



HOME HEALTH & HOSPICE AIDE COMPETENCY EXAMINATION

ORDER FORM –RETURN TO OAH C OFFICE

CERTIFICATION OF TEST ADMINISTRATION PROCEDURES

I, _____ R.N., and /or I, _____ R.N.,
(PLEASE PRINT) (PLEASE PRINT)

certify that I/we will accept responsibility for administering OAH C Home Health & Hospice Aide Competency Examination.

I/we certify that I/we will follow the written guidelines the Oregon Association for Home Care (OAH C) provides, will keep the test information confidential, will not use the written examination beyond the expiration date unless the OAH C gives consent, and that I/we meet the Federal Medicare qualifications for competency testing Home Health & Hospice Aides.

I/We understand that the value of the competency test depends upon maintaining the confidentiality and integrity of the examination and the process and agree to protect the investment made by members of the Oregon Association for Home Care.

Signature _____ Date _____

Title _____

Signature _____ Date _____

Title _____

Agency _____

Address _____

City / State / Zip _____

Email Address _____

Cost:

OAH C Members \$195.00 x _____ = _____ (Includes 5 Certificates)

Non-Members \$440.00 x _____ = _____ (Includes 5 Certificates)

Shipping / Handling \$4.00 = **\$4.00**

Extra Certificates \$1.00 x _____ = _____

Total _____

**RETURN SIGNED COMPLETED FORM WITH PAYMENT TO:
OAH C 4676 Commercial Street SE #449, Salem, OR 97302-4203
NO ORDERS WILL BE FILLED UNTIL PAYMENT &
SIGNED COMPLETED ORDER FORM HAVE BEEN RECEIVED**