

Health Information Technology Professional (HIT Pro™) Examinations



Candidate Guide

Health Information Technology Competency Exams
for Tomorrow's Health IT Professionals



Version 1.1

Note: It is your responsibility to ensure that you have the most current version of the Candidate Guide

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INTRODUCTION

The Health Information Technology Professional (HIT Pro™) exams will confirm that a candidate's experience and skills are ready to meet the nation's need for health information technology workers. As the healthcare industry transitions to electronic health records (EHRs), *HIT Pros* show a commitment to their profession and their career. They are eager to demonstrate competency in this evolving field and are excited to work on the leading edge of health IT. The future of health IT starts with the HIT Pro™ competency exams.

There are six separate HIT Pro™ exams, each of which pertains to a specific HIT workforce role instrumental in the process of achieving meaningful use of EHR systems. The six exams are:

- Clinician/Practitioner Consultant
- Implementation Manager
- Implementation Support Specialist
- Practice Workflow & Information Management Redesign Specialist
- Technical/Software Support Staff
- Trainer

The HIT Pro™ exams assess basic competency of individuals who are seeking to demonstrate their proficiency in certain health IT workforce roles integral to the implementation and management of electronic health information. The HIT Pro™ exams assess the competency of health IT professionals to:

- Assess workflows
- Select hardware and software
- Work with vendors
- Install and test systems
- Diagnose IT problems
- Train practice staff on systems

The HIT Pro™ Competency exams are supported by Grant Number 1U24OC000113-01 from the United States Department of Health and Human Services, Office of the National Coordinator for Health Information Technology. HIT Pro™ is a component of the Workforce Development program of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. This legislation assists in the establishment or expansion of education programs designed to train a highly skilled workforce to support and enable the use of secure, interoperable EHR systems.

Note: This Candidate Guide is written specifically for candidates. If you are an academic institution or healthcare employer, please visit the HIT Pro™ Exams Voucher Request webpage at www.pearsonvue.com/vouchers to learn about process for requesting, distributing, and managing vouchers and to place an order for vouchers.

ABOUT THE HIT PRO™ EXAMS

Exam Times and Number of Questions

All HIT Pro™ exams consist of 125 multiple choice questions, with an exam duration time of 3 hours (180 minutes).

Practice Workflow & Information Management Redesign Specialist Examination

Workers in this role assist in reorganizing the work of a provider to take full advantage of the features of health IT in pursuit of meaningful use of health IT to improve health and care. Individuals in this role may have backgrounds in health care (for example, as a practice administrator) or in information technology, but are not licensed clinical professionals. Workers in this role will:

- Conduct user requirements analysis to facilitate workflow design.
- Integrate information technology functions into workflow.
- Document health information exchange needs.
- Design processes and information flows that accommodate quality improvement and reporting.
- Work with provider personnel to implement revised workflows.
- Evaluate process workflows to validate or improve practice's systems.

The current content domain breakdown for the Practice Workflow & Information Management Redesign Specialist Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

<p style="text-align: center;">PRACTICE WORKFLOW & INFORMATION MANAGEMENT REDESIGN SPECIALIST EXAM BLUEPRINT</p>

Domain I: Fundamentals of Health Workflow Process Analysis and Redesign

15%

Competency Statements:

1. Given a scenario, outline the elements involved in providing care within a complex health care system that reflect an understanding of workflow processes.
2. Document clinic processes to facilitate workflow analysis and redesign.
3. Develop a process map for given clinical process workflows within a complex health care system.
4. Facilitate decision-making necessary for optimizing health care processes.
5. Critically analyze the workflow processes in a selected clinical setting, taking into account potential gaps, areas of redundancy, delays, manual work, work volume, task time, and elapsed time.
6. Design processes and information flows for the practice that accommodate quality improvement and reporting.

7. Develop a plan for a revised and optimized clinical workflow within a health care system that integrates meaningful use of information technology.
8. Propose ways in which quality improvement methods and tools can be applied in order to improve workflow processes in a health care setting.
9. Develop and present an implementation plan for a process change.
10. Working with practice staff, develop a set of plans to keep the practice running if the EHR system fails.
11. Working with practice staff, evaluate the new processes as implemented, identify problems and changes that are needed, and develop and present plans for these process changes.
12. Apply to these activities an understanding of health IT, meaningful use, and the challenges practice settings will encounter in achieving meaningful use.

Domain II: Usability and Human Factors

15%

Competency Statements:

1. Articulate a systems approach to usability and human factors as it applies to health information technology.
2. Explain the cognitive consequences of health information technology on clinical performance.
3. Identify the consequences of suboptimal design in the delivery of healthcare.
4. Apply methods of cognitive research, sources of usability evidence, and principles of user-centered design to decisions regarding systems evaluation, technology evaluation, and iterative design, given a population of users.
5. Apply requirements engineering methods to inform design and technology selection.
6. Demonstrate concept knowledge of cognition and human performance models in their relevance to systems evaluation methods.
7. Apply concept knowledge of cognitive, physical and organization ergonomics to human factors engineering.
8. Select the most appropriate usability evaluation method, given particular system, setting, and development phase.
9. Apply principles of usability and design to critiquing EHR systems and to making recommendations for iterative improvement.
10. Diagnose problems associated with a clinical decision support system.
11. Apply cognitive methods of analysis to medical device.
12. Evaluate user interface designs using cognitive methods of analysis, usability testing, and Nielsen's heuristic evaluation method.
13. Diagnose various types of error and create or select potential solutions.
14. Select appropriate technology input methods given different technology uses, user populations and contexts.
15. Describe how information visualization can support and enhance the representation of trends and aggregate data.
16. Describe the role of mobile and ubiquitous computing in healthcare.

Domain III: Health Management Information Systems

14%

Competency Statements:

1. Describe general functions, purposes and benefits of health information systems, why they are needed, and the benefits they provide in different healthcare and public health settings.
2. Describe the significant developments and federal initiatives that have influenced the evolution and adoption of health information systems.
3. Compare/Contrast different types of health information systems in terms of their ability to support the requirements of a health care enterprise.
4. Understand how electronic health records affect patient safety, quality, efficiency and patient care, productivity, and reporting outcomes.
5. Propose strategies to minimize major barriers to the adoption of electronic health records.
6. Understand the principles of healthcare data exchange and standards, workflow design and assessment, and their relationship to patient care.

Domain IV: Quality Improvement

14%

Competency Statements:

1. Analyze clinical decision-making requirements, including who, what, when, how, and where information is needed.
2. Design and implement information technology that supports effective teamwork, fosters open communication and enables shared decision-making to achieve quality patient care.
3. Analyze clinical workflows to design information technology that supports clinical decision-making and care coordination.
4. Design and apply information technology and standardized practices that support safety and quality.
5. Formulate activation planning that supports and maintains safety and quality.
6. Select and apply quality measures for incorporation into information systems to enable review of outcomes of care and identification of improvement opportunities.
7. Assess findings from quality reviews of reported events to design and implement clinical information system improvements.
8. Select improvement tools to assist clinical teams in improving the quality and safety of the electronic health record.
9. Monitor use of information technology for inappropriate use leading to hazards and errors.
10. Design an information technology culture conducive to highly reliable processes built on human factors research.
11. Design and implement effective strategies to use information technology to decrease reliance on memory.

Domain V: Introduction to Information and Computer Science

14%

Competency Statements:

1. Use proper hardware, network, Internet and software computer terminology in written and verbal communications.

2. Write simple computer programs including constructs such as conditional statements, loops, functions, objects, simple data structures, etc.
3. Design a simple database and develop querying statements for it.
4. Describe network computing, its benefits and risks, and identify commonly-used communications hardware and software components.
5. Identify security risks for computing systems and discuss potential solutions.
6. Explain the design and development process of a large system such as an EHR.

Domain VI: Terminology in Health Care and Public Health Settings

14%

Competency Statements:

1. Define, understand and correctly pronounce medical terms related to each of the major body systems.
2. Define commonly used terms in public health, nursing, health information technology, and clinical vocabularies & terminologies related to the implementation of electronic health records.
3. Identify the purpose and uses of pertinent health care terminologies in the electronic health record.
4. Demonstrate the ability to integrate and use health care terminology in the various health information technology roles.

Domain VII: The Culture of Health Care

14%

Competency Statements:

1. Describe the major types of clinical personnel involved in health care, including their education and training, certification and licensure, and typical roles in health care.
2. Describe the major types of settings in which health care occurs including ambulatory care, acute and emergency care, hospital based and critical care, and community health and public health settings.
3. Describe the major processes of information gathering, analysis, and documentation used by clinicians to detect, understand, and prevent or treat diseases.
4. Give examples and explain the differences between common forms of care delivery including episodic one-on-one care, multidisciplinary care, interdisciplinary care, care of chronic conditions, population based care, disease management, long-term care, end of life care.
5. Describe the role of community health and public health in managing illness outbreaks, epidemics, and pandemics.
6. Discuss the role of medical ethics and professional values in care delivery including such issues as privacy (including HIPAA), ethical conflicts, and health disparities.
7. Describe common forms of quality measurement, performance improvement, and incentive payment schemes meant to influence care delivery.

100%

Clinician/Practitioner Consultant Examination

This role is similar to the Redesign specialist role listed above, but brings to bear the background and experience of a licensed clinical and professional or public health professional. In addition to the activities noted above, workers in this role will:

- Suggest solutions for health IT implementation problems in clinical and public health settings.
- Address workflow and data collection issues from a clinical perspective, including quality measurement and improvement.
- Assist in selection of vendors and software.
- Advocate for users' needs, acting as a liaison between users, IT staff, and vendors.

The current content domain breakdown for the Clinician/Practitioner Consultant Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

CLINICIAN/PRACTITIONER CONSULTANT EXAM BLUEPRINT

Domain I: Fundamentals of Health Workflow Process Analysis and Redesign

20%

Competency Statements:

1. Given a scenario, outline the elements involved in providing care within a complex health care system that reflect an understanding of workflow processes.
2. Document clinic processes to facilitate workflow analysis and redesign.
3. Develop a process map for given clinical process workflows within a complex health care system.
4. Facilitate decision-making necessary for optimizing health care processes.
5. Critically analyze the workflow processes in a selected clinical setting, taking into account potential gaps, areas of redundancy, delays, manual work, work volume, task time, and elapsed time.
6. Design processes and information flows for the practice that accommodate quality improvement and reporting.
7. Develop a plan for a revised and optimized clinical workflow within a health care system that integrates meaningful use of information technology.
8. Propose ways in which quality improvement methods and tools can be applied in order to improve workflow processes in a health care setting.
9. Develop and present an implementation plan for a process change.
10. Working with practice staff, develop a set of plans to keep the practice running if the EHR system fails.
11. Working with practice staff, evaluate the new processes as implemented, identify problems and changes that are needed, and develop and present plans for these process changes.
12. Apply to these activities an understanding of health IT, meaningful use, and the challenges practice settings will encounter in achieving meaningful use.

Domain II: Quality Improvement

20%

Competency Statements:

1. Analyze clinical decision-making requirements, including who, what, when, how, and where information is needed.
2. Design and implement information technology that supports effective teamwork, fosters open communication and enables shared decision-making to achieve quality patient care.
3. Analyze clinical workflows to design information technology that supports clinical decision-making and care coordination.
4. Design and apply information technology and standardized practices that support safety and quality.
5. Formulate activation planning that supports and maintains safety and quality.
6. Select and apply quality measures for incorporation into information systems to enable review of outcomes of care and identification of improvement opportunities.
7. Assess findings from quality reviews of reported events to design and implement clinical information system improvements.
8. Select improvement tools to assist clinical teams in improving the quality and safety of the electronic health record.
9. Monitor use of information technology for inappropriate use leading to hazards and errors.
10. Design an information technology culture conducive to highly reliable processes built on human factors research.
11. Design and implement effective strategies to use information technology to decrease reliance on memory.

Domain III: Working with HIT Systems

20%

Competency Statements:

1. Identify common components of an HIT system and types of HIT applications (E-Mar, POE, PACS, ADT, Lab, DSS, Registries, Billing/Coding, etc, and acute care, community health, public health, small provider practices, etc.).
2. Describe data flows across HIT systems and implication of standards.
3. Identify root causes of HIT-induced error (i.e. usability, workflow interference, system error, etc.) and suggest solutions.
4. Assess the strengths and weaknesses of identified solutions to identified HIT problems (to emphasize the reality of “solutions” and illustrate the frequent domino effect/unintended consequences of change of an HIT system).
5. Defines usability, describes general usability principles, and relates usability to adoption in relation to HIT.
6. Define and differentiate security, confidentiality, and privacy and identify common threats.
7. Demonstrate beginning level competency in general HIT system use.

Domain IV: Health Information Management Systems

20%

Competency Statements:

1. Describe general functions, purposes and benefits of health information systems, why they are needed, and the benefits they provide in different healthcare and public health settings.

2. Describe the significant developments and federal initiatives that have influenced the evolution and adoption of health information systems.
3. Compare/Contrast different types of health information systems in terms of their ability to support the requirements of a health care enterprise.
4. Understand how electronic health records affect patient safety, quality, efficiency and patient care, productivity, and reporting outcomes.
5. Propose strategies to minimize major barriers to the adoption of electronic health records.
6. Understand the principles of healthcare data exchange and standards, workflow design and assessment, and their relationship to patient care.

Domain V: Planning, Management, and Leadership for Health IT

20%

Competency Statements:

1. Explain leadership traits and theories.
2. Recognize leadership’s role in IT and EHR project success and project failure.
3. Describe importance of effective leadership of teams.
4. Demonstrate team leadership competencies.

100%

Implementation Manager Examination

Workers in this role provide on-site management of mobile adoption support teams for the period of time before and during implementation of health IT systems in clinical and public health settings.

Workers in this role will, prior to training, have experience in health and/or IT environments as well as administrative and managerial experience. Workers in this role will:

- Apply project management and change management principles to create implementation project plans to achieve the project goals.
- Interact with office/hospital personnel to ensure open communication with the support team.
- Lead implementation teams consisting of workers in the roles described above.
- Manage vendor relations, providing feedback to health IT vendors for product improvement.

The current content domain breakdown for the Implementation Manager Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

IMPLEMENTATION MANAGER EXAM BLUEPRINT

Domain I: Project Management

17%

1. Describe factors that are critical to project success.
2. Develop a comprehensive project management plan.
3. Define project scope that reflects stakeholder perspectives and project requirements.

4. Prepare an effective work breakdown structure.
5. Differentiate project life cycle models based on project characteristics.
6. Develop estimates for project cost and schedule.
7. Apply tools and techniques to manage project scope, time, and budget.
8. Plan and implement effective communications with the project team and stakeholders.
9. Differentiate roles of project team members.

Domain II: Fundamentals of Health Workflow Process Analysis and Redesign

17%

Competency Statements:

1. Given a scenario, outline the elements involved in providing care within a complex health care system that reflect an understanding of workflow processes.
2. Document clinic processes to facilitate workflow analysis and redesign.
3. Develop a process map for given clinical process workflows within a complex health care system.
4. Facilitate decision-making necessary for optimizing health care processes.
5. Critically analyze the workflow processes in a selected clinical setting, taking into account potential gaps, areas of redundancy, delays, manual work, work volume, task time, and elapsed time.
6. Design processes and information flows for the practice that accommodate quality improvement and reporting.
7. Develop a plan for a revised and optimized clinical workflow within a health care system that integrates meaningful use of information technology.
8. Propose ways in which quality improvement methods and tools can be applied in order to improve workflow processes in a health care setting.
9. Develop and present an implementation plan for a process change.
10. Working with practice staff, develop a set of plans to keep the practice running if the EHR system fails.
11. Working with practice staff, evaluate the new processes as implemented, identify problems and changes that are needed, and develop and present plans for these process changes.
12. Apply to these activities an understanding of health IT, meaningful use, and the challenges practice settings will encounter in achieving meaningful use.

Domain III: Working in Teams

17%

Competency Statements:

1. Establish and monitor ground rules, or rules of engagement, that serve as behavioral guidelines for members of teams involved in HIT.
2. Develop an HIT action plan that can be easily adapted to changing situations, environments, and goals across a variety of health and healthcare settings.
3. Communicate a clearly articulated position in writing and speech.
4. Incorporate diversity in values, critical thinking, and judgments that amplifies the best of individual performance toward the HIT team mission.
5. Provide leadership for continuous assessment and learning on practices, processes, and outcomes of the HIT team mission.

6. Develop a sustaining framework that maximizes the integrated power of teams while recognizing excellence in individual performance of various stakeholders involved in HIT (patients, families, communities, nation, etc.).

Domain IV: The Culture of Health Care

17%

Competency Statements:

1. Describe the major types of clinical personnel involved in health care, including their education and training, certification and licensure, and typical roles in health care.
2. Describe the major types of settings in which health care occurs including ambulatory care, acute and emergency care, hospital based and critical care, and community health and public health settings.
3. Describe the major processes of information gathering, analysis, and documentation used by clinicians to detect, understand, and prevent or treat diseases.
4. Give examples and explain the differences between common forms of care delivery including episodic one-on-one care, multidisciplinary care, interdisciplinary care, care of chronic conditions, population based care, disease management, long-term care, end of life care.
5. Describe the role of community health and public health in managing illness outbreaks, epidemics, and pandemics.
6. Discuss the role of medical ethics and professional values in care delivery including such issues as privacy (including HIPAA), ethical conflicts, and health disparities.
7. Describe common forms of quality measurement, performance improvement, and incentive payment schemes meant to influence care delivery.

Domain V: Planning, Management, and Leadership for Health IT

16%

Competency Statements:

1. Explain leadership traits and theories.
2. Recognize leadership's role in IT and EHR project success and project failure.
3. Describe importance of effective leadership of teams.
4. Demonstrate team leadership competencies.

Domain VI: History of Health Information Technology in the U.S.

16%

Competency Statements:

1. Explain the rationale for elements of the HITECH Act in terms of the history of health IT.
2. Describe the background of today's health IT landscape including EHR, HIE, CDS, applications in Public Health, relevant professional organizations.
3. Describe the history of regulation of Health IT in the U.S.
4. Describe how legislation related to privacy and security of electronic health information has evolved in the US.
5. Discuss how financial incentives for use of HIT have changed over time.

100%

Implementation Support Specialist Examination

Workers in this role provide on-site user support for the period of time before and during implementation of health IT systems in clinical and public health settings. The previous background of workers in this role includes information technology or information management. Workers in this role will:

- Execute implementation project plans, by installing hardware (as needed) and configuring software to meet practice needs.
- Incorporate usability principles into design and implementation.
- Test the software against performance specifications.
- Interact with the vendors as needed to rectify problems that occur during the deployment process.

The current content domain breakdown for the Implementation Support Specialist Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

IMPLEMENTATION SUPPORT SPECIALIST EXAM BLUEPRINT

Domain I: Networking and Health Information Exchange

15%

Competency Statements:

1. Explain the functions of all layers of the ISO OSI models, including how they are interconnected and supported.
2. Recommend components of networking hardware that meet standards and support information exchange.
3. Analyze standards associated with the EHR functional model, the PHR functional model, and the family of profiles associated with specific domain functional requirements.
4. Explain the process and value of EHR certification.
5. Describe data standards required for the interoperable exchange of health care data, including terminology, data elements, document standards, imaging standards, and medical device standards.
6. Describe components of health IT standards (including HL7 and TC215) for health information exchange used by various stakeholders.
7. Examine additional standards related to shared and effective use of data, including clinical decision support.
8. Describe enterprise architecture models, including centralization vs federation and grids, service oriented architectures, and local implementations with respect to systems from single units to organizations, regions (RHIOS and HIEs), states, and nationwide healthcare information systems (NHIN).
9. Incorporate professional and regulatory standards related to privacy, confidentiality, and security when implementing and maintaining networks and health information exchange systems, including NHIN.

Domain II: Configuring EHRs

15%

Competency Statements:

1. Describe the process of migration to an electronic health record (EHR) from organizational strategy, planning, analysis of EHR options, decision-making techniques, training, and implementation strategies.
2. Given a case study of a facility moving from a paper health record to an EHR, discuss the migration path from organizational strategy to implementation, including meaningful use criteria.
3. Discuss the importance and use of clinical decision support systems for clinical and administrative use.
4. Given an EHR system, configure the system to achieve features required for meaningful use, including labs for:
 - a. Building of order sets
 - b. Data entry templates
 - c. Generate quality reports
 - d. Implementation of clinical decision support
5. Understand data infrastructure including data architecture, data sets, data repositories, data standards, data types and data dictionaries.
6. Write an RFI/RFP using stated criteria.
7. Evaluate EHR systems to select an EHR most appropriate to an organization and clinical setting.

Domain III: Vendor-Specific Systems

14%

Competency Statements:

1. Assess and compare common commercial EHR systems using KLAS ratings in training and organizational decision-making contexts.
2. Apply CCHIT, meaningful use, Joint Commission and National Patient Safety Goals to decisions about commercial EHR vendor selection, when given typical workplace scenarios.
3. Evaluate key factors (costs of an EHR, including capital, licensing, maintenance and staffing, and stakeholder needs) into workplace decisions for selecting vendor-specific systems.
4. Analyze the functionality of a vendor EHR system, given a set of user needs.
5. Compare database architectures employed by different vendor applications to evaluate how these impact performance and extensibility.
6. Evaluate EHR systems based on vendor strategies for terminology management, knowledge management and data exchange.
7. Compare decision support capabilities and customizability, given different vendor EHRs.
8. Evaluate training and go-live strategies of different EHR vendors in terms of impact on cost, workflow, and patient safety.

Domain IV: Working with Health IT Systems

14%

Competency Statements:

1. Identify common components of an HIT system and types of HIT applications (E-Mar, POE, PACS, ADT, Lab, DSS, Registries, Billing/Coding, etc, and acute care, community health, public health, small provider practices, etc.).

2. Describe data flows across HIT systems and implication of standards.
3. Identify root causes of HIT-induced error (i.e. usability, workflow interference, system error, etc.) and suggest solutions.
4. Assess the strengths and weaknesses of identified solutions to identified HIT problems (to emphasize the reality of “solutions” and illustrate the frequent domino effect/unintended consequences of change of an HIT system).
5. Define usability, describes general usability principles, and relates usability to adoption in relation to HIT.
6. Define and differentiate security, confidentiality, and privacy and identify common threats.
7. Demonstrate beginning level competency in general HIT system use.

Domain V: Installation and Maintenance of Health IT Systems

14%

Competency Statements:

1. Articulate the elements of Health IT systems, including their advantages and disadvantages.
2. Justify criteria to be considered when recommending vendors and software.
3. Design a comprehensive plan to install a health IT system.
4. Design a comprehensive plan to maintain and troubleshoot a health IT system, incorporating system updates and user feedback.
5. Implement project plans by installing and configuring hardware and software, interacting with vendors and users as needed.
6. Verify plan implementation.

Domain VI: Information and Computer Science

14%

Competency Statements:

1. Use proper hardware, network, Internet and software computer terminology in written and verbal communications.
2. Write simple computer programs including constructs such as conditional statements, loops, functions, objects, simple data structures, etc.
3. Design a simple database and develop querying statements for it.
4. Describe network computing, its benefits and risks, and identify commonly-used communications hardware and software components.
5. Identify security risks for computing systems and discuss potential solutions.
6. Explain the design and development process of a large system such as an EHR.

Domain VII: Terminology in Health Care and Public Health Settings

14%

Competency Statements:

1. Define, understand and correctly pronounce medical terms related to each of the major body systems.
2. Define commonly used terms in public health, nursing, health information technology, and clinical vocabularies & terminologies related to the implementation of electronic health records.
3. Identify the purpose and uses of pertinent health care terminologies in the electronic health record.

4. Demonstrate the ability to integrate and use health care terminology in the various health information technology roles

100%

Technical/Software Support Staff Examination

Workers in this role maintain systems in clinical and public health settings, including patching and upgrading of software. The previous background of workers in this role includes information technology or information management. Workers in this role will:

- Interact with end users to diagnose IT problems and implement solutions.
- Document IT problems and evaluate the effectiveness of problem resolution.
- Support systems security and standards.

The current content domain breakdown for the Technical/Software Support Staff Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

TECHNICAL/SOFTWARE SUPPORT STAFF EXAM BLUEPRINT
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Domain I: Networking and Health Information Exchange

15%

Competency Statements:

1. Explain the functions of all layers of the ISO OSI models, including how they are interconnected and supported.
2. Recommend components of networking hardware that meet standards and support information exchange.
3. Analyze standards associated with the EHR functional model, the PHR functional model, and the family of profiles associated with specific domain functional requirements.
4. Explain the process and value of EHR certification.
5. Describe data standards required for the interoperable exchange of health care data, including terminology, data elements, document standards, imaging standards, and medical device standards.
6. Describe components of health IT standards (including HL7 and TC215) for health information exchange used by various stakeholders.
7. Examine additional standards related to shared and effective use of data, including clinical decision support.
8. Describe enterprise architecture models, including centralization vs federation and grids, service oriented architectures, and local implementations with respect to systems from single units to organizations, regions (RHIOS and HIEs), states, and nationwide healthcare information systems (NHIN).
9. Incorporate professional and regulatory standards related to privacy, confidentiality, and security when implementing and maintaining networks and health information exchange systems, including NHIN.

Domain II: Special Topics Course on Vendor-Specific Systems

15%

Competency Statements:

1. Assess and compare common commercial EHR systems using KLAS ratings in training and organizational decision-making contexts.
2. Apply CCHIT, meaningful use, Joint Commission and National Patient Safety Goals to decisions about commercial EHR vendor selection, when given typical workplace scenarios.
3. Evaluate key factors (costs of an EHR, including capital, licensing, maintenance and staffing, and stakeholder needs) into workplace decisions for selecting vendor-specific systems.
4. Analyze the functionality of a vendor EHR system, given a set of user needs.
5. Compare database architectures employed by different vendor applications to evaluate how these impact performance and extensibility.
6. Evaluate EHR systems based on vendor strategies for terminology management, knowledge management and data exchange.
7. Compare decision support capabilities and customizability, given different vendor EHRs.
8. Evaluate training and go-live strategies of different EHR vendors in terms of impact on cost, workflow, and patient safety.

Domain III: Introduction to Information and Computer Science

14%

Competency Statements:

1. Use proper hardware, network, Internet and software computer terminology in written and verbal communications.
2. Write simple computer programs including constructs such as conditional statements, loops, functions, objects, simple data structures, etc.
3. Design a simple database and develop querying statements for it.
4. Describe network computing, its benefits and risks, and identify commonly-used communications hardware and software components.
5. Identify security risks for computing systems and discuss potential solutions.
6. Explain the design and development process of a large system such as an EHR.

Domain IV: Working with Health IT Systems

14%

Competency Statements:

1. Identify common components of an HIT system and types of HIT applications (E-Mar, POE, PACS, ADT, Lab, DSS, Registries, Billing/Coding, etc, and acute care, community health, public health, small provider practices, etc.).
2. Describe data flows across HIT systems and implication of standards.
3. Identify root causes of HIT-induced error (i.e. usability, workflow interference, system error, etc.) and suggest solutions.
4. Assess the strengths and weaknesses of identified solutions to identified HIT problems (to emphasize the reality of “solutions” and illustrate the frequent domino effect/unintended consequences of change of an HIT system).
5. Defines usability, describes general usability principles, and relates usability to adoption in relation to HIT.
6. Define and differentiate security, confidentiality, and privacy and identify common threats.

7. Demonstrate beginning level competency in general HIT system use.

Domain V: Installation and Maintenance of Health IT Systems

14%

Competency Statements:

1. Articulate the elements of Health IT systems, including their advantages and disadvantages.
2. Justify criteria to be considered when recommending vendors and software.
3. Design a comprehensive plan to install a health IT system.
4. Design a comprehensive plan to maintain and troubleshoot a health IT system, incorporating system updates and user feedback.
5. Implement project plans by installing and configuring hardware and software, interacting with vendors and users as needed.
6. Verify plan implementation.

Domain VI: Configuring EHRs

14%

Competency Statements:

1. Describe the process of migration to an electronic health record (EHR) from organizational strategy, planning, analysis of EHR options, decision-making techniques, training, and implementation strategies.
2. Given a case study of a facility moving from a paper health record to an EHR, discuss the migration path from organizational strategy to implementation, including meaningful use criteria.
3. Discuss the importance and use of clinical decision support systems for clinical and administrative use.
4. Given an EHR system, configure the system to achieve features required for meaningful use, including labs for:
 - a. Building of order sets
 - b. Data entry templates
 - c. Generate quality reports
 - d. Implementation of clinical decision support
5. Understand data infrastructure including data architecture, data sets, data repositories, data standards, data types and data dictionaries.
6. Write an RFI/RFP using stated criteria.
7. Evaluate EHR systems to select an EHR most appropriate to an organization and clinical setting.

Domain VII: Professionalism/Customer Service in the Health Environment

14%

Competency Statements:

1. Explain key elements of customer service in health IT.
2. Demonstrate appropriate behaviors in simulations of health IT customer service.
3. Demonstrate effective written and oral communication approaches to common communication interactions.
4. Identify core elements of effective communication and techniques to resolve conflicts.
5. Identify ethical and cultural aspects of communication.

100%

Trainer Examination

Workers in this role design and deliver training programs, using adult learning principles, to employees in clinical and public health settings. The previous background of workers in this role includes experience as a health professional or health information management specialist. Experience as a trainer in the classroom is also desired. Workers in this role will:

- Be able to use a range of health IT applications, preferably at an expert level.
- Communicate both health and IT concepts as appropriate.
- Assess training needs and competencies of learners.
- Design lesson plans, structuring active learning experiences for users.
- Track training records of the users and develop learning plans for further instruction.

The current content domain breakdown for the Trainer Exam is listed below. Please note that all competency statements are tested on the exam, and are equally important.

TRAINER EXAM BLUEPRINT

Domain I: Usability and Human Factors

16%

1. Competency Statements:
2. Articulate a systems approach to usability and human factors as it applies to health information technology.
3. Explain the cognitive consequences of health information technology on clinical performance.
4. Identify the consequences of suboptimal design in the delivery of healthcare.
5. Apply methods of cognitive research, sources of usability evidence, and principles of user-centered design to decisions regarding systems evaluation, technology evaluation, and iterative design, given a population of users.
6. Apply requirements engineering methods to inform design and technology selection.
7. Demonstrate concept knowledge of cognition and human performance models in their relevance to systems evaluation methods.
8. Apply concept knowledge of cognitive, physical and organization ergonomics to human factors engineering.
9. Select the most appropriate usability evaluation method, given particular system, setting, and development phase.
10. Apply principles of usability and design to critiquing EHR systems and to making recommendations for iterative improvement.
11. Diagnose problems associated with a clinical decision support system.
12. Apply cognitive methods of analysis to medical device testing.
13. Evaluate user interface designs using cognitive methods of analysis, usability testing, and Nielsen's heuristic evaluation method.
14. Diagnose various types of error and create or select potential solutions.
15. Select appropriate technology input methods given different technology uses, user populations and contexts.

16. Describe how information visualization can support and enhance the representation of trends and aggregate data.
17. Describe the role of mobile and ubiquitous computing in healthcare.

Domain II: Training and Instructional Design

14%

Competency Statements:

1. Plan, design, develop (produce), deliver, and evaluate technology-based instruction according to sound instructional design models and principles.
2. Describe the training cycle by the Instructional Systems Design method and the phases of the ADDIE model of instruction design given a population of adult learners.
3. Plan and implement an instructional needs assessment given a specific population of users in a health care setting.
4. Construct a lesson plan using appropriate instructional methods and approaches, given a specific population of learners.
5. Construct an instructional product (simple online tutorial) using the appropriate media based instructional method, such as customized images, customized video (e.g., EHR screen captures).
6. Create a custom PowerPoint presentation using the principles of effective PowerPoint design given a particular training program.
7. Demonstrate effective public speaking skills and proper operation of computer and AV equipment for a multimedia presentation, given a set of user needs.
8. Plan and conduct student assessment and program evaluation given different population contexts.
9. Design a training program in LMS that adhere to the standards and open source initiatives in online learning.
10. Select and implement Web 2.0 technologies as instructional technologies given a specific platform and training program.

Domain III: Health Care and Public Health in the U.S.

14%

Competency Statements:

1. Describe the medical model of healthcare in the U.S.
2. Describe the administrative and functional organization of entities that deliver healthcare in the US, both in the inpatient as well as the outpatient setting.
3. Discuss the role of various healthcare professionals, their education, and certification/licensure requirements.
4. Distinguish between public and private funding for healthcare.
5. Describe health care financing structures, including insurance plans, third-party payers, Medicare, and Medicaid.
6. Describe the organization and structures of HMOs, PPOs, and IPAs.
7. Describe methods of billing and reimbursement in healthcare.
8. Describe elements of coding and charge capture in healthcare.
9. Compare and contrast the function of the Joint Commission, FDA, CDC, and NIH, with an emphasis on EHRs.
10. Discuss legal issues in medicine including HIPAA, confidentiality, medical malpractice, and

tort reform.

11. Describe the organization of public health in the US at the federal, state, and local levels, and discuss the role of public health in averting epidemics and bioterrorism.
12. Describe evidence-based medicine, clinical practice guidelines, and quality indicators in medicine. Identify key organizations involved in developing clinical guidelines.
13. Discuss the key issues driving health care reform in the U.S.

Domain IV: The Culture of Health Care

14%

Competency Statements:

1. Describe the major types of clinical personnel involved in health care, including their education and training, certification and licensure, and typical roles in health care.
2. Describe the major types of settings in which health care occurs including ambulatory care, acute and emergency care, hospital based and critical care, and community health and public health settings.
3. Describe the major processes of information gathering, analysis, and documentation used by clinicians to detect, understand, and prevent or treat diseases.
4. Give examples and explain the differences between common forms of care delivery including episodic one-on-one care, multidisciplinary care, interdisciplinary care, care of chronic conditions, population based care, disease management, long-term care, end of life care.
5. Describe the role of community health and public health in managing illness outbreaks, epidemics, and pandemics.
6. Discuss the role of medical ethics and professional values in care delivery including such issues as privacy (including HIPAA), ethical conflicts, and health disparities.
7. Describe common forms of quality measurement, performance improvement, and incentive payment schemes meant to influence care delivery.

Domain V: Information and Computer Science

14%

Competency Statements:

1. Use proper hardware, network, Internet and software computer terminology in written and verbal communications.
2. Write simple computer programs including constructs such as conditional statements, loops, functions, objects, simple data structures, etc.
3. Design a simple database and develop querying statements for it.
4. Describe network computing, its benefits and risks, and identify commonly-used communications hardware and software components.
5. Identify security risks for computing systems and discuss potential solutions.
6. Explain the design and development process of a large system such as an EHR.

Domain VI: Health Information Management Systems

14%

Competency Statements:

1. Describe general functions, purposes and benefits of health information systems, why they are needed, and the benefits they provide in different healthcare and public health settings.
2. Describe the significant developments and federal initiatives that have influenced the evolution and adoption of health information systems.
3. Compare/Contrast different types of health information systems in terms of their ability to support the requirements of a health care enterprise.
4. Understand how electronic health records affect patient safety, quality, efficiency and patient care, productivity, and reporting outcomes.
5. Propose strategies to minimize major barriers to the adoption of electronic health records.

Domain VII: Professionalism/Customer Service in the Health Environment

14%

Competency Statements:

1. Explain key elements of customer service in health IT.
2. Demonstrate appropriate behaviors in simulations of health IT customer service.
3. Demonstrate effective written and oral communication approaches to common communication interactions.
4. Identify core elements of effective communication and techniques to resolve conflicts.
5. Identify ethical and cultural aspects of communication.

100%

WHO IS ELIGIBLE TO TAKE THE HIT PRO™ EXAMS?

The exam is intended for citizens of the United States who are:

- Individuals trained through short-duration (typically six months) non-degree health IT workforce development programs, or
- Members of the workforce with relevant experience or other types of training.

HOW MUCH DOES THE HIT PRO™ EXAM COST?

Because the United States Department of Health and Human Services has identified a critical need for experienced workers to support EHR implementation, the HIT Pro™ exams will be subsidized for a short period of time and will be made available to eligible candidates at no cost via electronic vouchers.

Only members of the ONC/HITECH Community College Consortia and other eligible entities (e.g., other accredited academic institutions, health care employers, and state and local employment agencies) in the United States (and U.S. territories) can request vouchers. Individual test takers cannot place an order for vouchers.

Please see below for the pricing structure based on candidate type:

CANDIDATE TYPE	EXAM PRICE
1. Non-voucher holders (U.S. Citizens unable to obtain a voucher OR Non-U.S. Citizens who are ineligible for vouchers):	
a. Pursuing their initial attempt;	\$299.00
b. Who do NOT pass their initial exam attempt and pursue one or more subsequent retakes of the same HIT Pro exam	\$199.00
c. Do NOT show up for their initial exam and attempt to reschedule for the exam	\$199.00
d. Who PASS their initial attempt, and choose to pursue any additional HIT Pro exams;	\$199.00
2. Voucher recipients who:	
a. Pursuing their initial attempt;	Free Exam *\$20 scheduling fee
b. Do NOT pass their initial exam attempt and pursue one or more subsequent retakes of the same HIT Pro exam	\$199.00
c. Do NOT show up for their initial exam and attempt to reschedule for an exam	\$199.00
d. PASS their initial attempt, and choose to pursue any additional HIT Pro exams	\$199.00

NOTE:

Voucher candidates:

- Who show up for their exam will be refunded their \$20 scheduling fee (may take up to two weeks)
- Who fail to show up for their exam will forfeit their \$20 scheduling fee and be charged an additional \$179 no show fee.

HOW DO I OBTAIN A VOUCHER TO TAKE THE HIT PRO™ EXAM AT NO CHARGE?

For a limited time, one-time use electronic vouchers will be issued to eligible candidates, as described above. Unique, one-time use vouchers can be requested through your [community college consortia school](#), other accredited academic institution, or healthcare employer only. Candidates cannot request vouchers directly from Pearson VUE. Your school or healthcare employer will issue your voucher number to you via email. The voucher will cover 100% of the exam fees, and you will not be charged for the exam. **A voucher covers only a candidate's single, first attempt at the exam. The voucher must be used before the specified expiration date and each eligible person will only be permitted to use one (1) voucher.**

HOW DO I USE MY VOUCHER?

You will use your voucher number when scheduling an examination appointment, following the directions below. During the scheduling process (either via phone or online), you will be prompted for a voucher number. After entering this voucher number in the space provided (online), or stating it to the customer service representative (phone), you will be able to schedule to take the exam free of charge.

SCHEDULING THE EXAMINATION

Candidates are directed to schedule appointments through the Candidate Registration Website or through the Call Center, as indicated below. Scheduling is not available through test centers.

HIT Pro™ candidates can schedule an exam appointment at any of the 230 Pearson Professional Centers in the U.S. and its territories either online or via phone by:

- **Visiting the Candidate Registration Website (<http://www.pearsonvue.com/hitpro>).**
To schedule your exam, first create a Pearson VUE Web account, username, and password. Follow instructions on the website to create an account and register for the exam. Once you set up your account, you can use it to review your exam information and also schedule, reschedule, and cancel your exam.
- **Calling the dedicated HIT Pro™ phone number at the Call Center.**
Candidates can phone the Call Center at 1-888-9HITPRO (1-888-944-8776) (toll free) Monday through Friday, 7:00 AM to 7:00 PM Central Standard Time.

All HIT Pro™ exams should be scheduled at least two full business days (48 hours) in advance. Please note that when scheduling an exam appointment, you must list your name exactly as it is presented on your photo ID.

All candidates will be charged a \$20 scheduling fee, even if they have a voucher. Once the candidate sits for the exam, the \$20 will be refunded.

APPOINTMENT CHANGES (RESCHEDULING/CANCELLATION)

HIT Pro™ candidates must reschedule and cancel exam appointments at least two full business days (48 hours) before the appointment via the candidate registration website or the Call Center. All registrations with accommodations must be rescheduled or canceled through the Call Center. If a reschedule or cancel request is made fewer than two full business days (48 hours) before the scheduled appointment time, or candidates fail to arrive for their appointment, they will be considered a no-show and will forfeit their exam fee or voucher.

Candidates who fail to show up for their exam will forfeit their \$20 scheduling fee, and will be charged an additional \$179 no show fee.

TESTING ACCOMMODATIONS

For information on how to request testing accommodations under the Americans with Disabilities Act (ADA), please visit www.hitproexams.org.

Americans with Disabilities Act (ADA) Compliance Policy Statement

The American Health Information Management Association (AHIMA), Northern Virginia Community College (NOVA) and Pearson VUE provide reasonable accommodations in accordance with the Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) for individuals with documented disabilities who demonstrate a need for accommodation. In accordance with these Acts, AHIMA/NOVA/Pearson VUE do not discriminate against individuals with disabilities in providing access to its examination program.

The ADA Amendments Act of 2008 defines a person with a disability as someone with a physical or mental impairment that substantially limits one or more major life activities of such individual. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

The purpose of accommodations is to provide equal access to HIT Pro™ examinations for all individuals. Accommodations “match up” with the identified functional limitation so that the area of impairment is relieved by means of an auxiliary aid or modification to the testing procedure. Functional limitation refers to the aspects of a disability that interfere with an individual’s ability to function as compared to most adults; that is, what someone cannot do on a regular and continuing basis as a result of the disability.

The purpose of documentation is to validate that an applicant for test accommodations is a disabled individual as defined by the amended ADA and to provide guidance in determining effective accommodations. Comprehensive information by a qualified professional is necessary to allow AHIMA/NOVA/Pearson VUE to understand the nature and extent of the applicant’s disability and the resulting functional impairment that limits access to its examinations. It is essential that an applicant’s documentation provide a clear explanation of the functional impairment and a rationale for the requested accommodation.

No candidate shall be offered a modification which would compromise the HIT Pro™ examination's ability to test accurately the skills and knowledge it purports to measure and no auxiliary aid or service will be provided which will fundamentally alter the examination or will result in an undue burden to AHIMA/NOVA/Pearson VUE.

Confidentiality

AHIMA, NOVA, and Pearson VUE strictly adhere to a policy of confidentiality and do not disclose names of applicants with disabilities or information concerning the application or accompanying documentation. Examinations administered with accommodations are not identified to third party score recipients.

PREPARATION FOR THE HIT PRO™ EXAMS

Tips for Success

- Read through the entire candidate guide.
- Review the exam blueprints and competency statements listed on pages 4-17. These detail the content areas covered on the exams.
- Although not required, completion of a six-month HIT Workforce Development Training Program at one of the Community College Consortia schools, will provide foundational knowledge related to the HIT Pro™ exams.
- Create a study plan based on the exam blueprint. Focus on the content areas that are less familiar to you. If you have experience in healthcare and/or IT, you may need less preparation time than others without that relevant background.
- It is better to break up your studies and exam preparation over the course of several days/weeks as needed, as opposed to trying to cram shortly before your exam appointment.
- Know when and where the test will be given, appear on time with any required materials (for example, valid identification), and be ready to be tested.
 - Please ensure that both forms of your identification abide by all requirements as described on page 21 of this guide.

TEST TAKERS' RIGHTS AND RESPONSIBILITIES

As a test taker, you have the right to:

1. Be informed of your rights and responsibilities as a test taker.
2. Be treated with courtesy, respect, and impartiality, regardless of your age, disability, ethnicity, gender, national origin, religion, sexual orientation, or other personal characteristics.
3. Be tested with measures that meet professional standards and that are appropriate, given the manner in which the test results will be used.
4. Receive written explanation prior to testing about the purpose(s) for testing, the kind(s) of tests to be used, if the results will be reported to you or to others, and the planned use(s) of the results. If you have a disability, you have the right to inquire and receive information about testing accommodations.
5. Know in advance of testing when the test will be administered, if and when test results will be available to you, and if there is a fee for testing services you are expected to pay.
6. Have your test administered and your test results interpreted by appropriately trained individuals who follow a professional code of ethics.
7. Know the consequences of taking or not taking the test, fully completing the test, or canceling the scores. You may need to ask questions to learn these consequences.
8. Receive a written explanation of your test results within a reasonable amount of time after testing and in commonly understood terms.
9. Have your test results kept confidential to the extent allowed by law.
10. Present concerns about the testing process or your results and receive information about procedures that will be used to address such concerns.

As a test taker, you have the responsibility to:

1. Read or listen to your rights and responsibilities as a test taker.
2. Treat others with courtesy and respect during the testing process.
3. Ask questions prior to testing if you are uncertain about why the test is being given, how it will be given, what you will be asked to do, and what will be done with the results.
4. Read or listen to descriptive information in advance of testing and listen carefully to all test instructions. You should inform Pearson VUE before scheduling your test if you wish you receive a testing accommodation or if you have a physical condition or illness that may interfere with your performance on the test.
5. Know when and where the test will be given, pay for the test if required, appear on time with any required materials (for example, valid identification), and be ready to be tested.
6. Follow the test instructions you are given and represent yourself honestly during the testing.
7. Be familiar with and accept the consequences of not taking the test, should you choose not to take the test.
8. Inform appropriate person(s) (as specified to you by the organization responsible for testing) if you believe that testing conditions affected your results.
9. Ask about the confidentiality of your test results, if this aspect concerns you.
10. Present concerns, if you have any, about the testing process or results in a timely, respectful way.

(Adopted from the American Psychological Association Test Takers' Rights and Responsibilities, 1999)

ON EXAMINATION DAY

Examination Procedures

We ask that you arrive at the test center 30 minutes before your scheduled appointment time. This will give you adequate time to complete the necessary sign-in procedures. Please be prepared to show two (2) valid, non-expired forms of personal identification. Both must have your signature, and one of the two must have your photo. If you arrive more than 15 minutes late for an exam and are refused admission, you will be considered a no-show and you will forfeit your exam fee. If a voucher was used for payment, you will forfeit your voucher and you will be charged the exam fee.

If you wish to reschedule or cancel your exam appointment, you must do so at least two full business days (48 hours) before the appointment via the Pearson VUE website or call center. All registrations with accommodations must be rescheduled or canceled through the call center. If your request is made less than two business days (48 hours) before your scheduled appointment time, or you fail to arrive for your appointment, you will be considered a no-show and you will forfeit your exam fee. If a voucher was used for payment, you will forfeit your voucher and you will be charged the exam fee.

Please note, you will not be allowed to take any personal items with you into the testing room including all bags, books or other materials not authorized for this exam, notes, phones, pagers, watches and wallets.

When arriving at the test center, candidates will:

1. Receive the Professional Examination Rules Agreement
2. Submit two valid, correct forms identification (ID)
3. Have their digital signature captured to verify that signatures match
4. Have their palm vein pattern captured
5. Have a photograph taken
6. Store belongings

A dry erase board will be provided to all candidates for use during the examination. No scratch paper is allowed.

Identification Requirements

The identification (ID) requirements to be allowed to test include a primary form of ID that contains the candidate's signature and picture, and a secondary form of ID that contains the candidate's signature. The name on the primary and secondary forms of ID should be the same as the name that appears on the testing application.

Acceptable forms of primary ID are valid and non-expired with the candidate's photograph and signature including:

- Government-issued driver's license, including temporary licenses with all required elements
- U.S. Department of State driver's license
- U.S. learner's permit (plastic card only with photo and signature)
- National/State/Country Identification Card
- Passport
- Passport cards
- Military ID
- Military ID for spouses and dependents
- Government-Issued local language ID (plastic card with photo and signature)

The following are examples of **unacceptable** forms of ID:

- Any form of ID that is expired, unless it is accompanied by renewal paperwork
- Library card
- Marriage certificate
- Voter's registration card
- Club membership card
- Public aid card
- Temporary driver's license without proper paperwork and photo identification
- Video club membership card
- Traffic citation (arrest ticket)
- Fishing or hunting license

Without acceptable forms of ID, candidates will not be allowed to test and will forfeit their voucher. Pearson VUE reserves the right to deny a candidate from taking the exam if there is a question in regards to the validity of the ID(s).

Test Center Restrictions

To ensure that examination results for all candidates are earned under comparable conditions, it is necessary to maintain a standardized testing environment. Candidates must adhere to the following:

No reference or study materials may be brought into the examination room.

Documents or notes of any kind may not be removed from the examination room. All computer screens, paper, and written materials are the copyrighted property of Pearson VUE and may not be reproduced in any form.

Candidates will not be allowed to take anything into the examination room other than those items given to them by the administrator and their identification documents.

Prohibited items will not be allowed into the examination room. Prohibited items include, but are not limited to the following: calculators, pagers, cell phones, electronic digital devices (PDAs, watches), recording or photographic devices, weapons, briefcases, computers or computer bags, and handbags or purses. Candidates cannot bring in drinks or snacks of any kind.

Eating, drinking, and smoking are prohibited in the test center.

Questions regarding the content of the examination may not be asked of the test center administrator during the examination.

Security

Each candidate will be required to electronically sign a nondisclosure agreement at the beginning of the examination session. **If a candidate does not understand or agree to the terms of the nondisclosure agreement, the candidate will be unable to continue with the examination and will forfeit his or her voucher.**

All proprietary rights in the examinations, including copyrights and trade secrets, are held by AHIMA/NOVA/Pearson VUE. In order to protect the integrity of the examinations and to ensure the validity of the scores reported, candidates must adhere to strict guidelines regarding proper conduct in handling copyrighted proprietary examinations. Any attempt to reproduce all or part of the examinations, including, but not limited to, removing materials from the examination room, aiding others by any means in reconstructing any portion of the examinations, selling, distributing, receiving or having unauthorized possession of any portion of the examinations, is strictly prohibited by law. Alleged copyright violations will be investigated and, if warranted, prosecuted to the fullest extent of the law. It should be noted that all examination scores may be invalidated in the event of this type of suspected breach.

Candidates may not write on any examination materials distributed by or belonging to AHIMA/NOVA/Pearson VUE.

A candidate can be disqualified from taking or continuing an examination, or from receiving examination results, or the candidate's scores might be cancelled if Pearson VUE determines through proctor observation, statistical analysis, and other evidence that the candidate's score may not be valid or that the candidate was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of the examination.

Test centers are continuously monitored by audio and video surveillance equipment for security purposes.

Misconduct

Individuals who engage in the following conduct may be dismissed from the test center and their scores will not be reported. Examples of misconduct include but are not limited to:

- Using electronic communications equipment such as personal digital assistants (PDAs), calculators, pagers, and cellular telephones.
- Giving or receiving help during the examination or being suspected of doing so.
- Attempting to take the examination for someone else.
- Using notes, books, or other aids.
- Removing or attempting to remove note paper from the test center.
- Creating a disturbance or behaving in an abusive or otherwise uncooperative manner.

Cancellation Due to Bad Weather or Other Emergencies

In the event of bad weather, a natural disaster, or other emergency (for example, a test center power outage), Pearson VUE will determine whether circumstances warrant cancellation and rescheduling of examinations at a particular test center.

Examinations will not be cancelled and rescheduled if the test center administrator can open the test center. Every attempt will be made to administer all examinations as scheduled.

However, should examinations at a test center be cancelled, all affected candidates will be contacted by Pearson VUE about rescheduling their examinations.

AFTER THE EXAMINATION

Notification of Examination Results

Candidates completing the examination in May – August 2011 will not receive immediate scoring. Instead, these candidates will be asked to report to the test center staff to receive a test completion notice. Once sufficient data has been collected to determine the passing score for the exams, exam results will be sent to these candidates via regular mail.

Beginning in September, candidates will receive their results immediately upon completion of their exam, and passing scores for examinations will be published on the HIT Pro™ website at www.hitproexams.org.

Confidentiality Procedures

AHIMA, NOVA, and Pearson VUE have adopted policies and procedures to protect the confidentiality of examination candidates. AHIMA and Pearson VUE staff members will not discuss pending examination applications with anyone but the candidate and will not report scores via telephone, e-mail, or fax.

AHIMA, NOVA, and Pearson VUE will not release exam results to educational institutions unless authorized by the candidate.

Validation of Scores

AHIMA, NOVA, and Pearson VUE are responsible for the validity and integrity of the scores reported. Occasionally, computer malfunctions or candidate misconduct may cause a score report to be suspect.

AHIMA, NOVA, and Pearson VUE reserve the right to void or withhold examination results if, upon investigation, violation of AHIMA's regulations is discovered. Candidates are expected to fully cooperate with any investigation.

Examination Complaints

Candidates are required to report any complaints at the test center on the day of their examination.

Because of the secure nature of the examination, neither AHIMA nor Pearson VUE will disclose examination questions or a candidate's responses to individual questions.

Retake Policy

- Candidates who have taken and failed an examination must wait a minimum of 45 days before testing again.
- Candidates receiving a pass decision on their initial (first) attempt of any HIT Pro™ exam cannot retake that exam.
- Candidates using 100% discount paid upon redemption vouchers will be allowed only the initial (first) attempt at no cost.
- Only one voucher will be issued per candidate, and this voucher can only be used once (the voucher cannot be used for subsequent attempts, either on the same exam in the case of a non-pass decision, or a second exam by role).