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Rwanda Biomedical Center

**HIV Tester Certification - Written Examination Sheet**

**TESTER INFORMATION**

Last Name ……………………………………..…… First Name: ……………………..…………………. Middle Name: ……………………….…...…

*(Surname) (Given name)*

Professional registration number *(if available*): …………………..…… Certification ID *(if available)*: …………………….

Date of last training: …………/……………/..……….. Length of training (days): ………………………………………………………………..

Time worked as tester to date (Years or months): ...........................................................................................................

Phone: …………………………………………….………... Email (if available): ………………….………………………………………...

***Written Examination Instructions***

* *Complete the Examination Information section before you begin the examination. Failure to do so will result in not scoring your test.*
* *For each question, indicate the question code and the write the letter of the correct statement in the column labelled “Your answer”.*
* *Make sure to answer* ***all*** *the questions. Each correct answer will receive* ***one (1) point****. Incorrect answers or questions left unanswered will be scored* ***zero (0) point****. A total score of* ***80% (or 20 points)*** *or* ***higher*** *is required to pass the examination.*
* *Before turning in your examination sheet, verify that you have answered all the questions, indicated your name, the date and signed the examination sheet.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S/N | **Question Code** | **Your answer** | **Correct Answer** | S/N | **Question Code** | **Your answer** | **Correct Answer** |
| 1 |  |  |  | 14 |  |  |  |
| 2 |  |  |  | 15 |  |  |  |
| 3 |  |  |  | 16 |  |  |  |
| 4 |  |  |  | 17 |  |  |  |
| 5 |  |  |  | 18 |  |  |  |
| 6 |  |  |  | 19 |  |  |  |
| 7 |  |  |  | 20 |  |  |  |
| 8 |  |  |  | 21 |  |  |  |
| 9 |  |  |  | 22 |  |  |  |
| 10 |  |  |  | 23 |  |  |  |
| 11 |  |  |  | 24 |  |  |  |
| 12 |  |  |  | 25 |  |  |  |
| 13 |  |  |  |  |  |  |  |

Signature of Tester: Examination date: / /

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Score to be summarized by Proctor or Evaluator only** | | | | | |
| **Section Title** | **Points obtained** | **Points expected** | **Section Title** | **Points obtained** | **Points expected** |
| 1. Quality assurance |  | 3 | 1. Record keeping/ Logbook |  | 3 |
| 1. Overview of HIV RT |  | 3 | 1. EQA/PT |  | 4 |
| 1. Safety |  | 3 | 1. Professional ethics |  | 2 |
| 1. Specimen collection |  | 2 | 1. Inventory |  | 2 |
| 1. HIV testing algorithm |  | 3 |  |  |  |
| **Overall score** | | | |  | **25** |

**Final score obtained: …………... % Performance recommendation: Satisfactory Unsatisfactory**

Name and Signature of Proctor/Evaluator: …………………………………………………………… Date: …….…/…….……/……..……