Colorado NURSE AIDE

written (or oral) examination & skills evaluation

CANDIDATE HANDBOOK

October 2014
Quick Reference

NACES Plus Foundation, Inc.
Colorado NNAAP®
8501 North Mopac Expressway, Suite 400
Austin, TX 78759
(866) 393-1181
Fax: 1 (866) 95NACES / 1 (866) 956-2237
Hours of Operation 8:30 a.m. – 5:30 p.m.
(Mountain Time Zone)

Call NACES Plus Foundation, Inc. to:
• Arrange for an In-Facility Test

State Board of Nursing
Nurse Aide Registry
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-2430

Hours of Operation 8:00 a.m. – 5:00 p.m.
(Mountain Time Zone)

Contact State Board of Nursing to:
• Clarify information about the Registry
• Obtain information regarding endorsement from other States
• Obtain information on continued certification on the Registry
• Download an application for certification by endorsement or reinstatement
• Request a duplicate certificate
• Change your current address or name after certification
• Apply for certification after surrender or revocation
Call Pearson VUE to:

- Obtain information regarding your Score Report
- Reschedule for the NNAAP Examination
- Change your current address or name before certification
- Request a duplicate Score Report
- Obtain information regarding your examination
- Obtain information regarding an accommodation for testing under the Americans with Disabilities Act (ADA) guidelines
- Obtain a Candidate Handbook or an Application for Registration

Go to Pearson VUE’s website (www.pearsonvue.com) to:

- Download a Candidate Handbook
- Download an Application
- Download Spanish Skills Listing
- View Regional Test Site testing dates
- Download a Nurse Aide Practice Written Examination
- View Frequently Asked Questions
- Download an ADA Accommodation Form
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NNAAP® Written Exam Content Outline and Practical Skills Listing
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# TABLE OF CONTENTS

## QUICK REFERENCE
- Inside Front Cover

## INTRODUCTION
- National Nurse Aide Assessment Program (NNAAP®)
- Exam Overview

## ELIGIBILITY
- Eligibility Routes

## APPLICATION AND SCHEDULING
- Filling Out an Application
- Address & Name Changes
- Exam Fees
- ADA Accommodations
- Immigration Act
- Exam Scheduling
- Authorization to Test Notice
- Test Sites
- Healthcare Professions Profile Requirement

## CANCELLATION AND RESCHEDULING
- Refunds
- Absence Policy
- Weather Emergencies

## EXAM DAY
- Checking In
- What to Bring
- Proper Identification
- Security and Cheating
- Testing Policies
- Lateness
- Electronic Devices
- Personal Belongings/Study Aids
- Eating/Drinking/Smoking
- Misconduct
- Guests/Visitors

## WRITTEN (OR ORAL) EXAM
- continued next page
WRITTEN (OR ORAL) EXAM
CONTENT OUTLINE ..................................... 14
SAMPLE QUESTIONS ..................................... 15
SELF-ASSESSMENT READING TEST .......... 16-19
SKILLS EVALUATION ................................ 20
What to Expect ............................................ 20
  Setting ..................................................... 20
  Who Will Act as a Client? ......................... 20
Candidate Volunteer Requirements ............. 20
Candidate Dress Requirements .................. 20
The Tasks ............................................... 21
Recording a Measurement ....................... 22
  Sample of Recording Sheet for Measurement Skills ................... 23
  Tips for the Skills Evaluation ..................... 24
SKILLS LISTING ...................................... 25-40
EXAM RESULTS ....................................... 41
  Written (Or English or Spanish Oral) Examination ..................... 41
  Skills Evaluation ..................................... 41
SCORE REPORTING .................................... 42
  Failing ..................................................... 42
  How to Read a Failing Score Report ............. 42
  Passing .................................................. 43
  Duplicate Score Report ............................. 43
GRIEVANCE PROCESS ............................... 44
THE REGISTRY ........................................ 45
  If You Change Your Name or Address ............. 45
FREQUENTLY ASKED QUESTIONS ............ 46-47
APPENDIX
A: Request for Duplicate Score Report Form ........ back of handbook
B: Change of Address or Name After Certification Form ........ back of handbook
C: Substitute for Photo Identification Form .......... back of handbook
INTRODUCTION

This handbook is for candidates who want to be certified as nurse aides in Colorado. It describes the steps you, the candidate, must follow to apply for and test in the National Nurse Aide Assessment Program (NNAAP®). Please read this handbook completely and refer to it as much as you need.

The State Board of Nursing has contracted with Pearson VUE (formerly Promissor), a nationally recognized leading provider of assessment services to regulatory agencies. Pearson VUE will create, score, and report the results of the Written Examination and Skills Evaluation you must take to become certified as a nurse aide. Pearson VUE will also help you apply to take the exam (both parts). If you pass the exam and meet all other requirements, Pearson VUE will submit your name to the State Board of Nursing for placement on the Colorado Nurse Aide Registry and subsequent mailing of your license within approximately ten business days. The phone number and address of Pearson VUE are listed on the back cover of this handbook.

NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP®)

The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA ’87), was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

The National Nurse Aide Assessment Program (NNAAP®) is an examination program designed to determine minimal competency to become a certified nurse aide in your state.

The NNAAP was developed by the National Council of State Boards of Nursing, Inc., (NCSBN) to meet the nurse aide evaluation requirement of federal and state laws and regulations. Pearson VUE is the authorized administrator of the NNAAP in your state.

The NNAAP Examination is an evaluation of nurse aide-related knowledge, skills, and abilities. The NNAAP Examination is made up of both a Written (or Oral) Examination and a Skills Evaluation. The purpose of the NNAAP Examination is to test that you understand and can safely perform the job of an entry-level nurse aide.
EXAM OVERVIEW

There are two parts to the NNAAP Examination, the Written Examination (or Oral) Examination and the Skills Evaluation. Both will be administered on the same day. You must pass both parts in order to be certified and listed on the Colorado Nurse Aide Registry.

The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample examination questions are provided in this handbook.

An oral examination available in either English or Spanish may be taken in place of the Written Examination if you have difficulty reading English. The Oral Examination consists of sixty (60) questions and ten (10) multiple-choice reading comprehension questions provided on an audio cassette tape. You will be asked to listen to the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape. If you want to take the Oral Examination, you must request it when you submit your application.

During the Skills Evaluation you will be asked to perform five (5) randomly selected nurse aide skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Nurse Aide Evaluator. You must perform all five (5) skills correctly in order to pass the Skills Evaluation. A complete listing of the skills is shown on pages 25 to 40.

See The Written (or Oral) Exam and The Skills Evaluation for more details about the NNAAP Examination.

ELIGIBILITY

Before you can take the nurse aide exam, you must find out if you are eligible, or qualified. To find out, choose the route that applies to you by reviewing the eligibility routes listed below. After you have identified the correct eligibility route, the information that follows will direct your next steps as well as what you must do to take the NNAAP® Exam. If you are not certified within two (2) years (24 months) after Pearson VUE receives your application, your application will expire. You will then need to re-apply and send in a new application and the required documents.
ELIGIBILITY ROUTES

E1  NEW NURSE AIDE
You must have completed a State-approved training program. (You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.)

Note: Eligibility Route E2 was deliberately omitted from this handbook.

E3  LPN, RN, OR LPT STUDENT WHO HAS NEVER BEEN LICENSED
You must have successfully completed five (5) semester credits of nursing fundamentals in a Practical Nursing, Registered Nurse, or Psychiatric Technician program. You must provide a transcript or a verification letter from the school where you earned the credits. (You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.)

E4  LPN, RN, OR LPT STUDENT WITH AN ACTIVE OR EXPIRED LICENSE FROM ANY U.S. STATE OR TERRITORY
You must attach a copy of your license or transcript proving that you completed a RN, LPN, or LPT nursing program. You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.

E5  NURSE WHO WAS TRAINED OUTSIDE OF THE UNITED STATES OR U.S. TERRITORIES
Contact the Board of Nursing at (303) 894-2437 for information on applying for certification.

E6  NURSE AIDE WHO WAS TRAINED IN ANOTHER STATE AND DOES NOT HOLD A CURRENT NURSE AIDE CERTIFICATE
You must provide proof that you completed a state-approved nurse aide training program. Contact Pearson VUE for more information. You must pass the nurse aide exam within twenty-four (24) months after Pearson VUE receives your application.

Eligibility Routes continue next page
E7 RN, LPN, OR LPT WITH ACTIVE DISCIPLINE
You must attach a copy of your most recent nursing license. You must check “Yes” under Screening Question 8 on the application and provide an explanation. Your application will require review by the Board of Nursing and this will most likely lengthen your application process. You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.

E8 CERTIFIED NURSE AIDE (CNA) WHOSE LICENSE WAS REVOKED OR SURRENDERED
There is a one-year waiting period after a revocation and a two-year waiting period after surrendering a CNA certification before you can re-apply. You must complete re-training at an approved training program within two years prior to applying by examination and supply proof of training. You must check “yes” to Screening Question 8 on the application and provide a written explanation. You must submit a letter to the Board along with your application asking permission to re-test. Your application and supporting documents will require review by the Nurse Aide Advisory Committee which will lengthen the application process. You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.

Note: Eligibility Route E9 was deliberately omitted from this handbook.

Note: Eligibility Route E10 was deliberately omitted from this handbook.

E11 NURSE AIDE WHO WAS PREVIOUSLY CERTIFIED IN COLORADO BUT HAS NOT WORKED AS A NURSE AIDE FOR PAY FOR AT LEAST 8 HOURS IN THE LAST 24 MONTHS
You must attach a copy of your most recent nurse aide certificate or a copy of your Certificate of Completion from a State-approved training program. You must pass the nurse aide exam within two (2) years (24 months) after Pearson VUE receives your application.
APPLICATION AND SCHEDULING

FILLING OUT AN APPLICATION

To become a nurse aide in Colorado, you must fill out a Certification by Examination Application. You may obtain this application:

- from your nurse aide training program
- by calling Pearson VUE at (888) 274-5050
- from the Pearson VUE website (www.pearsonvue.com)

PLEASE NOTE: Only application forms with a revision date of 7/14 or later will be accepted.

If you do not pass both portions of the exam within two (2) years after Pearson VUE receives your complete application, you must submit a new application and fee. If you fail either portion of the exam three (3) times you must re-train at an Approved Nurse Aide Training Program before taking the exam again.

Since you are the nurse aide applicant, you must fill out the application yourself. You may ask someone from your Training Program or your employer for assistance in completing the application. You may also call a Pearson VUE Customer Care Representative for assistance at (888) 274-5050. You may need to include other documents with the application depending on the route you followed on pages 2–4. Incomplete documentation will delay scheduling. You must also include the appropriate exam fee (see page 6).

ADDRESS & NAME CHANGES

If you change your name or address while you are applying or testing, or any time before you become certified, contact Pearson VUE as soon as possible. You will need to send legal proof of a name change, such as a marriage certificate or a divorce decree.
EXAM FEES

If you are taking the exam for the first time, you must pay for both the Written or Oral Examination and the Skills Evaluation.

<table>
<thead>
<tr>
<th>EXAMINATION</th>
<th>TOTAL FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written and Skills together</td>
<td>$123</td>
</tr>
<tr>
<td>Oral–English and Skills together</td>
<td>$123</td>
</tr>
<tr>
<td>Oral–Spanish and Skills together</td>
<td>$123</td>
</tr>
<tr>
<td>Written only</td>
<td>$45</td>
</tr>
<tr>
<td>Oral–English only</td>
<td>$45</td>
</tr>
<tr>
<td>Oral–Spanish only</td>
<td>$45</td>
</tr>
<tr>
<td>Skills only</td>
<td>$78</td>
</tr>
</tbody>
</table>

If you are paying your fees, they must be paid by a money order or certified check made out to Pearson VUE. If your employer is paying, fees must be paid by facility check, money order, or certified check. The check or money order must display your name, so the fee can be applied to your exam. Personal checks, credit cards, and cash will not be accepted. Fees cannot be refunded and cannot be transferred to another person.

Send your completed application, all required documents, and exam fees together in one envelope to:

Pearson VUE/State Board of Nursing
3131 S Vaughn Way, Ste 205
Aurora, CO  80014

This information must be received by Pearson VUE at least twelve (12) business days before the examination date.

ADA ACCOMMODATIONS

Pearson VUE complies with the Americans with Disabilities Act (42 U.S.C. Section 12101 et seq.). If you have a disability, you may ask for special testing when you apply by filling out the ADA Accomodation Form which should be included with the application. Explain the exact help you need and enclose proof of the need from your health care provider and/or qualified professional. After a request has been approved, the Nurse Aide Evaluators who give the exam will be ready to meet your needs if you are disabled. All requests must be approved in advance by Pearson VUE. No changes will be made at a test site if they have not been approved and arranged before the
If you need special arrangements but have not requested them before testing, you will not be allowed to test and will be counted as absent.

HEALTHCARE PROFESSIONS PROFILE REQUIREMENT
The Michael Skolnik Medical Transparency Act (section 24-34-110, C.R.S.) requires certified nurse aides to create and keep current an online Healthcare Professions Profile. To create your profile, you will answer “yes/no” questions about your education, employer, disciplinary actions (in any state) and felony convictions (and crimes of moral turpitude). You can also enter information about awards and charity/volunteer work.

If you answer yes to: 1) disciplinary actions and/or restriction/suspension of a CNA license; and/or 2) felony conviction (or crime of moral turpitude) you have to send a copy of the final document to the Division of Professions and Occupations. That document will be posted online with your Healthcare Professions Profile and can be viewed by the public. When your information changes you must update your online Profile within 30 days. If you do not meet these requirements, you can receive an administrative fine and will not be able to renew your CNA license. If you have questions, or need to update your Healthcare Professions Profile, please see the DORA website at www.dora.colorado.gov/professions/hppp or call the HPPP Helpdesk at 303-894-5942 or by email at dora_dpo_hppp@state.co.us

IMMIGRATION ACT
Effective January 1, 2007, HB 06S-1009 requires that the Division of Professions & Occupations will only issue or renew a license or registration if the individual is lawfully present in the United States. The law further requires the Division of Professions & Occupations to immediately deny or not renew any license/registration upon determining that the individual is not in the United States legally. Additionally, the law requires individuals prove their identity with a secure and verifiable document.

For candidates making application, the Affidavit of Eligibility (revised 5/2011) found in the Nurse Aide Candidate Application will be required to be completed and submitted with their application. Along with this you will be required to submit information from one of the following secure and verifiable documents (list continues on page 8):

- Driver’s License or permit
- Government Issued ID card

LIST CONTINUES ON FOLLOWING PAGE
• Valid U.S. military ID/common access card
• Colorado Department of Corrections inmate ID
• Tribal ID card
• U.S. Passport
• Certificate of Naturalization
• Certificate of (U.S) Citizenship
• Valid Temporary Resident Card
• Valid I-94 issued by Canadian government
• Valid I-94 with refugee/asylum stamp
• Valid I-766 (Employment Authorization Card)
• Valid I-551 (Resident Alien or Permanent Resident Card)
• Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94
• Valid foreign passport bearing an unexpired “Processed for I-551” stamp or with an attached unexpired “Temporary I-551” visa

EXAM SCHEDULING
Once Pearson VUE receives your application, required documents, and fees; they will schedule you for testing. You will not be scheduled until all required materials are received. Pearson VUE will mail your Authorization to Test Notice to you at the address listed on your application within forty-eight (48) hours.

AUTHORIZATION TO TEST NOTICE
Your Authorization to Test Notice has important information about your examination. If you do not get your ticket within ten (10) business days, call Pearson VUE at (888) 274-5050. Pearson VUE is not responsible for lost, misdirected, or delayed mail.

TESTING LOCATIONS
The nurse aide examination (both parts) will be given at a Regional Test Site. Please visit www.pearsonvue.com or call (888) 274-5050 to determine the schedule of the test site most convenient to you. When accessing Pearson VUE’s website, click on the second tab labeled “Test Taker Services” (next to the “Home” menu), and select “Colorado Nurse Aides” from the drop down menu. Then, select “Regional Test Sites and Test Schedules.”
CANCELLATION AND RESCHEDULING

If you are unable to attend your scheduled examination, you must call Pearson VUE at least five (5) business days (not including the day you call) before the examination date to reschedule. (Saturday, Sunday, and legal holidays are not business days.) If you do not call Pearson VUE at least five (5) business days in advance of your examination date to reschedule, and do not show up for your scheduled examination, your exam fee will NOT be refunded and you cannot transfer the fee to another exam date. You may not give your exam date to another person.

If your employer paid your exam fee, you should notify your employer if you are absent, if you ask for a new exam date, or if you were denied admission to the exam.

REFUNDS

Once payment of exam fees is received, NO REFUNDS WILL BE ISSUED.

ABSENCE POLICY

Since unexpected situations occasionally occur, Pearson VUE will consider excusing an absence from an exam. Acceptable excuses are:

- Illness of yourself or an immediate family member
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

Requests for excused absences must be made in writing within ten (10) business days following the day of the scheduled examination. This request must include proof of the reason you were absent. For example, if you are absent because of illness of yourself or an immediate family member, you must provide an original doctor’s note. Pearson VUE’s decision regarding whether an absence is excused is final.
WEATHER EMERGENCIES
Exams may be delayed or cancelled if severe weather or a natural disaster makes the test site unsafe or impossible to reach. If you think the exam may be cancelled due to severe weather or a natural disaster, call Pearson VUE at (888) 274-5050. If the exam is cancelled, you may take the exam on another day at no additional cost.

EXAM DAY

CHECKING IN
You must arrive 30 minutes prior to your scheduled time for BOTH the written examination and for the skills evaluation. If you are late for the written examination you will not be allowed to test and your fees will not be refunded. If you missed your written examination and are scheduled for a skills evaluation, please arrive 30 minutes prior to your scheduled time. Skills Evaluation test times are approximate. You will be required to check in for both the written examination and for the skills evaluation. You will be required to present proper identification.

WHAT TO BRING
You MUST bring the following items with you to the test site:

- Two (2) forms of proper identification (see “Proper Identification” section on page 11)
- Three (3) No 2 pencils (sharpened)
- Eraser
- Watch with a second hand
PROPER IDENTIFICATION

Candidates are required to bring:

- Two (2) forms of current, not expired, signature-bearing identification. One MUST be a government-issued photo identification (for example: driver’s license). Please note: THE SIGNATURES ON THE TWO (2) IDs MUST MATCH. If you come to the test site without the proper ID, you will not be allowed to take the exam and you will lose your exam fee. Examples of proper identification include current, not expired:
  - Driver’s license
  - Signature-bearing Social Security Card
  - Clinic Card
  - Credit Card
  - Library Card
  - State-issued identification card
  - Passport

The name on your identification must be the same as the name you used on the application to register for the examination. If your name is different, you MUST bring proof of name change (a copy of an official document such as a marriage license or a divorce decree) to the test center.

Recommended items to bring with you to the test site:

- The Admission Ticket
- Three (3) No. 2 pencils (sharpened)
- Eraser
- A watch with a second hand

No other materials will be allowed.

SECURITY AND CHEATING

If you give help to or receive help from anyone during the NNAAP Examination, the examination will be stopped. The incident will be reported to the State Board of Nursing for review, and your examination will not be scored (see Testing Policies).

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of, or licensed to Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. Anyone who removes or tries to remove examination material or information from the test site will be prosecuted.
TESTING POLICIES

The following policies are observed at all Regional and In-Facility Test sites.

LATENESS

Arrive at the test center thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all of your required materials, you will NOT be allowed to test and your examination fee will NOT be returned. If you are late for the Written (or Oral) Examination, but arrive on time for the Skills Evaluation, you will be allowed to take the Skills Evaluation.

If you are late for your Skills Evaluation or do not bring all your required materials, you will NOT be allowed to test and you will be required to re-apply and pay another examination fee (see Cancellation for more details). Test times are approximate. Please plan to spend all day.

ELECTRONIC DEVICES

Cellular phones, beepers or any other electronic devices are not permitted to be used and must be turned off during testing. There is no place for storage of personal belongings at the Regional Test Sites.

STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Pearson VUE is not responsible for lost or misplaced items.

EATING/DRINKING/SMOKING

You are not permitted to eat, drink, or smoke during the examination.

MISCONDUCT

If you cause a disturbance of any kind or engage in any kind of misconduct, you will be dismissed from the examination and the incident will be reported to the State Board of Nursing. Decisions regarding disciplinary measures are the responsibility of the State Board of Nursing.

GUESTS/VISITORS

Guests, visitors, pets, or children are NOT allowed at the Regional or In-Facility Test Sites.
THE WRITTEN (OR ORAL) EXAM

WRITTEN (OR ORAL) EXAM

An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an Oral Examination when filling out your application. The Oral Examination is provided on a cassette tape. A cassette player and earphones are provided at the test center. You will be asked to listen to a tape of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape.

The Oral Examination consists of two (2) parts, and you must pass both parts in order to pass the Oral Examination. The first part of the Oral Examination has sixty (60) multiple-choice questions. Each of these questions is read twice. As each question is read, you will be asked to choose the correct answer and mark it on your answer sheet.

The second part of the Oral Examination has ten (10) multiple-choice questions. These questions test your ability to speak a minimum amount of English by recognizing common words used as a nurse aide in long-term care facilities. Each word is read three (3) times. You are asked to match the word you hear on the tape to the written word in the test booklet. As you find the match, you mark your answer on the answer sheet.

The Oral Examination takes two (2) hours to complete. You will be told when fifteen (15) minutes remain in order to finish. Fill in only one (1) oval on the answer sheet for each question. You may write in the test booklet, but markings in the test booklet will NOT be accepted as answers. Your answers must appear on the separate answer sheet.
The current NNAAP® Examination Content Outline is based on the findings from the 2009 Job Analysis of Nurse Aides published by NCSBN in spring 2010.

The NNAAP written examination is comprised of 70 multiple-choice items; 10 are pretest items (non-scored) on which statistical information will be collected. The NNAAP oral examination is comprised of 60 multiple-choice items and 10 reading comprehension (word recognition) items. The candidate is allowed to choose between a written and an oral examination.

<table>
<thead>
<tr>
<th>I. Physical Care Skills</th>
<th>% of questions in the exam</th>
<th># of questions in the exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Activities of Daily Living</td>
<td>14%</td>
<td>8</td>
</tr>
<tr>
<td>1. Hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Dressing and Grooming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Nutrition and Hydration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Elimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Rest/Sleep/Comfort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Basic Nursing Skills</td>
<td>39%</td>
<td>24</td>
</tr>
<tr>
<td>1. Infection Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Safety/Emergency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Therapeutic/Technical Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Data Collection and Reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Restorative Skills</td>
<td>7%</td>
<td>4</td>
</tr>
<tr>
<td>1. Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Self Care/Independence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Psychosocial Care Skills</th>
<th>% of questions in the exam</th>
<th># of questions in the exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Emotional and Mental Health Needs</td>
<td>11%</td>
<td>6</td>
</tr>
<tr>
<td>B. Spiritual and Cultural Needs</td>
<td>2%</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Role of the Nurse Aide</th>
<th>% of questions in the exam</th>
<th># of questions in the exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Communication</td>
<td>8%</td>
<td>5</td>
</tr>
<tr>
<td>B. Client Rights</td>
<td>7%</td>
<td>4</td>
</tr>
<tr>
<td>C. Legal and Ethical Behavior</td>
<td>3%</td>
<td>2</td>
</tr>
<tr>
<td>D. Member of the Health Care Team</td>
<td>9%</td>
<td>5</td>
</tr>
</tbody>
</table>
The following questions are samples of the kinds of questions that you will find on the Written Examination. Check your answers to these questions in the box below.

1. The client’s call light should always be placed:
   (A) on the bed
   (B) within the client’s reach
   (C) on the client’s right side
   (D) over the side rail

2. Which of the following items is used in the prevention and treatment of bedsores or pressure sores?
   (A) rubber sheet
   (B) air mattress
   (C) emesis basin
   (D) restraint

3. When caring for a dying client, the nurse aide should:
   (A) keep the client’s room dark and quiet
   (B) allow client to express his feelings
   (C) change the subject if client talks about death
   (D) contact the client’s minister, priest or rabbi

4. What does the abbreviation ADL mean?
   (A) Ad Lib
   (B) As Doctor Likes
   (C) Activities of Daily Living
   (D) After Daylight

5. After giving a client a back rub, the nurse aide should always note:
   (A) the last time the client had a back rub
   (B) any change in the client’s skin
   (C) client’s weight
   (D) amount of lotion used

6. How should the nurse aide communicate with a client who has a hearing loss?
   (A) face the client when speaking
   (B) repeat the statement
   (C) shout so that the client can hear
   (D) use a high-pitched voice

The two-part Self-Assessment Reading Test that appears below will help you decide if you should consider taking the Oral Examination instead of the Written Examination. To complete the reading test, follow the instructions provided below and select the answer to each question. When you have completed the reading test, you will be able to determine the number of questions you answered correctly.

PART 1: VOCABULARY

1. Circle the best answer to each question.
2. When you have finished, check your answers using the answer key on page 18.
3. Count up the number of correct answers.
4. If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination.

1. You go to a doctor when you _____.
   (A) feel sleepy  (D) need money
   (B) need socks  (E) need clothes
   (C) feel sick

2. A person who flies an airplane is its _____.
   (A) pilot  (D) surgeon
   (B) steward  (E) director
   (C) mother

3. You use a _____ to write.
   (A) bow  (D) carpenter
   (B) calculator  (E) needle
   (C) pencil

4. To EXIT a room means to _____ it.
   (A) enter  (D) read
   (B) leave  (E) interrupt
   (C) forget

5. A wedding is a joyous _____.
   (A) focus  (D) occasion
   (B) vehicle  (E) civilization
   (C) balloon

6. To REQUIRE something means to _____ it.
   (A) need  (D) understand
   (B) have  (E) hear
   (C) forget
7. You _____ something to find its length.
   (A) slice
   (B) lock
   (C) measure
   (D) force
   (E) tape

8. Soup is served in a _____.
   (A) plate
   (B) bowl
   (C) fork
   (D) chair
   (E) closet

9. To accompany someone means to _____.
   (A) disagree with him
   (B) work for him
   (C) go with him
   (D) speak to him
   (E) choose him

10. A nursing home resident receives _____ from the staff.
    (A) quality
    (B) fame
    (C) interruption
    (D) care
    (E) work

11. Medicine is used to _____ pain.
    (A) widen
    (B) conjure
    (C) enliven
    (D) increase
    (E) relieve

12. To DRENCH the flowers means to ____ them.
    (A) steam
    (B) drink
    (C) touch
    (D) soak
    (E) anger

13. A bicycle is a means of _____.
    (A) nourishment
    (B) transportation
    (C) prediction
    (D) collision
    (E) walking

14. When someone speaks in a whisper, it may be difficult to _____.
    (A) deceive
    (B) understand
    (C) frighten
    (D) estimate
    (E) regulate
PART 2: COMPREHENSION

In this part of the reading test you will be provided with a series of brief paragraphs. You are to read each paragraph and then answer the questions that appear after the paragraph.

There are many different kinds of fish. All fish live in water. They use their tails and fins to swim.

15. Fish live in _____.
   (A) cups  
   (B) houses  
   (C) air  
   (D) water  
   (E) fountains

16. Fish use their _____ to swim.
   (A) tails  
   (B) heads  
   (C) gills  
   (D) lungs  
   (E) floats

Maria grew up on a farm. She loved the work on the farm. She knew when all of the crops had to be planted. She would like a job on a farm or in a flower garden.

17. Maria has had experience as a _____.
   (A) guide  
   (B) farmer  
   (C) driver  
   (D) nurse  
   (E) teacher

18. She would like to work in _____.
   (A) an office  
   (B) a library  
   (C) a garden  
   (D) a hospital  
   (E) a supermarket

19. As a child Maria lived _____.
   (A) in the city  
   (B) in an apartment  
   (C) on a farm  
   (D) in a large house  
   (E) on the beach
Carolyn has a good job. She is a nurse in a large hospital. Every day she can help many people. She enjoys this very much. She also makes a good salary. Each month she can pay her bills and save some money.

20. Carolyn works in a _____.
   (A) hospital
   (B) doctor’s office
   (C) garage
   (D) school
   (E) library

21. One of the things Carolyn enjoys is _____.
   (A) working in an office
   (B) helping people
   (C) reading books
   (D) working late hours
   (E) driving a car

22. With her salary she can pay her bills and _____.
   (A) buy furniture
   (B) give to charity
   (C) save money
   (D) buy new clothes
   (E) pay for college

This completes the Self-Assessment Reading Test.

Answers


If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination in place of the Written Examination.
THE SKILLS EVALUATION

WHAT TO EXPECT

SETTING
The Skills Evaluation is set up to resemble an actual caregiving situation. The Skills Evaluation area will look similar to your work setting. It will have all the equipment necessary to perform the assigned skills. The Skills Evaluation will be administered by a Nurse Aide Evaluator. Before your skills evaluation begins, the evaluator will show you where equipment is located and answer questions about operating the equipment.

See pages 25-40 for the complete skills listing.

Please arrive 30 minutes early. Test times are approximate. Please plan to spend all day.

WHO WILL ACT AS A CLIENT?
The part of the “client” will be played by a candidate who volunteers to act as a weakened elderly person. While you perform the skills, speak to the candidate volunteer as you would speak to an actual client in a nurse aide work setting. You are encouraged to speak to the candidate volunteer not only because it is part of quality care, but also because it will help you to relax as you perform the skills.

CANDIDATE VOLUNTEER REQUIREMENTS
You will need to act as a candidate volunteer for another nurse aide’s Skills Evaluation and play the role of a nursing home patient (client). The evaluator will give you verbal instructions that will describe how you should act in performing the role of the client.

Prior to beginning the exam, you should inform the evaluator of any food or latex allergy or sensitivity to skin soaps or lotion. Any limitations to range of motion must also be communicated to the evaluator prior to the start of the skills examination.

CANDIDATE DRESS REQUIREMENTS
You must wear flat, slip-on, non-skid shoes; a loose-fitting top with short sleeves that can be rolled up to the shoulder, or tank top; and loose fitting pants that can be rolled up. You will be required to put a gown on over your clothing. In
no case may candidates remove clothing down to undergarments.

For infection control purposes, you should not come to the test site with open areas/sores on the skin. Candidates with any open areas or sores on their skin should reschedule their skills test to a later date after their skin fully heals.

THE TASKS

The NNAAP Skills List contains all of the skills that you may be asked to demonstrate during the Skills Evaluation. Each skill represents a task that you will be asked to perform in your job and has been broken down into a series of steps.

A step that is highlighted in **bold type** is called a **Critical Element Step**. Critical Element Steps are important steps that must be performed correctly in order for you to pass the skill. If you leave out a Critical Element Step or do not perform a Critical Element Step properly, you will not pass the skill. However, if you perform only the Critical Element Step correctly in a skill, you do not automatically pass that skill. You must also correctly demonstrate enough steps to meet the passing standard (or cut score) for each skill.

Before your Skills Evaluation begins, the Nurse Aide Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. The remaining four (4) skills are randomly chosen from the complete set of skills listings on pages 25 to 40 of this handbook. You are strongly encouraged to perform the skills in the order they are listed on the instruction card.

If you make a mistake, say so, and you will be instructed to tell the evaluator which step(s) is to be corrected and then to perform the step(s). You will not have to redo the entire skill, just the steps you wish to correct. There are, however, some exceptions to this rule. If you fail to put on gloves or take them off when it is required to do so and the evaluator reminds you to do so, for infection control purposes, then you will not receive credit for attempting to correct this step. If you wish to correct an order-dependent step (a step stating that an action should be performed **before** or **after** another step) and you fail to say **when** the corrected step should be performed, you will not receive credit for the correction.
Once you begin a new skill, you may not go back to correct a previous skill. The Nurse Aide Evaluator will not answer questions during the Skills Evaluation and will not tell you whether you performed a skill correctly. You may not receive help from anyone during the Skills Evaluation. If you do have any questions, please ask them before the Skills Evaluation begins.

One (1) of the four (4) randomly-selected skills will include a measurement skill (see the section below, Recording A Measurement, for more information regarding measurement skills).

You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation. You will have twenty-five (25) minutes to demonstrate all five (5) skills.

When you have completed your skills evaluation, the evaluator will direct you to wash your hands. Although this will not effect your examination results, for the purposes of infection control, you must wash your hands.

RECORDING A MEASUREMENT

The NNAAP Skills Evaluation requires every candidate to perform at least one measurement skill, such as blood pressure, radial pulse, respirations, urine output, or weight. You will be given a special form, called a Recording Sheet for Measurement Skills, to write down, or record, the measurement. For example, if performing the Measures and Records Blood Pressure skill, you will write the complete systolic and diastolic pressures of your blood pressure reading in a box labeled Candidate Results.

On the following page is a copy of the recording sheet that will be used during the skills exam. The candidate must record his/her results in the Candidate Results box on this sheet. This sheet will be used to record the results of the following measurement skills:

- Measures and Records Blood Pressure
- Measures and Records Weight of Ambulatory Client
- Measures and Records Urinary Output
- Counts and Records Radial Pulse
- Counts and Records Respirations
**RECORDING SHEET FOR MEASUREMENT SKILLS**

<table>
<thead>
<tr>
<th>Skill Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDATE RESULTS</th>
<th>EVALUATOR RESULTS</th>
</tr>
</thead>
</table>
TIPS FOR THE SKILLS EVALUATION

• You will be expected to perform the skills as you would in a nursing home setting. When water is required, you must use running water. All candidates will be required to perform the Hand Hygiene skill. The evaluator will inform you after you have washed your hands for the first time that you should just tell him or her when you would wash your hands during your performance of the rest of the skills, rather than actually washing them for each skill. For all steps other than hand-washing, you must actually perform the skill in order to receive credit. You may not simply tell the evaluator what you would do for simulating a step. For example, you may not simply tell the evaluator that you would wash the client. You must actually demonstrate washing the client. You may not simply tell the evaluator that you would feed the client. You must actually demonstrate feeding the client.

• After you have introduced yourself to the client for the first time, it is not necessary for you to introduce yourself each time you begin a new skill.

• To receive full credit for a measurement skill, you must accurately make the required measurement and then write that measurement on the Recording Sheet for Measurement Skills. The evaluator will provide the Recording Sheet to you at the test site. A sample of the Recording Sheet is shown on page 23 of this handbook. You are encouraged to become familiar with the Recording Sheet before your scheduled test date.

• You must know how to operate both a standing and a non-digital bathroom scale and must know how to set both types of scales to zero.

• You may not bring any of your own equipment to the test site (i.e. transfer/gait belt).

• It is important for you to place the call signal within the client’s reach whenever you leave the client.

• Where the word “client” appears, it refers to the person receiving care.
SKILLS LISTING

The 22 skills that follow are arranged in alphabetical order, except for the Hand Hygiene (Hand Washing) skill. Hand Hygiene is listed first as a reminder of the importance of performing this skill before all other skills. The numbered lines below each skill are the steps needed to perform that skill. Critical Element Steps are in bold type.

HAND HYGIENE (HAND WASHING)

1. Address client by name and introduces self to client by name
2. Turns on water at sink
3. Wets hands and wrists thoroughly
4. Applies soap to hands
5. **Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
6. Cleans fingernails by rubbing fingertips against palms of the opposite hand
7. **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
8. Uses clean, dry paper towel/towels to dry all surfaces of hands, wrists, and fingers then disposes of paper towel/towels into waste container
9. Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
10. Does not touch inside of sink at any time

APPLIES ONE KNEE-HIGH ELASTIC STOCKING

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Client is in supine position (lying down in bed) while stocking is applied
4. Turns stocking inside-out, at least to the heel
5. Places foot of stocking over toes, foot, and heel
6. Pulls top of stocking over foot, heel, and leg

Skill continues
7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints

8 Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area

9 Signaling device is within reach and bed is in low position

10 After completing skill, wash hands

ASSISTS TO AMBULATE USING TRANSFER BELT

1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible

2 Before assisting to stand, client is wearing shoes

3 Before assisting to stand, bed is at a safe level

4 Before assisting to stand, checks and/or locks bed wheels

5 Before assisting to stand, client is assisted to sitting position with feet flat on the floor

6 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown

7 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing

8 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing

9 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs

10 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt

11 After ambulation, assists client to bed and removes transfer belt

12 Signaling device is within reach and bed is in low position

13 After completing skill, wash hands
ASSISTS WITH USE OF BEDPAN

1. Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before placing bedpan, lowers head of bed
4. Puts on clean gloves before handling bedpan

5. **Places bedpan correctly under client’s buttocks**
6. Removes and disposes of gloves (without contaminating self) into waste container and washes hands
7. After positioning client on bedpan and removing gloves, raises head of bed
8. Toilet tissue is within reach
9. Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
10. Signaling device within reach and client is asked to signal when finished
11. Puts on clean gloves before removing bedpan
12. Head of bed is lowered before bedpan is removed
13. Avoids overexposure of client
14. Empties and rinses bedpan and pours rinse into toilet
15. After rinsing bedpan, places bedpan in designated dirty supply area
16. After placing bedpan in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
17. Signaling device is within reach and bed is in low position

CLEANS UPPER OR LOWER DENTURE

1. Puts on clean gloves before handling denture
2. Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
3. Rinses denture in moderate temperature running water before brushing them
4. Applies toothpaste to toothbrush
5. Brushes surfaces of denture
6. Rinses surfaces of denture under moderate temperature running water
7. Before placing denture into cup, rinses denture cup and lid

*Skill continues*
8 Places denture in denture cup with moderate temperature water/solution and places lid on cup
9 Rinses toothbrush and places in designated toothbrush basin/container
10 Maintains clean technique with placement of toothbrush and denture
11 Sink liner is removed and disposed of appropriately and/or sink is drained
12 After rinsing equipment and disposing of sink liner, removes and disposes of gloves (without contaminating self) into waste container and washes hands

COUNTS AND RECORDS RADIAL PULSE
1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2 Places fingertips on thumb side of client’s wrist to locate radial pulse
3 Count beats for one full minute
4 Signaling device is within reach
5 Before recording, washes hands
6 After obtaining pulse by palpating in radial artery position, records pulse rate within plus or minus 4 beats of evaluator's reading

COUNTS AND RECORDS RESPIRATIONS
1 Explains procedure (for testing purposes), speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2 Counts respirations for one full minute
3 Signaling device is within reach
4 Washes hands
5 Records respiration rate within plus or minus 2 breaths of evaluator's reading
DONNING AND REMOVING PPE (GOWN AND GLOVES)

1. Picks up gown and unfolds
2. Facing the back opening of the gown places arms through each sleeve
3. Fastens the neck opening
4. Secures gown at waist making sure that back of clothing is covered by gown (as much as possible)
5. Puts on gloves
6. Cuffs of gloves overlap cuffs of gown
7. Before removing gown, with one gloved hand, grasps the other glove at the palm, remove glove
8. Slips fingers from ungloved hand underneath cuff of remaining glove at wrist, and removes glove turning it inside out as it is removed
9. Disposes of gloves into designated waste container without contaminating self
10. After removing gloves, unfastens gown at neck and waist
11. After removing gloves, removes gown without touching outside of gown
12. While removing gown, holds gown away from body without touching the floor, turns gown inward and keeps it inside out
13. Disposes of gown in designated container without contaminating self
14. After completing skill, washes hands

DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Asks which shirt he/she would like to wear and dresses him/her in shirt of choice
4. While avoiding overexposure of client, removes gown from the unaffected side first, then removes gown from the affected side and disposes of gown into soiled linen container
5. Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm
6. While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints

Skill continues
7 Finishes with clothing in place
8 Signaling device is within reach and bed is in low position
9 After completing skill, washes hands

**FEEDS CLIENT WHO CANNOT FEED SELF**

1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2 Before feeding, looks at name card on tray and asks client to state name
3 **Before feeding client, client is in an upright sitting position (75-90 degrees)**
4 Places tray where the food can be easily seen by client
5 Candidate cleans client’s hands with hand wipe before beginning feeding
6 Candidate sits facing client during feeding
7 Tells client what foods are on tray and asks what client would like to eat first
8 Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
9 Offers beverage at least once during meal
10 Candidate asks client if they are ready for next bite of food or sip of beverage
11 At end of meal, candidate cleans client’s mouth and hands with wipes
12 Removes food tray and places tray in designated dirty supply area
13 Signaling device is within client’s reach
14 After completing skill, washes hands
GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
2. Privacy is provided with a curtain, screen, or door.
3. Removes gown and places in soiled linen container, while avoiding overexposure of the client.
4. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water.
5. Puts on clean gloves before washing client.

6. **Beginning with eyes,** washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face.

7. Dries face with towel.
8. Exposes one arm and places towel underneath arm.
9. Applies soap to wet washcloth.
10. Washes arm, hand, and underarm keeping rest of body covered.
11. Rinses and dries arm, hand, and underarm.
12. Moves body gently and naturally, avoiding force and over-extension of limbs and joints.
13. Puts clean gown on client.
14. Empties, rinses, and dries basin.
15. After rinsing and drying basin, places basin in designated dirty supply area.
16. Disposes of linen into soiled linen container.
17. Avoids contact between candidate clothing and used linens.
18. After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands.
19. Signaling device is within reach and bed is in low position.
MEASURES AND RECORDS BLOOD PRESSURE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible

2. Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol

3. Client’s arm is positioned with palm up and upper arm is exposed

4. Feels for brachial artery on inner aspect of arm, at bend of elbow

5. Places blood pressure cuff snugly on client’s upper arm, with sensor/arrow over brachial artery site

6. Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site

7. Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg

8. Deflates cuff slowly and notes the first sound (systolic reading), and last sound (diastolic reading) (If rounding needed, measurements are rounded UP to the nearest 2 mm of mercury)

9. Removes cuff

10. Signaling device is within reach

11. Before recording, washes hands

12. After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator’s reading
MEASURES AND RECORDS

URINARY OUTPUT

1. Puts on clean gloves before handling bedpan.
2. Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container.
3. Measures the amount of urine at eye level with container on flat surface.
4. After measuring urine, empties contents of measuring container into toilet.
5. Rinses measuring container and pours rinse into toilet.
6. Rinses bedpan and pours rinse into toilet.
7. After rinsing equipment, and before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands.
8. Records contents of container within plus or minus 25 ml/cc of evaluator's reading.

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
2. Client has shoes on before walking to scale.
3. Before client steps on scale, candidate sets scale to zero.
4. While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale; then obtains client's weight.
5. While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight.
7. Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading. 
   (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading.)
PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Instructs client to inform candidate if pain is experienced during exercise
4. Supports leg at knee and ankle while performing range of motion for knee
5. Bends the knee and then returns leg to client’s normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
6. Supports foot and ankle close to the bed while performing range of motion for ankle
7. Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized)

8. **While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**

9. Signaling device is within reach and bed is in low position
10. After completing skill, washes hands
PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Instructs client to inform candidate if pain experienced during exercise
4. Supports client’s upper and lower arm while performing range of motion for shoulder
5. Raises client’s straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain
6. Moves client’s straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain
7. Signaling device is within reach and bed is in low position
8. After completing skill, washes hands

POSITIONS ON SIDE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before turning, lowers head of bed
4. Raises side rail on side to which body will be turned
5. Slowly rolls onto side as one unit toward raised side rail
6. Places or adjusts pillow under head for support
7. Candidate positions client so that client is not lying on arm
8. Supports top arm with supportive device
9. Places supportive device behind client’s back
10. Places supportive device between legs with top knee flexed; knee and ankle supported
11. Signaling device is within reach and bed is in low position
12. After completing skill, washes hands
PROVIDES CATHETER CARE FOR FEMALE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
2. Privacy is provided with a curtain, screen, or door.
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water.
4. Puts on clean gloves before washing.
5. Places linen protector under perineal area before washing.
6. Exposes area surrounding catheter while avoiding overexposure of client.
7. Applies soap to wet washcloth.
8. While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke.
9. While holding catheter at meatus without tugging, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke.
10. While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus.
11. Empties, rinses, and dries basin.
12. After rinsing and drying basin, places basin in designated dirty supply area.
13. Disposes of used linen into soiled linen container and disposes of linen protector appropriately.
14. Avoids contact between candidate clothing and used linen.
15. After disposing of used linen and cleaning equipment, removes and disposes of gloves (without contaminating self) into waste container and washes hands.
16. Signaling device is within reach and bed is in low position.
PROVIDES FOOT CARE ON ONE FOOT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
4. Basin is in a comfortable position for client and on protective barrier
5. Puts on clean gloves before washing foot
6. Client’s bare foot is placed into the water
7. Applies soap to wet washcloth
8. Lifts foot from water and washes foot (including between the toes)
9. Foot is rinsed (including between the toes)
10. Dries foot (including between the toes)
11. Applies lotion to top and bottom of foot, removing excess (if any) with a towel
12. Supports foot and ankle during procedure
13. Empties, rinses, and dries basin
14. After rinsing and drying basin, places basin in designated dirty supply area
15. Disposes of used linen into soiled linen container
16. After cleaning foot and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
17. Signaling device is within reach
PROVIDES MOUTH CARE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before providing mouth care, client is in upright sitting position (75-90 degrees)
4. Puts on clean gloves before cleaning mouth
5. Places clothing protector across chest before providing mouth care
6. Secures cup of water and moistens toothbrush
7. Before cleaning mouth, applies toothpaste to moistened toothbrush
8. Cleans mouth (including tongue and surfaces of teeth), using gentle motions
9. Maintains clean technique with placement of toothbrush
10. Candidate holds emesis basin to chin while client rinses mouth
11. Candidate wipes mouth and removes clothing protector
12. After rinsing toothbrush, empty, rinse and dry the basin and place used toothbrush in designated basin/container
13. Places basin and toothbrush in designated dirty supply area
14. Disposes of used linen into soiled linen container
15. After placing basin and toothbrush in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
16. Signaling device is within reach and bed is in low position
1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
4. Puts on clean gloves before washing perineal area
5. Places pad/ linen protector under perineal area before washing
6. Exposes perineal area while avoiding overexposure of client
7. Applies soap to wet washcloth
8. Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke
9. Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke
10. Dries genital area moving from front to back with towel
11. After washing genital area, turns to side, then washes and rinses rectal area moving from front to back using a clean area of washcloth for each stroke. Dries with towel
12. Repositions client
13. Empties, rinses, and dries basin
14. After rinsing and drying basin, places basin in designated dirty supply area
15. Disposes of used linen into soiled linen container and disposes of linen protector appropriately
16. Avoids contact between candidate clothing and used linen
17. After disposing of used linen, and placing used equipment in designated dirty supply area, removes and disposes of gloves(without contaminating self) into waste container and washes hands
18. Signaling device is within reach and bed is in low position
TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible.
2. Privacy is provided with a curtain, screen, or door.
3. Before assisting to stand, wheelchair is positioned along side of bed, at head of bed facing foot or foot of bed facing head.
4. Before assisting to stand, footrests are folded up or removed.
5. Before assisting to stand, bed is at a safe level.
6. **Before assisting to stand, locks wheels on wheelchair.**
7. Before assisting to stand, checks and/or locks bed wheels.
8. **Before assisting to stand, client is assisted to a sitting position with feet flat on the floor.**
9. Before assisting to stand, client is wearing shoes.
10. Before assisting to stand, applies transfer belt securely at the waist over clothing/gown.
11. Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing.
12. Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing.
13. On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidates hands are in upward position) and maintaining stability of client’s legs.
14. Assists client to turn to stand in front of wheelchair with back of client’s legs against wheelchair.
15. Lowers client into wheelchair.
16. Positions client with hips touching back of wheelchair and transfer belt is removed.
17. Positions feet on footrests.
18. Signaling device is within reach.
19. After completing skill, washes hands.
The Nurse Aide Evaluator may not answer questions about your score report. If you have questions about your Score Report, call PEARSON VUE at 888-274-5050.

**WRITTEN (OR ENGLISH OR SPANISH ORAL) EXAM**

After you finish the Written (or English or Spanish Oral) examination, the Nurse Aide Evaluator will fax your answer sheet for scoring. Within approximately ten (10) minutes (from the time the answer sheet was faxed) you will receive an official score report. The score report will indicate whether you passed or failed the Written (or Oral) Examination.

**SKILLS EVALUATION**

The Nurse Aide Evaluator will also fax your Skills Evaluation results for scoring.

Within approximately ten (10) minutes (from the time the answer sheet was faxed) you will receive an official score report. The score report will indicate whether you passed or failed the Skills Evaluation.

Occasionally, due to technical difficulties, Score Reports may not be received at the test center on the day of testing. If this happens your answer sheet will be mailed to Pearson VUE for handscoring. Your score report will be mailed to you within 5–7 business days after testing.
Pearson VUE will provide you with your official examination results on the day of testing. If you lose your examination results and need to obtain another copy, please contact Pearson VUE at (888) 274-5050. **Examinations results will not be given over the telephone nor can they be sent to your employer.**

### Failing

If you fail the Written (or Oral) Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-take either or both parts. A new examination fee is required each time you re-take any part of the NNAAP Examination. To re-take either or both parts, you must submit your official Score Report and a re-take fee to Pearson VUE. For more information concerning re-takes, refer to the *Re-Take Policy* section in this handbook.

State and federal regulations allow you three (3) attempts to pass both the Skills Evaluation and the Written (or Oral) Examination. If you should fail either part or both parts three (3) times, you will be required to successfully complete a state-approved training program and re-take both parts. You must take and pass both the Written (or Oral) Examination and the Skills Evaluation within a twenty-four (24) month period in order to be placed on the Nurse Aide Registry.

### How to Read a Failing Score Report

If you do not pass the Skills Evaluation, you will receive a Failing Score Report. The score report will list the five (5) skills that you performed and a score of *Satisfactory* or *Unsatisfactory* for each skill. Any skill with an Unsatisfactory result is considered a failed skill. You must receive a Satisfactory result on all five (5) skills in order to pass the Skills Evaluation.

Use your failing Score Report as an aid in studying to re-take the Skills Evaluation. A failed skill will show the reason for the failure. You may not have performed the steps of a skill correctly, or you may have forgotten a step, especially a Critical Element Step.
The failing Score Report will list steps that were missed or incorrect—look for numbers printed directly under a skill marked Unsatisfactory. A list of all the skills and the steps needed for each skill can be found in this handbook. Find the skill you failed and study the steps, especially steps listed as Unsatisfactory on the score report.

In the example below, a candidate received a result of Unsatisfactory on the skill Hand Hygiene. The numbers 1, 5, and 10 printed below the skill refer to steps that were missed or performed incorrectly. To study for re-taking the Skills Evaluation, this candidate should turn to the Skills Listing in this handbook, look for the Hand Hygiene skill, and review all the steps, especially steps 1, 5, and 10.

<table>
<thead>
<tr>
<th>NNAAP® Examination Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam: Skills</td>
</tr>
<tr>
<td>Skills Performance:</td>
</tr>
<tr>
<td>Hand Hygiene</td>
</tr>
<tr>
<td>1, 5, 10</td>
</tr>
<tr>
<td>Provides Mouth Care</td>
</tr>
<tr>
<td>Measures and Records</td>
</tr>
<tr>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Puts One Knee-High</td>
</tr>
<tr>
<td>Elastic Stocking on Client</td>
</tr>
<tr>
<td>Measures and Records</td>
</tr>
<tr>
<td>Weight of Ambulatory Client</td>
</tr>
</tbody>
</table>

*A sample of a Failing Score Report*

**PASSING**

After you have successfully passed both the Written (or Oral) Examination and the Skills Evaluation, your name will be placed on your state’s Nurse Aide Registry within 7–10 business days and the State Board of Nursing will mail your license. See your official passing Score Report for contact information.

**DUPLICATE SCORE REPORT**

If you lose your Score Report or need a duplicate Score Report, complete the *Request for Duplicate Score Report Form* and mail it to Pearson VUE (see Appendix A).
GRIEVANCE PROCESS

All grievances must be in writing. The candidate must provide as much detail as possible in a grievance letter and forward it to Pearson VUE within 10 days of their exam date.

After receipt of the grievance letter and a copy of the failing score report, Pearson VUE will investigate the complaint. Once the investigation is complete, Pearson VUE will draft a letter back to the candidate informing him/her of the outcome of the investigation within 10 business days. If the investigation shows an error was made by the evaluator, the candidate may be allowed to retest at no additional cost.
The State Board of Nursing keeps a list of all certified nurse aides. This list is called the Registry. If you pass the nurse aide exam, and meet all other requirements, your name will be added to the Registry.

**IF YOU CHANGE YOUR NAME OR ADDRESS**

After you have been certified as a nurse aide, you MUST inform the State Board of Nursing about any changes in your name or address. To change your address after you have been certified, you may:

- use the *Change of Address or Name Form* in the back of this handbook, *or*
- change your address on the State Board of Nursing web site at www.dora.state.co.us/nursing, *or*
- send a letter to the State Board of Nursing:

  **Division of Registrations**  
  **State Board of Nursing**  
  **1560 Broadway, Suite 1350**  
  **Denver, CO 80202**

Name and address changes are required by law to be submitted within thirty (30) days of the change.

The notification should list both the old information and the new information, including your name, address, Social Security number, and telephone number. If you change your name, you must send with your letter or *Change of Address or Name Form* a copy of a marriage certificate, divorce decree, passport, or other court document that changes your name.

The Board will not be able to send you a notice to renew your certification if your address on the Registry is incorrect. You risk losing your nurse aide certification if you do not tell the Board of Nursing about an address change.
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I become a CNA?</td>
<td>• You must successfully complete a state-approved nurse aide training program and pass both the written and skills portions of the NNAAP examination. The time frame for successfully completing both exams varies, by state. Please check with your training program or the Exam Overview section of this handbook.</td>
</tr>
</tbody>
</table>
| May I perform the duties of a nurse aide before I am certified?         | • If you are currently attending an approved training program in a nursing home, you have 120 days in which to complete the training and become certified. During that period, a student may not perform any duty for which they have not been trained and checked by the instructor.  
  • If you are not enrolled in an approved facility training course, you may not perform any nurse aide duties until you become certified. |
| How do I decide which exam to take?                                    | • Initially, both the Written and Skills exams must be scheduled together.  
  • An Oral Examination in English may be substituted for the Written examination if you have difficulty reading English. It contains ten (10) reading comprehension questions in which you must identify job-related words. |
<p>| Is there a time limit in which I must pass both exams?                 | You must take and pass both the written (or oral) Examination and the Skills Evaluation within a twenty-four (24) month period in order to be placed on the Nurse Aide Registry. |</p>
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
</table>
| How long will it take me to find out if I passed or failed?  | • Score Reports are provided the day of the examination. If the site experiences technical difficulties with faxing answer sheets, they will be sent to Pearson VUE for hand scoring and results will be mailed within 5-7 business days after testing.  
• If you passed both parts of the examination, your name will be sent to your state Nurse Aide Registry.  
• Residents of Alaska, New Hampshire and the Virgin Islands will receive results approximately ten (10) business days after the state receives your examination materials.  
• Residents of Louisiana and North Dakota will have their answer sheets faxed and scored on the day of testing. |
| What is the next test date?                                   | • Please check with your training program, facility or Pearson VUE for a testing schedule.                                           |
DIRECTIONS: You may use this form to ask Pearson VUE for a copy of your Score Report. Please print or type all information on the back of this form and include correct fees, or your request will be returned.

☐ Skills Evaluation  ☐ Written/Oral Examination

FEE: $15 each Please enclose certified check or money order made payable to “Pearson VUE” Do not send cash or personal checks. Write your Pearson VUE Identification Number found on your Score Report, or Social Security number on your payment.

SEND TO: Attn: CO NNAAP*– Reports
Pearson VUE
3131 S Vaughn Way, Ste 205
Aurora, CO  80014

AMOUNT ENCLOSED: $____________________

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.

Name
___________________________________________________________________________________________________________________
Street
___________________________________________________________________________________________________________________
City
______________________________________________________________________________
State
________
Zip
__________________
Tel. (______)______________________ Pearson VUE Identification Number or Social Security Number
____________________________________
If the above information was different at the time you were tested, please indicate original information.

Name
___________________________________________________________________________________________________________________
Street
___________________________________________________________________________________________________________________
City
______________________________________________________
State
________
Zip
_______
Tel. (______)________________________
I hereby authorize Pearson VUE to send me at the address above a duplicate of my score report.

Your Signature
______________________________________________________
Date
_______________________________________________

Please complete both sides of this form

Please complete the following form with your current name and address. ALL INFORMATION MUST BE COMPLETE.
DIRECTIONS: Once you have been certified, use this form to tell the State Board of Nursing of any change in your address or name. Print or type all information on the back of this form. Be sure to provide all information or your address or name cannot be changed. You may also change your name or address online at www.dora.state.co.us/nursing.

If you have submitted your application but have not yet passed the NNAAP Examination, send your change of address or name information directly to Pearson VUE/State Board of Nursing, PO Box 173679, Denver, CO 80217-0679.

For name changes you must also provide a copy of a marriage certificate, divorce decree, passport, or other court document that changes your name. (See back of this form.)

SEND TO: Division of Registrations
State Board of Nursing
3131 South Vaughn Way, Suite 205
Aurora, CO 80014

PLEASE COMPLETE OTHER SIDE OF THIS FORM
PRINT YOUR NEW NAME OR ADDRESS BELOW:

Name
___________________________________________________________________________________________________________________
Street
___________________________________________________________________________________________________________________
City ________________________________________________________
State __________ Zip _______
Tel. (______)________________________

PRINT YOUR OLD NAME OR ADDRESS BELOW:

Name
___________________________________________________________________________________________________________________
Street
___________________________________________________________________________________________________________________
City ______________________________________________________________________________
State __________ Zip ________________
Social Security Number _______________________________
Nurse Aide Certification Number ______________________________

Date _________________________________________________
Your Signature ________________________________________________________

Please note: If you are notifying the State Board of Nursing of a change in name, a copy of an official document (marriage certificate or court order) verifying your
name change must accompany this request.

ZIP CODE: ( )

Name
___________________________________________________________________________________________________________________
City
Street
TO CONTACT PEARSON VUE

Pearson VUE
3131 S Vaughn Way, Ste. 205
Aurora, CO 80014
Phone: (888) 274-5050
Web Site: www.pearsonvue.com