

>>>Enter MOH or Certification Body full name here<<<

**HIV Tester Certification - Written Examination Sheet**

**TESTER INFORMATION** *(All Capital letters)*

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

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

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

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** | **Total Points obtained** | **Points expected** | **Section Title** | **Total Points obtained** | Points expected |
| Quality assurance |  | 3 | Record keeping/ Logbook |  | 3 |
| Overview of HIV RT |  | 3 | EQA/PT |  | 4 |
| Safety |  | 3 | Professional ethics |  | 2 |
| Specimen collection |  | 2 | Inventory |  | 2 |
| HIV testing algorithm |  | 3 |  |  |  |
|  |  | 25 |

**Total Points obtained: ………………..………. Final score obtained: (………….../25)\*100 =……………..……….. %**

**Performance recommendation: Satisfactory (≥80%) Unsatisfactory (<80%)**

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