkbox"/> 4 Manager/Supervisor <input type="checkbox"/> 5 Recruiter Support <input type="checkbox"/> 6 Prof. Recruiter/Talent/ Acquisition <input type="checkbox"/> 7 Other (<i>please specify</i>) <p>_____</p> |

SECTION 5: APPLICANT SIGNATURE

I authorize the National Association for Health Care Recruitment (NAHCR) to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. Further, I understand that NAHCR will treat the contents of this application as well as all documents relating to certification as confidential, except when required by legal compulsory process, with the following exception. If I successfully pass the examination and attain the CHCR designation, I authorize NAHCR to release my name and address to the National Association for Health Care Recruitment and its affiliated organizations for the purpose of mailing me association information. I also authorize NAHCR to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with the information has been deleted. I understand that the initial certification period is two calendar years following successfully passing the examination and agree to meet current requirements if I wish to maintain active certification status thereafter. I further understand that the governing body has the authority to change requirements to attain and maintain certification from time to time.

I have read and understand the information provided in the Candidate Handbook or on the NAHCR website, www.nahcr.com. Under penalties of perjury, I declare that the foregoing statements are true.

I understand that false information may be cause for denial or loss of the credential. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores if NAHCR determines through either proctor observation or statistical analysis that I engaged in collaborative, disruptive or other prohibited behavior during the administration of the examination.

Signature

Date

PLEASE NOTE: DO NOT sign this statement unless all previous sections of this application have been fully completed.

THIS APPLICATION MUST BE SIGNED AND DATED WITH CURRENT 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, and enclose with documentation of formal evaluation by a qualified professional so your request 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. Please return these forms with your application and the requested documentation at least 45 days prior to your requested examination date.

CANDIDATE INFORMATION

Candidate ID # _____ Requested Assessment Center: _____

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

Name of Facility/Company Title

Mailing Address

City State Zip Code

Daytime Telephone Number Email Address

SPECIAL ACCOMMODATIONS

I request special accommodations for the National Association for Health Care Recruitment examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify if other 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 requested documentation to:
NAHCR Executive Office, AMP, 18000 W. 105th St., Olathe, KS 66061-7543; Fax 913-895-4652.
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, or psychiatrist) to ensure that AMP is able to provide the required accommodations. Please attach copy of formal evaluation completed by the qualified professional.

PROFESSIONAL DOCUMENTATION

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

My 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: _____ Email Address: _____

Date: _____ License # (if applicable): _____

**Return this form with requested documentation to:
NAHCR Executive Office, AMP, 18000 W. 105th St., Olathe, KS 66061-7543; Fax 913-895-4652.
If you have questions, call the Candidate Support Center at 888-519-9901.**