TABLE OF CONTENTS

INTRODUCTION ................................... 2
TESTING AGENCY ................................. 2
STATEMENT OF NONDISCRIMINATION .......... 2
ELIGIBILITY .................................... 2
CERTIFICATION EXAMINATION OVERVIEW ... 2
CERTIFICATION .................................. 2
RECERTIFICATION ............................... 2
APPLYING FOR AN EXAMINATION .............. 3
EXAMINATION FEES ............................... 3
SCHEDULING AN EXAMINATION ................ 3
TEST CENTER LOCATIONS ....................... 3
CANDIDATES WITH DISABILITIES .............. 3
RESCHEDULING AN EXAMINATION .............. 4
INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY .......... 4
MISSSED APPOINTMENTS AND FORFEITURES 4
EXAMINATION RETAKES ......................... 4
ON THE DAY OF THE EXAMINATION ......... 4
IDENTIFICATION .................................. 4
SECURITY ....................................... 4
PERSONAL BELONGINGS .......................... 5
EXAMINATION RESTRICTIONS ................. 5
MISCOUDUCT .................................... 5
COPYRIGHTED EXAMINATION QUESTIONS .... 5
COMPUTER LOGIN ............................... 5
TIMED EXAMINATION ............................ 6
CANDIDATE COMMENTS .......................... 6
FOLLOWING THE EXAMINATION ............. 6
PASS/FAIL SCORE DETERMINATION .......... 6
QUALITY CONTROL/SCORING .................. 6
SCORES CANCELLED BY NAHUC OR PSI .... 6
CONFIDENTIALITY ............................... 6
WHEN YOU PASS THE EXAMINATION .......... 7
IF YOU FAIL THE EXAMINATION .............. 7
DUPLICATE SCORE REPORT .................... 7
PREPARING FOR THE EXAMINATION .......... 7
EXAMINATION CONTENT OUTLINE .......... 8
Outline Effective June 1, 2018 ............. 8
SAMPLE QUESTIONS ............................ 10
SUGGESTED RESOURCES ....................... 11
EXAMINATION REGISTRATION FORM ........ 12
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS .... 14
DOCUMENTATION OF DISABILITY-RELATED NEEDS 15
DUPLICATE SCORE REPORT REQUEST FORM 16

National Association of Health Unit Coordinators (NAHUC)
Certification Board
1947 Madron Road
Rockford, IL 61107
815-633-4351
Website: www.nahuc.org
Email: office@nahuc.org

PSI
18000 W. 105th St.
Olathe, KS 66061-7543
888-519-9901
Website: www.goAMP.com

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

Copyright © 2018 by the National Association of Health Unit Coordinators (NAHUC). All rights reserved. Any duplication or reproduction of all or any portion of these materials without the express written permission of the National Association of Health Unit Coordinators is prohibited.
Rev. 7/27/2018
INTRODUCTION
This handbook is designed for candidates seeking Health Unit Coordinator Certification. It describes the process of applying for and taking the Health Unit Coordinator Certification Examination. It also contains information about the national certification examination developed by the National Association of Health Unit Coordinators (NAHUC) Certification Board. It is important that you read this entire handbook and keep a copy of it until you are notified of your examination results.

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

TESTING AGENCY
NAHUC has contracted with PSI Services, a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide. Based on examination specifications that are developed and approved by the NAHUC Certification Board, PSI will develop, administer, score, and report the results of the Health Unit Coordinator Certification Examination. PSI is also responsible for test centers, examination security, examination administration, and statistical analysis of the examination.

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

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

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

The NAHUC Certification Board reserves the right to refuse approval to take the Health Unit Coordinator Certification Examination if you do not have the proper identification or if the examination has already begun when you arrive on the day of examination. If you are refused admission for any of these reasons, or if you fail to appear at the test center, you will receive no refund of the application and examination fees and there will be no fee credit for future examinations.

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

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

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

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

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

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

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

You may apply for the NAHUC examination online at [www.goAMP.com](http://www.goAMP.com) by selecting “Candidates” and following the menu prompts to register for the examination. To apply by mail, please complete the application included on page 12 of this handbook. The Affidavit questions must be answered and your signature included to be eligible for the examination.

**EXAMINATION FEES**

The examination fee for non-members is $205. If you are a NAHUC member, you are eligible to receive a reduced examination fee of $150. Examination fees must be paid at the time of reservation by money order, cashier’s check, or credit card (MasterCard, Visa, Discover or American Express). **Payment will not be accepted at the test center, and cash and personal checks will not be accepted at any time.** To receive the reduced fee, please indicate your NAHUC Membership Number on the online or paper application or have it available when calling PSI to make a reservation. Examination fees are nonrefundable and nontransferable.

**SCHEDULING AN EXAMINATION**

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

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

   OR

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

If special accommodations are being requested, please submit the two-page Request for Special Examination Accommodations form included on page 14 prior to contacting PSI at 888-519-9901 to schedule your examination.

The examinations are administered by appointment only Monday through Saturday. Appointment starting times may vary by location. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

<table>
<thead>
<tr>
<th>If you call PSI by 3:00 p.m. Central Time on...</th>
<th>Depending on availability, your examination may be scheduled beginning...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Friday (Saturday if open)</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

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

**TEST CENTER LOCATIONS**

Examinations are administered by computer at more than 300 PSI Test Centers geographically distributed throughout the United States. Test Center locations, detailed maps and directions are available at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when a candidate schedules an examination appointment.

**CANDIDATES WITH DISABILITIES**

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

1. **Wheelchair access is available at all established Test Centers.** Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.

2. **Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.**

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI using the form on page 15 at least 45 calendar days prior to your desired examination date. Please inform PSI of your need for special accommodations when scheduling your examination time.
RESCHEDULING AN EXAMINATION

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

<table>
<thead>
<tr>
<th>If the examination is scheduled on...</th>
<th>PSI must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Friday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

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

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

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

If power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

MISSED APPOINTMENTS AND FORFEITURES

Refunds will not be granted to individuals who request to withdraw from an examination after submitting an application. 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 reschedule an examination, but fail to contact PSI at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

EXAMINATION RETAKES

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

ON THE DAY OF THE EXAMINATION

Your examination will be given via computer at a PSI Test Center. 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 Test Center 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 Test Center, 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 is accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: 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).

SECURITY

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes.
The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, 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.
- No calculators are allowed.
- No guests, visitors or family members are allowed in the testing room or reception areas.

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

- watches
- hats
- wallets
- keys

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

If any personal items are observed or heard (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, unless noted on the sign-in roster for a particular candidate. 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 Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking is not permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT
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;
- leave the Test Center during the administration;
- 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 NAHUC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

COMPUTER LOGIN
After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note that this practice examination is to help you become familiar with the computerized examination format. It is possible that the questions will not be health unit coordinator related.
TIMED EXAMINATION

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

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

To change your answer, enter a different option by typing A, B, C, or D 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 or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

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

CANDIDATE COMMENTS

During the examination, you may make comments for any question by clicking on the Comment button to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

FOLLOWING THE EXAMINATION

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

PASS/FAIL SCORE DETERMINATION

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

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

QUALITY CONTROL/SCORING

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

SCORES CANCELLED BY NAHUC OR PSI

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

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.
WHEN YOU PASS THE EXAMINATION

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

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

Passing candidates will receive a certificate and information about maintaining certification approximately six (6) weeks after passing the examination. This information is sent to the passing candidates from the NAHUC office after they receive the official scores from PSI.

IF YOU FAIL THE EXAMINATION

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

DUPLICATE SCORE REPORT

You may request a duplicate score report from PSI in writing by completing a Duplicate Score Report Request Form and mailing it to PSI along with the $25 fee.

PREPARING FOR THE EXAMINATION

If you have studied to become a health unit coordinator, it is recommended that you review your course notes, handouts, and test materials. You may also study the resources listed in this handbook (See Suggested Resources on page 11).

Whatever materials are used, please refer to the examination content outline on pages 8 to 10. The exam questions are based on the exam content outline topics, not any one book or resource. NAHUC recommends all candidates use the content outline printed on pages 8 to 10 and go to the back index of their study book(s) and look up those topics.

In completing the multiple-choice examination, the candidate will need to select the best answer out of four choices. Usually candidates can rule out two of the wrong answers right away. The challenge is to pick the best answer out of the two remaining plausible answers. Remembering the practices of customer service, safety, and scope of practice may be a helpful strategy in selecting the best answer.

Also, to familiarize yourself with the types of questions on the examination, see a list of sample questions beginning on page 10.
EXAMINATION CONTENT OUTLINE -
Outline Effective June 1, 2018

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

I. ORDER MANAGEMENT (17%)
   A. Processing
      1. Check patient chart/record (electronic and/or paper) for orders that need to be processed
      2. Interpret medical symbols, abbreviations, and terminology
      3. Clarify orders as needed
      4. Process orders and tasks according to priority (e.g., standing, one-time, prn, and stat)
      5. Schedule diagnostic tests and procedures
      6. Transmit medication orders (e.g., scan, FAX, tube)
      7. Recognize order categories (e.g., medication, diagnostics)
      8. Enters non-medication verbal orders using electronic order entry system
   B. Notification
      1. Notify staff of new orders
      2. Notify and document consulting physicians of consult requests
      3. Indicate that each order has been processed
      4. Sign off orders (e.g., signature, title, date, and time)
   C. Requests
      1. Request services from ancillary and support departments
      2. Facilitate requests for special equipment (e.g., bariatric equipment, orthotic supplies)
      3. Request supplies and equipment
      4. Request patient information to or from external facilities

II. COORDINATION OF HEALTH UNIT, EQUIPMENT, AND TECHNICAL PROCEDURES (41%)
   A. Admission
      1. Assemble/review patient charts (hard copy or electronic) upon admission
      2. Obtain patient information prior to admission
      3. Process patient admission
      4. Notify nursing staff and physicians of patient admissions, transfers, discharges, and returning surgical patients
      5. Admit patients in the computer
      6. Assist with allocation of beds and patient placement
   B. Patient Results Processing
      1. Notify nursing staff of critical diagnostic test results
      2. File/scan diagnostic test results
   C. Discharges/Transfers
      1. Assemble necessary forms (hard copy or electronic) and perform clerical tasks for patients being transferred to an external facility
      2. Prepare patient record/chart and perform clerical tasks for transfer to other departments within the healthcare facility
      3. Prepare patient record/chart and perform clerical tasks for discharge
      4. Notify departments and individuals when patients are discharged (e.g., home, expired, AMA, transferred)
      5. Follow post-mortem procedures for expired patients
      6. Select disposition of discharged patient
      7. Disassemble patient charts, put in designated order, and send to medical records office upon expiration or discharge
      8. Arrange follow-up appointments for patients to facilitate the continuation of needed care
   D. Unit Responsibilities/Clerical
      1. Maintain a supply of chart forms
      2. Maintain stock of department materials (e.g., patient care supplies and equipment, clerical and desk supplies)
      3. Maintain patient charts by thinning and adding forms as needed
      4. File forms and reports
      5. Arrange for maintenance and repair of equipment
      6. Assemble packets (e.g., admission and patient information)
      7. Maintain the department environment (e.g., nourishment area, waiting areas)
   E. Reports and Record Keeping
      1. Report department activities to on-coming shift
      2. Coordinate entry/maintenance of admission/discharge/transfer (ADT) patient information into all required data management systems (e.g. census logs, boards, electronic records)
      3. Maintain patient assignment board/sheet
      4. Perform quality assurance on charts (e.g., verify that chart forms are filed and labeled correctly, all orders have been transcribed, allergies are noted)
   F. Personnel Management
      1. Orient new staff members to the department
      2. Precept new or student staff
      3. Assist new staff on proper order entry
      4. Manage staff schedule
      5. Allocate shift staff according to patient acuity
      6. Work with other team members to provide continuity of patient care
   G. Safety and Security
      1. Maintain a hazard-free work environment
      2. Maintain department security
      3. Participate in emergency and disaster plans
4. Apply principles of basic emergency response in natural disasters and other emergencies (e.g., safe location, contact emergency personnel, follow facility protocols)
5. Report activities and behaviors that affect the health, safety, and welfare of others (e.g., incident report)
6. Identify and correct potential hazards
7. Adhere to Standard Precautions
8. Adhere to infection control standards (e.g., handwashing audits)
9. Patient safety compliance checks (e.g., falls, allergies, code status)
10. Comply with regulatory agency guidelines/rules
11. Conduct purposeful rounds of patient rooms and public areas of department

H. Confidentiality and Patient Rights
1. Screen telephone calls and visitor requests for patient information
2. Apply the standards for the safety, privacy and confidentiality of health information (e.g., HIPAA, privileged communication)
3. Identify common policies and procedures for proper access, disclosure and protection of personal health information (e.g., passwords, administrative safeguards, database security)
4. Respect a patient’s basic rights
5. Refer ethical concerns to designated resources
6. Ensure discarded patient information is destroyed (e.g., arm band, patient labels)

I. Maintenance of the Health Record
1. Audit charts on a daily basis for patient status orders
2. Extract required information from a medical record and other medical documents for a variety of purposes, upon regulatory or legal request
3. Obtain consents as needed
4. Record the existence of legal/medical documents (e.g., living will, advanced directives)
5. Create documentation in EHR/EMRs that reflect timeliness, completeness, and accuracy
6. Adhere to information systems policies, procedures, and regulations as required by national, state, and local entities

J. Communication Equipment
1. Communicate with patients and staff via intercom
2. Send and receive documents via fax machine, scanners, emails, etc.
3. Contact personnel via telecommunications systems (e.g., pagers, wireless/cell phones, locators, instant communicator)
4. Answer and process department telephone calls

K. Computers and Administrative Equipment
1. Apply basic computer concepts and terminology necessary to use computers and other mobile devices
2. Assist with system downtime procedures
3. Use software for word processing, emailing, spreadsheets, etc.
4. Generate reports
5. Act as “super user”
6. Troubleshoot problems
7. Duplicate documents using a copy machine and/or scanner
8. Transport patient specimens, supplies, and medication using pneumatic tubes

L. Miscellaneous Equipment
1. Conduct equipment checks (e.g., glucometers, cardiac monitoring equipment, isolation cart)
2. Report malfunctioning equipment

III. COMMUNICATION/CUSTOMER SERVICE (28%)

A. Critical Thinking
1. Apply effective techniques for managing team conflict (e.g., negotiation, assertive communication, gather the facts, clear expectations, mediation)
2. Respect patient/visitor cultural diversity
3. Prioritize multiple responsibilities
4. Assist in problem solving with other departments

B. Customer Service
1. Adhere to customer/patient satisfaction service initiatives (e.g., AIDET)
2. Collect patient satisfaction data
3. Ensure visitors are attended to in a caring attentive manner
4. Greet patients, physicians, visitors, and facility staff as they arrive on the department
5. Respond to patient, physician, visitor, and facility staff requests, needs, and complaints
6. Communicate facility policies to visitors and patients (e.g., visiting hours, no smoking)
7. Recognize methods for building positive team relationships (e.g., mentorships and teambuilding)
8. Act as patient advocate

C. Communication
1. Exchange health information
2. Modify communication to meet the needs of the patient/client and be appropriate to the situation
3. Overcome communication barriers related to physical disabilities (e.g., aphasia, hearing loss, impaired vision)
4. Overcome communication barriers related to psychological barriers (e.g., attitudes, bias, prejudice, stereotyping)
5. Overcome communication barriers related to language differences (e.g., limited English proficiency)
6. Demonstrate appropriate usage of email and social media in a work environment

IV. PROFESSIONAL DEVELOPMENT (14%)

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

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

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. type the discharge summary.
   D. prepare the chart for Health Information Management.

2. The acronym R.A.C.E. may be used to help staff remember their duties during a fire emergency. Which of the following best describes the action represented by the “R” in the acronym R.A.C.E.?
   A. React
   B. Relay message
   C. Rescue
   D. Remain calm

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. Patient information may only be discussed with employees:
   A. who are involved in the care of the patient.
   B. within the hospital.
   C. with a photo identification badge.
   D. who can verify the patient’s name and health record number.

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 Health Information Management.
   C. Obtain the patient’s consent and notify the admissions clerk.
   D. Contact the patient’s family.
6. A visitor approaches the health unit coordinator and asks for a cup of ice water for their family member who is a patient in the unit. The health unit coordinator checks and sees the patient’s diet order is NPO. The health unit coordinator should:
   A. get the ice water and give to the visitor.
   B. get ice chips only and give to the visitor.
   C. explain to the visitor that the patient cannot not have anything to eat or drink.
   D. explain to the visitor that the patient is on a fluid restricted diet.

7. Dr. C is 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. The health unit coordinator is on the phone discussing the details about a patient that will be newly admitted to the unit. At the same time, a visibly upset visitor approaches the health unit coordinator. The health unit coordinator should FIRST:
   A. turn away from the visitor so they can’t hear confidential patient information.
   B. end the call immediately.
   C. acknowledge the visitor with non-verbal cues.
   D. yell for a nurse to assist the visitor.

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.


To order texts published by Delmar Cengage Learning, call 800-354-9706, or visit [www.cengage.com/us/](http://www.cengage.com/us/).

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

To order texts published by F.A. Davis Company, call 800-523-4049, or visit [www.fadavis.com](http://www.fadavis.com).

To order materials published by NAHUC, call 815-633-4351, or visit [www.nahuc.org](http://www.nahuc.org).
EXAMINATION REGISTRATION FORM

Submit this form with the examination fee to:

PSI Health Unit Coordinator Certification Examination • 18000 W. 105th St. • Olathe, KS 66061-7543 • Fax: 913-895-4650

PERSONAL INFORMATION

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

Social Security Number: ____________________________________________

Daytime Telephone Number: ____________________________ Evening Telephone Number: _____________________________________________________________________________

Email Address: ____________________________________________

Street Address: _________________________________________________________________________________________________________________________

City:__________________________________________ State/Providence:__________ Zip Code/Postal Code:_________________ Country:____________

NAHUC Membership Number: ____________________________

Examination Fee: □ $150 (NAHUC Member) □ $205 (Non-Member)

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

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

Credit Card Number: _________________________________________________________________________ Expiration Date:___________________________________

Name on Credit Card: ____________________________________________ Signature: _____________________________________________________________________________

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

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

EXAMINATION AFFIDAVIT REQUIREMENTS

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

1. Do you affirm that all information contained in your application for the Health Unit Coordinators Certification Examination is true and accurate to the best of your knowledge? In addition, do you authorize the NAHUC Certification Board, or its officers, directors, committee members, employees, or agents, to review your application to take the NAHUC Certification Examination? Do you authorize the NAHUC Certification Board to determine your eligibility for the Health Unit Coordinator Certification? ............................................................... □ Yes □ No

2. Do you agree to revocation or other limitation of your certification if any statement made on your application or hereafter supplied to the NAHUC Certification Board is false or inaccurate, or if you violate any of the rules or regulations of the NAHUC Certification Board? ..........................................................................

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 PSI 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? □ Yes □ No

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

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

Name (Please Print): ____________________________________________________________________________

Signature: ____________________________________________ Date: ____________________________________
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Candidate ID # ___________________________ Requested Test Center: ___________________________

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

______________________________________________________________________________________

Mailing Address

______________________________________________________________________________________

______________________________________________________________________________________

City State/Province Zip Code/Postal Code

Daytime Telephone Number Email Address

SPECIAL ACCOMMODATIONS

I request special accommodations for the ______________________________________ examination.

Please provide (check all that apply):

______ Reader

______ Extended testing time (time and a half)

______ Reduced distraction environment

______ Please specify below if other special accommodations are needed.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Comments:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

PLEASE READ AND SIGN:

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

Signature: ___________________________ Date: ___________________________

Return this form with your examination application and fee to:
 PSI, 18000 W. 105th St., Olathe, KS 66061-7543.
 If you have questions, call Candidate Services at 888-519-9901.
 Rev. 10/25/17
DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

PROFESSIONAL DOCUMENTATION

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

                                        Candidate Name

___________________________________________________________________.

                                        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
Request for Special Examination Accommodations form.

Description of Disability: ______________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Signed: ____________________________________________________  Title:  ____________________________________

Printed Name: _______________________________________________________________________________________

Address:____________________________________________________________________________________________

___________________________________________________________________________________________________

Telephone Number:  _____________________________  Email Address:  ________________________________________

Date:  ________________________________________  License # (if applicable):  _________________________________

Return this form with your examination application and fee to:

PSI, 18000 W. 105th St., Olathe, KS 66061-7543.

If you have questions, call Candidate Services at 888-519-9901.
NAHUC EXAMINATION
DUPLICATE SCORE REPORT REQUEST FORM

DIRECTIONS: Use this form to request a duplicate score report. Complete all requested information. This form must be received within one year of the examination date and include a cashier’s check or money order for $25 payable to PSI Services Inc. Duplicate score reports will be processed and mailed within approximately five business days following receipt of the request.

Name:_____________________________________________________ Social Security #:______________________________________________

Mailing Address:______________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________ Daytime Phone:__________________________________________

Examination Date:______________________________________________

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

Signature:____________________________________________________ Date:__________________________________________

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