

KDHE USE ONLY: Approval Date	Test Date
------------------------------	-----------

Candidate, **please note:**

1. You must present two forms of identification, with one being picture I.D., to be admitted to test.
2. You must be able to provide your social security number on the test for identification.
3. **YOU MUST BE ON TIME.**
4. If you are late, or fail to appear for your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
5. You will receive a Approval to Test notice that will allow a home health agency to employ you as a Trainee II for a single three month period beginning on the approval date.
6. Home health aide certificates are issued to those who achieve a score of at least 22 on the home health aide test.
7. The home health aide test may be taken **only one time** based on training or licensure. Any candidate who fails the test on the first attempt **must enroll in a state-approved training course.** You then have two remaining opportunities to pass the test within one year from the approval date designated above.
8. Test scores may be requested by writing to the address listed below.

**Health Occupations Credentialing, KDADS
New England Bldg, 503 S Kansas 3rd Floor
Topeka, Kansas 66603-3404
(785) 296-1250**

Web site: www.kdads.ks.gov