

# DISTRICT OF COLUMBIA NURSING ASSISTANT CANDIDATE HANDBOOK

September 2009



# **QUICK REFERENCE**

#### AMERICAN RED CROSS (ARC)

**Competency Evaluation Program** 

PO Box 5875 Harrisburg, PA 17110 (888) 399-7729 Fax 1 (866) 4257-6506

Hours of Operation: Monday through Friday 8:30 a.m. – 4:30 p.m.

#### ADDRESS FOR OVERNIGHT MAIL:

#### American Red Cross

1804 North Sixth Street Harrisburg, PA 17102

#### Call the American Red Cross to:

- Obtain a Candidate Handbook
- Obtain an application
- Apply for the examination
- Cancel a scheduled examination
- · Arrange special examination requests and services

#### DC DEPARTMENT OF HEALTH DISTRICT OF COLUMBIA

**Board of Nursing** 717 14th Street, NW Suite 600 Washington, DC 20005 (877) 672-2174

Web site: www.hpla.doh.dc.gov Email: hpla@dc.gov Hours of Operation: Monday through Friday 8:15 a.m. – 4:45 p.m. (Eastern Standard Time)

#### Go to the Health Professional Licensing Administration Website (www.hpla.doh.dc.gov) to:

- Obtain information on official regulations and guidelines for nursing assistants
- Download a copy of District of Columbia Nursing Assistant Certification Regulations
- Find a list of Board of Nursing Approved Nursing Assistant Programs

#### PEARSON VUE®

#### District of Columbia NNAAP

PO Box 13785 Philadelphia, PA 19101-3785 (888) 274-6060 *Hours of Operation* 8:00 a.m. – 5:00 p.m. (Eastern Standard Time)

#### Call Pearson VUE to:

- · Obtain information regarding your Score Report
- Request a duplicate Score Report
- Obtain information regarding the examination
- Clarify information about the Registry
- Change your current address or name prior to examination results being sent to the Registry
- Change your current address or name once you are on the Registry
- Obtain information regarding reciprocity
- Obtain information on continued certification on the Registry

## Go to Pearson VUE's website

## (www.pearsonvue.com) to:

- Download a Candidate Handbook
- Download an application
- View the Nursing Assistant Practice Written Examination
- Search the Nursing Assistant Registry

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# INTRODUCTION

This handbook is designed for candidates seeking nursing assistant certification in the District of Columbia. It describes the process of applying for and taking the National Nursing Assistant Assessment Program (NNAAP<sup>-</sup>) Examination.

The District of Columbia Department of Health, Health Regulation Administration, has contracted with Pearson VUE<sup>®</sup>, (formerly *Promissor*), a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to develop, score, and report the results of the NNAAP Examination for the DC Nursing Assistant Registry. The American Red Cross (ARC) will be working with Pearson VUE to schedule and administer the NNAAP Examination.

## **CRIMINAL BACKGROUND CHECK**

You cannot be hired as a certified nursing assistant, or in any position in a health-care facility in which it is foreseeable that you will have direct contact with residents or patients, unless you pass a criminal background check and your name is not on the nursing assistant abuse registry. See D.C. Law 12-238, the Health-Care Facility Unlicensed Personnel Criminal Background Check Act of 1998, D.C. Official Code 44-551 *et seq.* If you have any questions regarding the criminal background check requirement, please contact the Health Regulation Administration at (202) 442-5888.

## NATIONAL NURSING ASSISTANT 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 nursing assistants who work in these facilities. Each state is responsible for following the terms of this federal law.

Pearson VUE, together with the National Council of State Boards of Nursing, Inc. (NCSBN), has developed the National Nursing Assistant Assessment Program (NNAAP) to meet the nursing assistant evaluation requirement of federal and state laws and regulations. The NNAAP Examination is a measure of nursing assistant-related knowledge, skills, and abilities. The NNAAP Examination is made up of both a Written (or English or Spanish 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 entrylevel nursing assistant.

## **EXAM OVERVIEW**

The two parts of the examination process, the Written (or English or Spanish Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts in order to be certified and listed on the DC Nursing Assistant Registry.

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

An English or Spanish Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. The English or Spanish Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. If you want to take the English or Spanish Oral Examination, you must request it when you submit your application.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nursing assistant skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Nursing Assistant Evaluator. A complete listing of the skills is shown on pages 24 to 39.

See *Written (or Oral) Exam* and *Skills Evaluation* for more details on the parts of the NNAAP Examination.

## **ELIGIBILITY ROUTES**

You are eligible to apply to take the NNAAP Examination for certification as a nursing assistant in DC if you qualify under one of the following eligibility routes:

## D1

You have completed a DC Department of Health approved training program within the last twenty-four (24) months. Attach a copy of your training certificate and not currently listed on the DC Nursing Assistant Registry or on a nursing assistant registry in another state.

## D2

You have completed equivalent practical nursing or registered nursing "Fundamentals of Nursing" course with a clinical component in the USA within the last thirty-six (36) months. Attach a copy of your official school transcript. Enter 99994 in *Section 4* of the application.

## D3

You are currently an RN or LPN who has been licensed in Washington, DC, within the last thirty-six (36) months. Attach a copy of your RN or LPN license. Enter 99990 in *Section 4* of the application.

## D4

You have trained as an RN or LPN outside the United States within the last thirty-six (36) months. Attach a copy of your foreign credentials certification. Enter 99910 in *Section 4* of the application.

## D5

You are taking the NNAAP<sup>TM</sup> Examination for re-application to become current on the Registry after lapsing, with a Registry Certificate **LESS** than twenty-four (24) months expired. Attach a copy of your expired Registry Certificate and enter your Registry Certificate number on *Item 1*. Enter 99995 in *Section 4* of the application.

## D6

You are taking the NNAAP<sup> $\longrightarrow$ </sup> Examination for re-application to become current on the Registry after lapsing, with a Registry Certificate that is **MORE** than twenty-four (24) months expired, and have completed a new training program. Attach a copy of your expired Registry Certificate and your new training program certificate and enter your Registry Certificate number in *Section 1* of the application.

#### D7

You are currently in good standing on another state's registry or are applying for "reciprocity by examination". Attach a copy of your out-of-state registration certificate and enter 99998 in *Section 1* of the application.

# APPLICATION AND SCHEDULING

## FILLING OUT AN APPLICATION

- You may get a registration form from your nursing facility employer or your nursing assistant training program, by calling the American Red Cross or by downloading the application from Pearson VUE's web site.
- Complete the registration form with the assistance of your training program provider, director of nursing, facility administrator, or other employer. Include a copy of your valid training certificate and payment for the examination fee.
- You are responsible for completing the registration form. You may ask someone from your nursing assistant training program or employer for assistance in completing the registration form.
- If you want to take the Oral Examination, you must check "Oral" in box #2 on your registration form.
- If you need help or have any questions about the registration form, please contact an American Red Cross Customer Service Representative at (888) 399-7729.
- Mail your completed registration form, required documents, and appropriate fee **together in one envelope** to:

American Red Cross Competency Evaluation Program PO Box 5875 Harrisburg, PA 17110

## **EXAM FEES**

The fees listed below have been established for the National Nursing Assistant Assessment Program in DC.

| EXAM  |              | FEE    |
|---|--------------|--------|
| Written Examination &<br>Skills Evaluation      | first time   | \$117* |
| English Oral Examination<br>& Skills Evaluation | first time   | \$127* |
| Spanish Oral Examination<br>& Skills Evaluation | first time   | \$127* |
| Written Examination &<br>Skills Evaluation      | re-test exam | \$105  |
| English Oral Examination<br>& Skills Evaluation | re-test exam | \$115  |
| Spanish Oral Examination<br>& Skills Evaluation | re-test exam | \$115  |
| Written Examination <b>ONLY</b>                 | re-test exam | \$40   |
| English Oral Examination <b>ON</b>              | ILY          | \$50   |
| Spanish Oral Examination <b>O</b>               | ILY          | \$50   |
| Skills Evaluation <b>ONLY</b>                   |              | \$65   |

\* The first time test fee includes a (one-time) \$12 Registry placement fee.

You must pay for both the Written (or English or Spanish Oral) Examination and the Skills Evaluation the first time you test.

Payment must be made by certified check, company check or money order only. The check or money order should be made payable to "American Red Cross". Even if it is from your employer, the company check or certified check must display your name so it can be applied to your examination. If you are not currently employed at a nursing home, you may pay the fee yourself. **Personal checks, cash, and credits cards will not be accepted. Fees are nonrefundable and non-transferable once submitted to the American Red Cross because they cover the administrative costs of registration and testing.** 

Under federal and District of Columbia laws, nursing homes are required to pay for the NNAAP Examination for their nursing assistant employees, including individuals required to re-test.

## EXAM SCHEDULING

Testing is scheduled through the American Red Cross. Once the American Red Cross receives your registration form, required documents, and fees, they will schedule you for testing. You will not be scheduled to test until all required materials (registration form, documents, and fees) are received. The American Red Cross will mail your Admission Letter to the address listed on your registration form within two (2) to five (5) business days after they receive your required materials.

## **ADMISSION LETTER**

Your Admission Letter has important information about the NNAAP Examination. The date you are scheduled to test and the address of the test location where the examination will be administered is included in that information. If you do not get your letter within ten (10) business days, call the American Red Cross at (888) 399-7729. The American Red Cross is **NOT** responsible for lost, misdirected, or delayed mail.

## **TESTING LOCATIONS**

The NNAAP Examination is given by the American Red Cross at Regional Test Sites. The complete testing schedule, titled *Regional Test Sites and Test Schedules*, is available on the Pearson VUE website www.pearsonvue.com.

## SPECIAL EXAM REQUESTS AND SERVICES

Pearson VUE certifies that it shall comply with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. § 2000e *et seq.*), in accommodating candidates who, because of a disability, need special arrangements to enable them to take the examination. If you need special arrangements for testing because of a disabling condition, you may ask for special testing services. All test sites have access for candidates with disabilities.

To request special testing arrangements due to impaired sensory, manual, or speaking skills, or other disability, you must submit a written request that includes your name, address, and Social Security number, the testing location, and a description of the special requirement(s). This letter must be received by the American Red Cross along with your registration materials and must include:

- proof of your disability from your health provider, and
- a statement of the type of help you need.

Nurse Evaluators administering the Skills Evaluation will be prepared to meet the needs of nursing assistants who have disabling conditions.

The request for special services must also include supporting documentation from a physician or other qualified professional reflecting a diagnosis of the condition and an explanation of the need for testing aids or modifications. Pearson VUE will provide auxiliary aids and services, except where it may fundamentally alter the examination or results, or result in an undue burden. The examination will be scheduled upon submission of all necessary information to the American Red Cross at the address listed on the inside front cover.

Pearson VUE recommends, due to the unique nature of each request for special services and the types of variables involved with testing (testing frequencies as permitted by state licensing agencies and individual test site capabilities), that a candidate requesting special services do so as much in advance of his or her desired examination date as possible. Concerted attempts to offer reasonable accommodations will be made.

## TELECOMMUNICATION DEVICES FOR THE DEAF (TDD)

Pearson VUE is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available during all Pearson VUE hours through a special toll-free number, (866) 274-4777. This TDD phone option is for the express use of individuals equipped with compatible TDD machinery.

# CANCELLATION

If you are unable to attend your examination, *you must* call the American Red Cross at least three (3) business days before the examination date to re-schedule (Saturday and Sunday and national holidays are not considered business days). If you do not call the American Red Cross at least three (3) business days in advance of your examination date to re-schedule, and do not show up for your scheduled examination, you will be responsible for the examination fee. Your fee will not be refunded and cannot

be transferred to a new examination date, and you may not give your examination date to another person.

- If you notify the American Red Cross in time, there is no penalty, and your fee may be transferred to your new examination date. If your employer paid your examination fee, you should tell them about missing the examination or re-scheduling. Let them know how you have handled re-scheduling and when you plan to re-test.
- If you do not report to the testing location on the day of your scheduled examination, you will be considered a "no-show" and the absence will count as one of the three attempts to pass the examination.

## **RE-SCHEDULING**

To re-schedule your examination, please call the American Red Cross at (888) 399-7729 weekdays between 8:30 a.m. and 5:30 p.m.

## **ABSENCE POLICY**

Since unexpected situations sometimes occur, the American Red Cross will consider excusing an absence for a serious illness or an emergency. A request for an excused absence must be submitted at least two (2) business days prior to, or within one (1) day after, the scheduled examination. You may be asked to provide evidence of the situation.

#### Acceptable reasons for an excused absence are:

- Illness of yourself or a member of your immediate family
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty

With proper notification, there is no fee for re-scheduling an examination; however, you are only permitted to reschedule one time.

The American Red Cross's decision regarding whether an absence is excused will be final.

## WEATHER EMERGENCIES

The examination will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled.

# EXAM DAY

## **CHECKING IN**

You must arrive 30 minutes prior to your scheduled time for BOTH the written and skills examinations. 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 and for the skills examinations. You will be required to present proper identification.

## WHAT TO BRING

Be sure to arrive at least thirty (30) minutes prior to your examination. You **MUST** have the following items with you when you take the examination:

- Two (2) forms of signature identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number *No other materials will be allowed.*

## **PROPER IDENTIFICATION**

You are required to bring two (2) forms of official, signaturebearing identification to the test site (one of which must be a photo identification). Photocopies of identification will NOT be accepted. Examples of proper identification include:

- Driver's license
- Signature-bearing Social Security card (or affidavit stating that you have applied for your Social Security number. Please Note: Your Social Security number will be required when you renew your certification.)
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card

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 your name change (a copy of an official document such as a marriage license or divorce decree) to the test center. If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.

## **SECURITY**

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 DC Board of Nursing for review, and your examination will not be scored (see *Testing Policies*).

All examination questions, each form of the examination, and all other examination materials are copyrighted by and the property of 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 the test site.

## LATENESS

Plan to arrive about thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all of your required items (see *What to Bring*), you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

## 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 reported to your state licensing agency. Decisions regarding disciplinary measures are the responsibility of this agency.

#### **GUESTS/VISITORS**

No guests, visitors, pets, or children are allowed at the Regional Test Sites.

# THE WRITTEN (OR ORAL) EXAM

## WRITTEN EXAM

The Nursing Assistant Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiplechoice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish. Fill in only one (1) oval on the answer sheet for each question. Markings in the test booklet will not be accepted as answers. Your answers must appear on the separate answer sheet. Sample questions for the Written Examination are located on page 14.

Your Written Examination will contain "pre-test" questions. Pre-test questions are questions on which statistical information is being collected for use in constructing future examinations. Your responses to pre-test questions do not affect your score. Pre-test questions are mixed in with the scored questions and are not identified.

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

An English or Spanish Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must, however, request an Oral Examination in advance, at the time of filling out your application. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. You will have two (2) hours to complete the Oral Examination. If you want to take the English or Spanish Oral Examination, you must request it when you submit your application.

# WRITTEN (OR ENGLISH OR SPANISH ORAL) EXAM CONTENT OUTLINE

The revised NNAAP Content Outline is based on the National Council of State Board's of Nursing 2005 Job Analysis.

The NNAAP Written Examination is comprised of seventy (70) multiple-choice questions. Ten (10) of these questions are pre-test (non-scored) questions on which statistical information will be collected.

The NNAAP Oral Examination is comprised of sixty (60) multiple-choice questions and ten (10) word recognition (or reading comprehension) questions.

# of

|                                   | % of     | questions   |
|-----------------------------------|----------|-------------|
| I. Physical Care Skills           | the exam | in the exam |
| A. Activities of Daily Living     | 14%      | 9           |
| 1. Hygiene                        |          |             |
| 2. Dressing and Grooming          | 5        |             |
| 3. Nutrition and Hydratio         | n        |             |
| 4. Elimination                    |          |             |
| 5. Rest/Sleep/Comfort             |          |             |
| B. Basic Nursing Skills           | 35%      |             |
| 1. Infection Control              |          |             |
| 2. Safety/Emergency               |          |             |
| 3. Therapeutic/Technical l        |          |             |
| 4. Data Collection and Re         |          |             |
| C. Restorative Skills             | 8%       | 5           |
| 1. Prevention                     |          |             |
| 2. Self Care/Independence         |          |             |
| II. Psychosocial Care Skills      |          |             |
| A. Emotional and                  |          |             |
| Mental Health Needs               | 10%      | 6           |
| B. Spiritual and Cultural Nee     | ds 4%    | 2           |
| III. Role of the Nursing Assistan | nt       |             |
| A. Communication                  |          | 4           |
| B. Client Rights                  | 7%       | 4           |
| C. Legal and Ethical Behavior     | r 5%     | 3           |
| D. Member of the                  |          |             |
| Health Care Team                  | 10%      | 6           |
|                                   |          |             |

# SAMPLE QUESTIONS

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 nursing assistant 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 nursing assistant 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 nursing assistant 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

**Correct Answers** 1. B 2. B 3. B 4. C 5. B 6. A

# SELF-ASSESSMENT READING TEST

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

go to next page

#### 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

#### go to next page

# SELF-ASSESSMENT READING TEST

## 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

go to next page

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 |       |
|------|---------|---------|-------|
| 1. ( | C 7. C  | 13. B   | 19. C |
| 2. A | A 8. B  | 14. B   | 20. A |
| 3. ( | C 9. C  | 15. D   | 21. B |
| 4. E | 3 10. D | 16. A   | 22. C |
| 5. I | D 11. E | 17. B   |       |
| 6. A | 12. D   | 18. C   |       |
|      |         |         |       |

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 Nursing Assistant Evaluator. Before your skills evaluation begins, the evaluator will show you where equipment is located and answer questions about operating the equipment.

Please arrive at the designated test site thirty (30) minutes early. Test times are approximate, so please plan to spend the entire day.

See pages 24-39 for the complete skills listing.

## 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 nursing assistant 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 nursing assistant'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.

#### CANDIDATE DRESS REQUIREMENTS

You **must wear flat, slip-on, non-skid shoes with socks**, 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, or bathing suit. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments.

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. 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 Nursing Assistant Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Handwashing 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 24 to 39 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 Nursing Assistant 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 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

| Date           |  |
|----------------|--|
| Test Site ID   |  |
| CANDIDATE NAME |  |
| CANDIDATE ID   |  |
| EVALUATOR NAME |  |
| EVALUATOR ID   | PL                                     |
|                | TESTED                                 |
|                | st check one box<br>cill being tested. |
| Blood Pressure | Respirations                           |
|                | Urine Output                           |
| □ Radial Pulse | Weight                                 |
| CANDIDATE      | EVALUATOR                              |
| RESULTS        | RESULTS                                |
|                |  |
| L              |  |
|                |  |
|                |  |

## 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 Washes Hands 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 22 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 24 skills that follow are arranged in alphabetical order, except for the *Washes Hands* skill. Washes Hands 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.

## WASHES HANDS

- 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 15 (fifteen) seconds
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 After lathering for at least 15 seconds, rinses all surfaces of wrists, hands, and fingers keeping hands lower than the elbows and the fingertips down
- 8 Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers then disposes of paper towel into waste container
- 9 Uses clean, dry paper towel to turn off faucet then disposes of paper towel 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
- 5 Places foot of stocking over toes, foot, and heel
- 6 Pulls top of stocking over foot, heel, and leg
- 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 (Evaluator: If stocking toe is completely open, or if client has large foot, it is okay if toes go through opening)
- 9 Signaling device is within reach and bed is in low position
- 10 Washes 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, candidate ensures 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 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 Washes 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 flat before bedpan is removed
- 13 Avoids overexposure of client
- 14 Removes, 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 dentures
- 2 Sink is lined and/or sink is partially filled with water before denture is held over sink
- 3 Rinses denture in tepid/moderate temperature running water before brushing them
- 4 Applies toothpaste to toothbrush
- 5 Brushes surfaces of denture
- 6 Rinses surfaces of denture under tepid/moderate temperature running water
- 7 Before placing denture into cup, rinses denture cup and lid
- 8 Places denture in denture cup with tepid/moderate temperature water and places lid on cup
- 9 Rinses toothbrush and places in designated toothbrush basin/container

Skill continues

- 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 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

\* Count for one full minute.

## **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

\* Count for one full minute. For testing purposes you may explain to the client that you will be counting the respirations.

## 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 With one gloved hand, grasps the other glove at the palm, pulls glove off
- 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 Removes gown without touching outside of gown
- 12 While removing gown, holds gown away from body, turns gown inward and keeps it inside out
- 13 Disposes of gown in designated container without contaminating self
- 14 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 top he/she would like to wear and dresses him/her in top of choice
- 4 While avoiding overexposure of client, removes gown from the unaffected side first, then removes gown from the affected side
- 5 Assists to put the right (affected/weak) arm through the right sleeve of the top before placing garment on left (unaffected) arm
- 6 While putting on items, moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 7 Finishes with clothing in place
- 8 Disposes of gown into soiled linen container
- 9 Signaling device is within reach and bed is in low position
- 10 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, candidate picks up name card from tray and asks client to state name
- 3 Before feeding client, client is in an upright sitting position (45-90 degrees)
- 4 Places tray where it can be easily seen by client
- 5 Client's hands are cleaned 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 Makes sure client's mouth is empty before offering next bite of food or sip of beverage
- 11 At end of meal, client's mouth is wiped and hands are cleaned with hand wipe
- 12 Removes food tray and places tray in designated dirty supply area
- 13 Signaling device is within client's reach
- 14 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 while keeping client covered
- 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 eye, 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 basin, places basin in designated dirty supply area
- 16 Disposes of used gown and 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

## MAKES AN OCCUPIED BED (CLIENT DOES NOT NEED ASSISTANCE TO TURN)

- 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 Lowers head of bed before moving client
- 4 Client is covered while linens are changed
- 5 Loosens top linen from the end of the bed
- 6 Raises side rail on side to which client will move and client moves toward raised side rail
- 7 Loosens bottom used linen on working side and moves bottom used linen toward center of bed
- 8 Places and tucks in clean bottom linen or fitted bottom sheet on working side and tucks under client
- 9 Before going to other side, client moves back onto clean bottom linen
- 10 Raises side rail then goes to other side of bed
- 11 Removes used bottom linen
- 12 Pulls and tucks in clean bottom linen, finishing with bottom sheet free of wrinkles
- 13 Client is covered with clean top sheet and bath blanket/used top sheet has been removed
- 14 Changes pillowcase

- 15 Linen is centered and tucked at foot of bed
- 16 Avoids contact between candidate's clothing and used linen
- 17 Disposes of used linen into soiled linen container and avoids putting linen on floor
- 18 Signaling device is within reach and bed is in low position
- 19 Washes hands

#### **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 does one of the following: a. 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. OR b. Inflates cuff 30 mm Hg beyond where radial or brachial pulse was last heard or felt
- 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 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
  - \* This is a one-step blood pressure procedure. However, if a candidate correctly performs a two-step blood pressure procedure that includes step 7b, the candidate will not be penalized and will be given credit for step 7.

#### Skill continues

## 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 Candidate ensures client has shoes on before walking to scale
- 3 Sets scale to zero before weighing client
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale, then determines client's weight
- 5 While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
- 6 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)
- 7 Washes hands

## PERFORMS 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 nursing assistant 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 Washes hands

# PERFORMS 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 nursing assistant if pain is experienced during exercise
- 4 Supports client's arm at elbow and wrist 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 (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 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)
- 7 While supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain
- 8 Signaling device is within reach and bed is in low position
- 9 Washes hands

Skill continues

## **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 Client is positioned 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 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 near meatus without tugging, cleans at least four inches of catheter nearest meatus, moving in only one direction, away from meatus, using a clean area of the cloth for each stroke
- 9 While holding catheter near meatus without tugging, rinses at least four inches of catheter nearest meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke
- 10 While holding catheter near meatus without tugging, dries four inches of catheter moving away from meatus

- 11 Empties, rinses, and dries basin
- 12 After rinsing 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 FINGERNAIL CARE ON ONE HAND**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before immersing fingernails, checks water temperature for safety and comfort and asks client to verify comfort of water
- 3 Basin is in a comfortable position for client
- 4 Puts on clean gloves before cleaning fingernails
- 5 Fingernails are immersed in basin of water
- 6 Cleans under each fingernail with orangewood stick
- 7 Wipes orangewood stick on towel after each nail
- 8 Dries fingernail area
- 9 Candidate feels each nail and files as needed
- 10 Disposes of orangewood stick and emery board into waste container (for testing purposes)
- 11 Empties, rinses, and dries basin
- 12 After rinsing basin, places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container
- 14 After cleaning nails and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 15 Signaling device is within reach

## **PROVIDES FOOT CARE ON ONE FOOT**

- 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 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 (45-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places clothing protector across chest before providing mouth care
- 6 Moistens toothbrush
- 7 Applies toothpaste to toothbrush
- 8 Cleans mouth (including tongue and surfaces of teeth) using gentle motions
- 9 Maintains clean technique with placement of toothbrush
- 10 Holds emesis basin to chin while client rinses mouth
- 11 Wipes mouth and removes clothing protector
- 12 Empties, rinses, and dries basin
- 13 Places used toothbrush in basin
- 14 After rinsing basin, places basin in designated dirty supply area
- 15 Disposes of clothing protector appropriately
- 16 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
- 17 Signaling device is within reach and bed is in low position

## PROVIDES PERINEAL CARE (PERI-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 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 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, and facing the foot of the bed
- 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, candidate ensures client is wearing shoes
- 10 Before assisting to stand, applies transfer belt securely 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 Washes hands

# **SCORE REPORTING**

## **EXAM RESULTS**

## WRITTEN (OR ORAL) EXAM

After you finish the Written (or English or Spanish Oral) Examination, the Nursing Assistant Evaluator will fax your answer sheet for scoring. After the answer sheet is faxed, it will be scored and you will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

## SKILLS EVALUATION

The Nursing Assistant Evaluator will also fax your Skills Evaluation results for scoring. After the Nursing Assistant Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. An official Score Report will be faxed back to the test center and will indicate whether you have passed or failed the Skills Evaluation.

Although technical difficulties are infrequent, Score Reports occasionally may not be received at the test center on the day of testing. If this happens, your answer sheet will be mailed overnight to Pearson VUE for handscoring. Your Score Report will then be mailed to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Pearson VUE at (888) 274-6060. **Results** will not be given over the telephone.

## 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 an original completed registration form and a re-take fee. For re-take fees and information, refer to the *Application & Scheduling* 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 DC Nursing Assistant 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 *Washes Hands*. 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 Washes Hands skill, and review all the steps, especially steps 1, 5, and 10.

| District of Columb<br>Examination                 |                     |
|---|---------------------|
| Exam: Skills                                      | Result: Fail        |
| Skills Performance:                               |                     |
| Washes Hands<br>1, 5, 10                          | Unsatisfactory      |
| Provides Fingernail Care<br>On One Hand           | Satisfactory        |
| Measures and Records<br>Blood Pressure            | Satisfactory        |
| Puts One Knee-High<br>Elastic Stocking on Client  | Satisfactory        |
| Measures and Records<br>Weight of Ambulatory Clie | Satisfactory<br>ent |

A sample of a Failing Score Report

## PASSING

Once you have passed both the Written (or Oral English or Spanish) Examination and the Skills Evaluation, your name will be placed on the DC Nursing Assistant Registry. A Registry Certificate (also known as a Notice of Enrollment) will be mailed to you by Pearson VUE and will arrive approximately three (3) weeks after you successfully complete both the Written (or Oral English or Spanish) Examination and the Skills Evaluation. You must show this card to your employer. *Do not make any changes to your Registry Certificate. Any changes to the Registry Certificate could affect your status as a nursing assistant.* 

You must successfully pass both parts of the NNAAP Examination within two (2) years of your training program completion date in order to be eligible for placement on the DC Nursing Assistant Registry.

**NOTE:** Certification is no longer valid for an individual who has had a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services.

# **GRIEVANCE PROCESS**

## **OVERVIEW**

Each candidate has a right to file a grievance to complain or contest the results of their Nursing Assistant Exam. The American Red Cross of the Susquehanna Valley (ARCSV) will follow-up on each grievance within thirty (30) days of the receipt of the candidate grievance letter.

No grievance will be investigated if it is not received in writing by the American Red Cross.

## PROCESS

All candidates with a grievance should call the American Red Cross of the Susquehanna Valley customer service center. The customer service representatives will do their best to address the concerns of the candidate. If the candidate is not satisfied with the results of this conversation, the customer service representative will offer to mail a grievance form to the candidate.

The candidate must complete the grievance form in its entirety providing as much detail as possible and return it to the ARCSV within thirty (30) calendar days of their exam date.

After receipt of the completed grievance form, the appropriate In-State RN Coordinator will investigate the complaint on the form. This coordinator will lead the investigation into the complaint. This investigation may include following up with the Evaluator that conducted the exam and with Pearson VUE for detailed test results.

Once the investigation is complete, the In-State Coordinator will draft a letter back to the candidate informing him/her of the outcome of the investigation. If an error was made by the evaluator, ARCSV, or Pearson VUE, the candidate will be allowed to retest at no additional cost.

A copy of the original grievance letter along with the results of the investigation will be forwarded to the appropriate state agency and to Pearson VUE.

## CHANGE OF ADDRESS OR NAME

The DC Nursing Assistant Registry **MUST** be kept informed of your correct address. In order to receive your notification of continued enrollment on the Registry, you **MUST** inform the Registry about any changes in your name or address.

To change your name or address, use the *Change of Address* or *Name Form* in the back of this handbook, or send a letter to the DC Nursing Assistant Registry (see address on the *Change of Address or Name Form*) informing them of the change. Failure to inform the Registry of an address change may jeopardize your certification status. Be sure to list both the old information and the updated information, including your name, address, Social Security number, and telephone number. *Name changes* **MUST** *be accompanied by official supporting documentation, such as a notarized copy of a marriage certificate, divorce decree, or other official document.* 

**NOTE:** Under federal requirements, certification is no longer valid for any nursing assistant who has had a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. Your new employer must update your employment history by notifying the Registry when you change jobs.

## **CERTIFICATION RENEWAL**

Approximately sixty (60) days prior to the expiration of your Registry Certificate, you will be sent a Certification Renewal Form. To renew your certification, follow the instructions to complete the form and return it to Pearson VUE. Once the form has been processed, a new Registry Certificate will be sent to you.

## NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

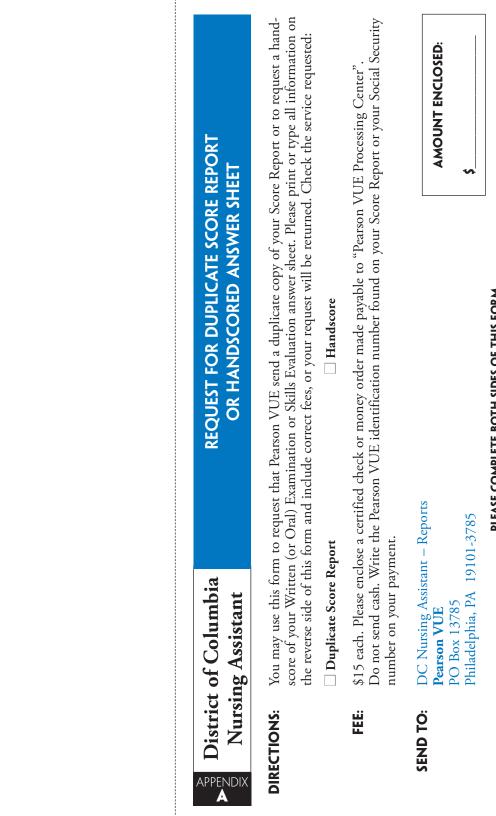
| QUESTION  | ANSWER  |
|---|---|
| 1. How do<br>I become a<br>CNA?   | 1. • You must successfully complete<br>a state-approved nursing assistant<br>training program and pass both the<br>written and skills portions of the<br>NNAAP examination. The time<br>frame for successfully completing<br>both exams varies, by state. Please<br>check with your training program or<br>the Exam Overview section of this<br>handbook.   |
| 2. May I<br>perform the<br>duties of<br>a Nursing<br>Assistant<br>before I am<br>certified? | <ul> <li>2. • If you are currently attending<br/>an approved nursing assistant pro-<br/>gram, you have 120 days in which<br/>to complete the training and become<br/>certified. During that period, a<br/>student may not perform any duty<br/>for which they have not been trained<br/>and checked by the instructor.</li> <li>• If you are not enrolled in an<br/>approved nursing assistant program,<br/>you may not perform any nursing<br/>assistant duties until you become<br/>certified.</li> </ul> |
| 3. How do<br>I arrange<br>for Special<br>accommo-<br>dations?                               | 3. • Special requests must be sub-<br>mitted and approved prior to testing.<br>Documentation from your physician<br>or other qualifying professional must<br>be included with the request. Please<br>refer to the Special Exam Requests<br>and Services section of the candidate<br>handbook for details.   |
| 4. How do I<br>decide which<br>exam to take?  | <ul> <li>4. Initially, both the Written and Skills exams must be scheduled together.</li> <li>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.</li> </ul>   |

## NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

| QUESTION   | ANSWER   |
|--|--|
| 5. Is there a<br>time limit in<br>which I must<br>pass both<br>exams?                    | <ul> <li>5. If you are currently working<br/>in a healthcare setting, you have 4<br/>months to complete all eligibility<br/>requirements and become certified.</li> <li>If you are NOT working in a<br/>healthcare setting, you have up to 1<br/>year after successfully completing a<br/>training program to pass both parts<br/>of the NNAAP Examination, to be<br/>eligible for placement on the Nursing<br/>Assistant Registry.</li> </ul>   |
| 6. Can I<br>register for<br>an exam or<br>check my<br>scores online?                     | <ul> <li>6. Registration must be done<br/>by mail.</li> <li>Results are given to each candidate<br/>at the test site for each examination<br/>taken.</li> <li>If you passed both parts of the<br/>examination, your name will be<br/>placed on the DC's Nursing Assistant<br/>Registry. You can also verify your sta-<br/>tus online at www.pearsonvue.com.<br/>Select Health, Medicine &amp; Nursing<br/>Assistants, DC's Nurse Assistants, and<br/>Search the Nursing Assistant Registry.</li> </ul> |
| 7. What form<br>of payment<br>do you accept<br>and may I<br>take it to the<br>test site? | 7. • All payments (money order<br>company check or credit card) must<br>be sent with the application to the<br>American Red Cross prior to sched-<br>uling an exam. NO form of pay-<br>ment will be accepted at the test site.   |
| 8. What is<br>the next test<br>date?   | 8. • Contact the American Red<br>Cross (ARC)   |
| 9. How long<br>will it take<br>me to find<br>out if I passed<br>or failed?               | 9. • 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.   |

## NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

| QUESTION  | ANSWER  |
|---|---|
| 10. How<br>do I verify<br>if I'm on<br>the Nursing<br>Assistant<br>Registry?                              | • You can verify your status on the<br>DC Nursing Assistant Registry<br>online at <b>www.pearsonvue.com</b> .<br>Select Health, Medicine & Nursing<br>Assistants, DC Nursing Assistants,<br>and Search the Nursing Assistant<br>Registry.   |
| <ol> <li>How do</li> <li>I change my</li> <li>name and/or</li> <li>address?</li> </ol>                    | 11. • Complete the form in the back of the handbook and mail it with appropriate documentation to Pearson VUE.  |
| 12. How long<br>will my name<br>remain on the<br>registry?  | 12. • Once on the Nursing<br>Assistant Registry, your certification<br>will remain current for 24 months<br>from the date you passed both parts<br>of the NNAAP exam. A Renewal<br>Notice will be sent to you 60 days<br>prior to your expiration date.   |
| 13. My<br>certification<br>expired. How<br>do I renew<br>it or become<br>certified<br>again?              | <ul> <li>14. • Nursing Assistants must retrain and re-test when lapsed more than 24 months.</li> <li>• Nursing Assistants re-train and retest when there are no CE Credits during the recertification period.</li> <li>• Nursing Assistants who have lapsed less than 24 months, but have worked 8 hours, but lack CE Credits must re-test.</li> <li>• Nursing Assistants who have lapsed less than 24 months with CE Credits but who have no work history must re-test.</li> </ul> |
| 14. I'm<br>moving to or<br>from another<br>state. May I<br>perform nurse<br>aide duties in<br>that state? | <ul> <li>If you are moving TO DC, you can obtain an Out-of-State Application on Pearson VUE's website at www.pearsonvue.com.</li> <li>If you are moving FROM DC, you should contact the Board of Nursing or Department of Health for that state, to obtain state requirements.</li> </ul>   |



PLEASE COMPLETE BOTH SIDES OF THIS FORM

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| PLEASE COMPLETE THE FOLLOWING FORM WITH YOUR CURRENT NAME AND ADDRESS. ALL INFORMATION MUST BE COMPLETE AND ACCURATE TO ENSURE PROPER PROCESSING.  | ORMATION MUST BE COMPLETE AND                |
|--|--|
| NameStreet   |  |
| CityState  | Zip  |
| )Pearson VUE Identification Number or Social Sec   |  |
| <br>IF THE ABOVE INFORMATION WAS DIFFERENT AT THE TIME YOU WERE TESTED, PLEASE INDICATE<br>Name  | E ORIGINAL INFORMATION.                      |
| Street   |  |
| City State State   | Zip  |
| I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report or the handscored results of my Written (or Oral)<br>Examination or Skills Evaluation. | he handscored results of my Written (or Oral |
| Your Signature   | Date   |



CHANGE OF ADDRESS OR NAME

Use this form to inform the Registry of your change of address or name. Please print or type all information on the reverse side of this form. Be sure to provide all information, or your request cannot be filled. DIRECTIONS

For name changes you must also provide written documentation of your name change. See back of this form for details.

DC Nursing Assistant Registry Philadelphia, PA 19101-3785 PO Box 13785 Pearson VUE **SEND TO:** 

# PLEASE COMPLETE OTHER SIDE OF THIS FORM

| PRINT YOUR NEW NAME AND ADDRESS BELOW. Name   |  |      |
|---|--|------|
| Street  |  |      |
| City  | State                                  | Zip  |
| Tel. ()                                       |  |      |
| PLEASE PRINT YOUR OLD NAME AND ADDRESS BELOW. |  |      |
| Street  |  |      |
| City  | State                                  | Zip  |
| Social Security Number                        | Nursing Assistant Certification Number | 1ber |
| YOUR SIGNATURE                                |  |      |