Alabama NURSE AIDE written (or oral) examination & skills evaluation Candidate Handbook
Call the Alabama Department of Health to:

- Obtain information on official regulations and guidelines for nurse aides
- Find out if you are currently listed on the Registry (or go on-line to www.adph.org, click on contents a-z, click on Nurse Aide Registry, type in your SSN and print friendly at the bottom of the page)
- Clarify information about the Registry
- Obtain information regarding reciprocity to Alabama
- Obtain information regarding endorsement to other states (call the state in which you want to transfer)
- Obtain information on continued certification on the Registry (or go on-line at www.adph.org to the frequently asked questions section)

Call Credentia to:

- Obtain a Candidate Handbook
- Obtain or complete an Examination Application
- Schedule an examination
- Cancel an examination
- Arrange special examination requests and services
- Change your current address or name prior to testing (at least 11 days in advance)
PEARSON VUE®
Alabama NNAAP
PO Box 13785
Philadelphia, PA 19101-3785
(888) 204-6185
Website: www.pearsonvue.com

Hours of Operation
Monday through Friday
8:00 a.m. – 5:00 p.m. (Eastern Time Zone)

Call Pearson VUE to:
• Obtain information regarding your Score Report
• Change your current address or name after testing
• Request a duplicate Score Report

Go to www.pearsonvue.com to:
• Download a Candidate Handbook
• Download an Application
• View a Regional Test Site list & testing dates.
• View the Nurse Aide Practice Written Examination
• Download Spanish Skills Listing
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Appendix B: Change of Address or Name Form
INTRODUCTION

This handbook is designed for candidates seeking nurse aide certification in Alabama. It describes the process of applying for certification in the National Nurse Aide Assessment Program (NNAAP®) and taking the NNAAP® Examination. Keep this handbook for future reference.

The Alabama Department of Health has contracted with Pearson VUE (formerly Promissor), a nationally recognized leading provider of assessment services to regulatory agencies and national associations. Pearson VUE will develop, score and report the results of the NNAAP Examination required for certification and placement on the Alabama Nurse Aide Registry. Credentia will be working with Pearson VUE to schedule and administer the examination to qualified individuals.

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 Alabama 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 in English or Spanish 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) 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 English or Spanish 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 thirty (30) 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 23 to 37.

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

ELIGIBILITY

Guidelines have been established by the state of Alabama to determine who is eligible to take the NNAAP Examination. To be eligible, you must have completed a nurse aide training program approved by the Alabama Department of Health or you must have completed the equivalent training through higher education, such as an LPN or RN program approved by the Alabama Board of Nursing. Alabama does NOT approve any on-line CNA programs. You must take and pass the NNAAP Examination within twenty-four (24) months of having graduated from a state-approved nurse aide training program.
ELIGIBILITY ROUTES

NURSING ASSISTANT — STATE APPROVED TRAINING PROGRAM
You have successfully completed an Alabama-approved nurse aide training program.

NURSING ASSISTANT - SPONSOR — TRAINED AT STATE APPROVED LONG TERM CARE FACILITY
You have successfully completed a state approved training program at a long term care facility.

NURSING STUDENT/GRADUATE
You have successfully completed a Fundamentals of Nursing course.

LAPSED NURSING ASSISTANT
You were previously certified in the state of Alabama but your certification expired. You must successfully complete a state approved nurse aide training program and retest both portions of the examination.

APPLICATION AND SCHEDULING

FILLING OUT AN APPLICATION
• You may get an examination application from your nursing facility employer or your nurse aide training program. You may also download one at the Pearson VUE web site at www.pearsonvue.com.
• You are responsible for completing the appropriate sections of the Examination Application. You may ask someone from your nurse aide training program or facility employer for assistance in completing the application.
• If you need help or have any questions about the application, please contact a Credentia Customer Service Representative at (877) 437-9587.
• All required documentation (application, fee, and a copy of your training program’s certificate of completion) must be received twelve (12) business days before the examination date.
• In one envelope, mail your completed application, a copy of your training program’s certificate of completion, and appropriate fees (see Exam Fees) to:

Credentia, Alabama NNAAP
3 Bala Plaza West,
Suite 400A
Bala Cynwyd, PA 19004
APPLICATION REQUIREMENTS

Your application MUST contain the following (the numbers below refer to the section number on the application):

#1 Your Social Security number and date of birth

#2-5 Your name; your mailing address (NOT the sponsor’s mailing address); your daytime telephone number; and gender

#6 The type of examination you are requesting. The first time you test you must sign up for both written and clinical skills.

#7 You must provide:

1. Name of training program
2. Training program code (training program code is NOT required for Nursing students/graduates)
3. Training program completion date
4. Signature of instructor

If you are a Nursing student/graduate, you must provide:

1. Training program completion date
2. Transcripts showing successful completion of a Fundamentals of Nursing course

#8 You MUST provide Sponsor information, including a five (5)-digit Sponsor Code. If your employer is your sponsor, enter their sponsor code number and your date of hire. If you are not employed in a long-term care facility, you may enter the same program code as in section 7.

#9 You must choose an examination location.

#10 You must sign and date the application.
EXAM FEES

The fees listed below have been established for the NNAAP Examination in Alabama.

<table>
<thead>
<tr>
<th>EXAMINATION TYPE</th>
<th>EXAM FEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Examination &amp; Skills Evaluation</td>
<td>both exams $125</td>
</tr>
<tr>
<td><em>English</em> Oral Examination &amp; Skills Evaluation</td>
<td>both exams $125</td>
</tr>
<tr>
<td><em>Spanish</em> Oral Examination &amp; Skills Evaluation</td>
<td>both exams $125</td>
</tr>
<tr>
<td>Written Examination ONLY</td>
<td>re-test $50</td>
</tr>
<tr>
<td><em>English</em> Oral Examination ONLY</td>
<td>re-test $50</td>
</tr>
<tr>
<td><em>Spanish</em> Oral Examination ONLY</td>
<td>re-test $50</td>
</tr>
<tr>
<td>Skills Evaluation ONLY</td>
<td>re-test $75</td>
</tr>
</tbody>
</table>

*The first time you test, you must pay for BOTH the Written (or Oral) Examination and the Skills Evaluation.*

Payment must be made in the form of a money order, certified check, or company check made payable to “Pearson VUE.” The money order, certified check, or company check must display your name so it can be applied to your examination. Company checks may pay for more than one candidate. **Personal checks and cash will not be accepted.** Fees are non-refundable and non-transferable once submitted to Credentia.

Under federal and Alabama state laws, candidates employed as nurse aides in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying their examination fees. Employers must pay the examination fee and any re-test fee for those candidates in their employ as nurse aides or candidates who have a written commitment or signed acceptance of employment on file in a Medicaid-certified nursing home. Candidates who become employed as a nurse aide by a Medicare/Medicaid skilled nursing facility within 12 months of successful completion of the competency evaluation may be reimbursed by the facility for training and competency testing costs.
EXAM SCHEDULING

Once Credentia receives your application, required documents, and fees, they will schedule you for testing. Credentia will mail your Authorization to Test Notice letter to you at the address listed on your application within forty-eight (48) hours.

AUTHORIZATION TO TEST NOTICE

Your Authorization to Test Notice letter has important information about the examination. If you do not receive your notice within ten (10) business days, call Credentia. Credentia 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 (866) 204-6185 to determine the schedule of the test site most convenient to you. When accessing Pearson VUE’s website, select “Search the Nurse Aide Registry” and select “Alabama Nurse Aides” from the drop down menu. Then, select “Regional Test Sites and Test Schedules.”

ACCOMMODATIONS

Pearson VUE complies with the provisions of the Americans with Disabilities Act as amended. The purpose of accommodations is to provide candidates with full access to the test. Accommodations are not a guarantee of improved performance or test completion. Pearson VUE provides reasonable and appropriate accommodations to individuals with documented disabilities who demonstrate a need for accommodations.

Test accommodations may include things such as:

- A separate testing room
- Extra testing time
- A Reader or Recorder, for individuals with mobility or vision impairments and cannot read or write on their own

Test accommodations are individualized and considered on a case-by-case basis. All candidates who are requesting accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This may include:
• Supporting documentation from the professional who diagnosed the condition, including the credentials that qualify the professional to make this diagnosis
• A description of past accommodations the candidate has received

The steps to follow when requesting test accommodations vary, depending on your test program sponsor. To begin, go to http://pearsonvue.com/accommodations, and then select your test program sponsor from the alphabetized list. Candidates who have additional questions concerning test accommodations may contact the ADA Coordinator at accommodationspearsonvue@pearson.com.

CANCELLATION AND RE-SCHEDULING

If you are unable to attend your scheduled examination, you MUST call Credentia by noon at least five (5) 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 Credentia at least five (5) business days in advance to re-schedule an examination, and do not attend your scheduled examination, your fee will NOT be refunded and you cannot transfer the fee to another examination date. You also may not give your examination date to another person.

If you notify Credentia at least five (5) business days in advance, there is no penalty and you may transfer the fee to a new examination date. If your employer paid your examination fees, you should let them know about missing the examination and how you have handled re-scheduling.

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

ABSENCE POLICY
Since unexpected situations sometimes occur, Credentia will consider excusing an absence from a scheduled examination in certain situations.

Acceptable excused absences are as follows:
• Illness of either yourself or a member of your immediate family
• 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 and received within ten (10) business days following the scheduled examination. Your request must include verification from the cause of your absence. For example, if you are absent because of jury duty, you must supply a copy of the court notice.

The decision of Credentia to approve or deny the excused absence is final.

WEATHER EMERGENCIES
Examinations will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test center inaccessible or unsafe, the examination will be delayed or canceled. If the examination has been canceled, you will be re-scheduled for the next available examination at that site.

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
You MUST have the following items with you when you take the examination:

- Two (2) forms of proper identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Watch with a second hand

No other materials will be allowed.

PROPER IDENTIFICATION
You are required to bring two (2) forms of current, official, signature-bearing identification to the test site (one of which must be a photo identification). All identification must be current (not expired) and no birth certificates will be accepted. Photocopies of identification will NOT be accepted. Examples of proper identification include:
• Driver’s license
• Signature-bearing Social Security card
• 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 AND CHEATING**

If you give help to or receive help from anyone during the examination, the examination will be stopped. The incident will be reported to the Alabama Department of Public Health 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 materials or information from the test site will be prosecuted.*

**TESTING POLICIES**

The following policies are observed at each Regional Test Site.

**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 continue next page
test and you will be required to re-apply and pay another examination fee (see Cancellation for more details).

**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 Alabama Department of Health. Decisions regarding disciplinary measures are the responsibility of the Alabama Department of Health.

**GUESTS/VISITORS**

Guests, visitors, pets or children are **NOT** allowed at the Regional Test Sites.

---

**THE WRITTEN (OR ORAL) EXAM**

**WRITTEN EXAM**

The Nurse Aide Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiple-choice 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) box on the answer sheet for each question. Markings in the test
ENGLISH OR SPANISH ORAL EXAM

An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an English Oral or Spanish Oral Examination when filling out your application. The Oral Examination is provided on an MP3 player. Earphones are provided at the test center. You will be asked to listen to a recording of the Oral Examination and follow along in the test booklet as the questions are read aloud on the MP3 player.

The English Oral or Spanish 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 English Oral or Spanish Oral Examination has ten (10) multiple-choice questions. If you are taking the Spanish Oral Examination, this part of the test is recorded and written in English. 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 revised content outline is based on the findings from the 2014 Job Analysis and Knowledge, Skill, and Ability Study of Nurse Aides published by the National Council of State Boards of Nursing (NCSBN) in 2015. The examination content outline will be effective January 2016.

The NNAAP written examination is comprised of 70 multiple-choice items; 10 of these items are pretest (non-scored) items 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</th>
<th># of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Activities of Daily Living</td>
<td>14%</td>
<td>9</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>23</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>8%</td>
<td>5</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>

II. Psychosocial Care Skills

A. Emotional and Mental Health Needs | 11% | 6 |
B. Spiritual and Cultural Needs | 2% | 2 |

III. Role of the Nurse Aide

A. Communication | 8% | 4 |
B. Client Rights | 7% | 4 |
C. Legal and Ethical Behavior | 3% | 2 |
D. Member of the Health Care Team | 8% | 5 |
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 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

Correct Answers

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 17.
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
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.

|----------|------|------|-------|-------|

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. Please arrive 30 minutes early. Test times are approximate. Please plan to spend the day. See pages 23-37 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 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. Please note, you may not receive help from anyone during the Skills Evaluation, and the candidate and the client must speak to one another in English so that the evaluator can understand and correctly score the evaluation. If either candidate gives help or receives help during the test, or the client and candidate are communicating in a language other than English, the test will be stopped.

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.

CANDIDATE VOLUNTEER 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, 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 evalu-
ator 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.

See pages 23-37 for the complete skills listing.

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 23 to 37 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.

At least 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 thirty (30) 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

Date

Test Site ID

Candidate Name

Candidate ID

Evaluator Name

Evaluator ID

SKILL TESTED
One box next to the skill being tested must be marked.

☐ Blood Pressure
☐ Radial Pulse
☐ Respirations
☐ Urine Output
☐ Weight (must document the unit of measurement, lb or kg)

CANDIDATE RESULTS

EVALUATOR RESULTS

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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 21 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 23 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.

SKILL 1 — 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 fingers, hands, and wrists starting at fingertips 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

SKILL 2 — 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

Skill continues
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; if using a mannequin, candidate may state stocking needs to be wrinkle-free**
9 Signaling device is within reach and bed is in low position
10 After completing skill, wash hands

**SKILL 3 — ASSISTS TO AMBULATE 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, client is wearing non-skid shoes/footwear**
4 Before assisting to stand, bed is at a safe level
5 Before assisting to stand, checks and/or locks bed wheels
6 **Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
7 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
8 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing
9 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
10 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 by standing knee to knee, or toe to toe with client
11 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
12 Assists client to bed and removes transfer belt
13 Signaling device is within reach and bed is in low position
14 After completing skill, wash hands
**SKILL 4 — 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 placing bedpan under client
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. Ensures client is covered except when placing and removing bedpan
14. Empties and rinses bedpan and pours rinse into toilet
15. Places bedpan in designated dirty supply area
16. 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

**SKILL 5 — 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 denture toothpaste to toothbrush
5. Brushes all surfaces of denture
6. Rinses all surfaces of denture under moderate temperature running water
7. Rinses denture cup and lid
8. Places denture in denture cup with moderate temperature water/solution and places lid on cup

*Skill continues*
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 Removes and disposes of gloves (without contaminating self) into waste container and washes hands

**SKILL 6 — 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 **Records pulse rate within plus or minus 4 beats of evaluator’s reading**

**SKILL 7 — 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 Before recording, washes hands
5 **Records respiration rate within plus or minus 2 breaths of evaluator’s reading**

**SKILL 8 — 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

*Skill continues*
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 waist and neck
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

**SKILL 9 — 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 Avoids overexposure of client by ensuring client’s chest is covered
5 Removes gown from the left (unaffected) side first, then removes gown from the right (affected/weak) side
6 Before dressing client, disposes of gown into soiled linen container
7 Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm
8 While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints
9 Finishes with clothing in place
10 Signaling device is within reach and bed is in low position
11 After completing skill, washes hands
SKILL 10 — 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 before beginning feeding.

6. Candidate sits in a chair facing client during feeding.

7. Tells client what foods and beverage are on tray.

8. Asks client what he/she would like to eat first.

9. Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful.

10. Offers beverage at least once during meal.

11. Candidate asks client if they are ready for next bite of food or sip of beverage.

12. At end of meal, candidate cleans client’s mouth and hands.

13. Removes food tray.

14. Leaves client in upright sitting position (75-90 degrees) with signaling device within client’s reach.

15. After completing skill, washes hands.

SKILL 11 — 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 directly in soiled linen container while ensuring client’s chest and lower body is 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 stroke, washing inner aspect to outer aspect then proceeds to wash face.

Skill continues
7 Dries face with dry cloth towel/washcloth
8 Exposes one arm and places cloth towel underneath arm
9 Applies soap to wet washcloth
10 Washes fingers (including fingernails), hand, arm, and underarm keeping rest of body covered
11 Rinses and dries fingers, hand, arm, 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 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 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

**SKILL 12* — MEASURES AND RECORDS
ELECTRONIC BLOOD PRESSURE**

*STATE SPECIFIC (EVALUATOR: DO NOT SUBSTITUTE THIS SKILL FOR SKILL 23 ‘MANUAL BLOOD PRESSURE’)

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 Has client assume a comfortable lying or sitting position
4 Client’s arm is positioned at level of heart with palm up and upper arm exposed
5 Selects appropriate cuff
6 Feels for brachial artery on inner aspect of arm, at bend of elbow
7 Places and preps cuff snugly on client’s upper arm and sensor/arrow over the brachial artery site
8 Turns on the machine and ensures device is functioning. If the machine has different settings for infants, children, and adults, selects the appropriate setting
9 Pushes start button. If cuff inflates to more than 200 mm Hg then stops machine and uses cuff on client’s other arm

Skill continues
10 Waits until the blood pressure reading appears on the screen and for the cuff to deflate, then removes the cuff
11 Signaling device is within reach
12 Before recording, washes hands
13 After obtaining reading using BP cuff, records both systolic and diastolic pressures exactly as displayed on the digital screen

**SKILL 13 — 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 Rinses bedpan and pours rinse into toilet
4 Measures the amount of urine at eye level with container on flat surface (if between measurement lines, round up to nearest 25 ml/cc)
5 After measuring urine, empties contents of measuring container into toilet
6 Rinses measuring container and pours rinse into toilet
7 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

**SKILL 14 — 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 non-skid shoes/footwear on before walking to scale
3 Before client steps on scale, candidate sets scale to zero
4 Asks client to step on center of scale and obtains client's weight
5 Asks client to step off scale
6 Before recording, washes hands
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)
SKILL 15 — 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. Ensures that client is supine in bed and instructs client to inform candidate if pain is experienced during exercise
4. While supporting the leg at knee and ankle, bends the knee and then returns leg to client’s normal position (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Moves joints gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.
5. While supporting the foot and ankle close to the bed, pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized). Moves joints gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.
6. Signaling device is within reach and bed is in low position
7. After completing skill, washes hands

SKILL 16 — 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. While supporting arm at the elbow and at the wrist, 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). Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.

Skill continues
5 While supporting arm at the elbow and at the wrist, 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). Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.

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

7 After completing skill, washes hands

**SKILL 17 — 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 Candidate assists client to slowly roll onto side toward raised side rail
6 Places or adjusts pillow under head for support
7 Candidate repositions arm and shoulder 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

**SKILL 18 — 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 including buttocks before washing

*Skill continues*
Exposes area surrounding catheter (only exposing client between hip and knee)

Applies soap to wet washcloth

While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction, away from meatus, using a clean area of the washcloth for each stroke

While holding catheter at meatus without tugging, using a clean washcloth, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the washcloth for each stroke

While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus using a dry cloth towel/washcloth

Empties, rinses, and dries basin

Places basin in designated dirty supply area

Disposes of used linen into soiled linen container and disposes of linen protector appropriately

Avoids contact between candidate clothing and used linen

Removes and disposes of gloves (without contaminating self) into waste container and washes hands

Signaling device is within reach and bed is in low position

**SKILL 19 — PROVIDES FOOT CARE ON ONE FOOT**

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

Privacy is provided with a curtain, screen, or door

Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water

Basin is in a comfortable position for client and on protective barrier

Puts on clean gloves before washing foot

Client’s bare foot is placed into the water

Applies soap to wet washcloth

Lifts foot from water and washes foot (including between the toes)

Skill continues
9 Foot is rinsed (including between the toes)
10 Dries foot (including between the toes) with dry cloth towel/washcloth
11 Applies lotion to top and bottom of foot (excluding between the toes) removing excess with a towel/washcloth
12 Supports foot and ankle during procedure
13 Empties, rinses, and dries basin
14 Places basin in designated dirty supply area
15 Disposes of used linen into soiled linen container
16 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
17 Signaling device is within reach

**SKILL 20 — 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 cloth towel 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 all 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 Disposes of used linen into soiled linen container
13 Rinses toothbrush and empties, rinses, and dries basin
14 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
15 Signaling device is within reach and bed is in low position
SKILL 21 — 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 including buttocks before washing.

6. Exposes perineal area (only exposing between hips and knees).

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 dry cloth towel/washcloth.

11. After washing genital area, turns to side, then washes rectal area moving from front to back using a clean area of washcloth for each stroke.

12. Using clean washcloth, rinses soap from rectal area, moving from front to back, while using a clean area of the washcloth for each stroke.

13. Dries rectal area moving from front to back with dry cloth towel/washcloth.


15. Empties, rinses, and dries basin.

16. Places basin in designated dirty supply area.

17. Disposes of used linen into soiled linen container and disposes of linen protector appropriately.

18. Avoids contact between candidate clothing and used linen.

19. Removes and disposes of gloves (without contaminating self) into waste container and washes hands.

20. Signaling device is within reach and bed is in low position.
SKILL 22 — 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 alongside 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, locks wheels on wheelchair**
6. Before assisting to stand, bed is at a safe level
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 by standing knee to knee, or toe to toe with the client
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
SKILL 23* — MEASURES AND RECORDS
MANUAL BLOOD PRESSURE

*STATE SPECIFIC (EVALUATOR: DO NOT SUBSTITUTE THIS SKILL FOR SKILL 12 ‘ELECTRONIC 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 160mm 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**
The Nurse Aide Evaluator may not answer questions about your Score Report. If you have questions about your Score Report, or the content of the examination, call Pearson VUE at (888) 204-6185. **Results will not be given over the telephone.**

**WRITTEN (OR ORAL) EXAM**

After you finish the Written (or English or Spanish Oral) Examination, the Nurse Aide Evaluator will fax your answer sheet for scoring. You will receive an official Score Report at the test center. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

**SKILLS EVALUATION**

The Nurse Aide Evaluator will also fax your Skills Evaluation results for scoring. After the Nurse Aide Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. You will receive an official Score Report at the test center. The Score Report will indicate whether you have passed or failed the Skills Evaluation.

Occasionally, due to infrequent 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 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) 204-6185.

**FAILING**

If you fail the Written (or Oral) Examination or the Skills Evaluation, you will need to repeat the part of the examination that you failed, also called a re-take. The Score Report given to you at the test center will provide you with complete information on how to re-take the portion that you failed. Read the next section, **Exam Re-take Policy** for more information.

By state and federal regulations, you are permitted three (3) attempts in the two (2) years after completing the nurse aide training program to pass both parts of the NNAAP Examination. If you fail either part or both parts three (3)
times, you will be required to re-train by successfully completing a state-approved training program, after which you must re-take both parts of the examination.

**EXAM RE-TAKE POLICY**

To re-take any part of the NNAAP Examination, you must either complete a new application and send it to Credentia or send your failed score report to Credentia. Include the correct re-take fees (see the Exam Fee schedules on page 4). An Authorization to Test Notice letter will be mailed to the address supplied on your application.

**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 on the following page, 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.
# Alabama NNAAP® Examination Results

<table>
<thead>
<tr>
<th>Exam: Skills</th>
<th>Result: Fail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skills Performance:</strong></td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>1, 5, 11</td>
<td></td>
</tr>
<tr>
<td>Provides Fingernail Care</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>On One Hand</td>
<td></td>
</tr>
<tr>
<td>Measures and Records</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Puts One Knee-High</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Elastic Stocking on Client</td>
<td></td>
</tr>
<tr>
<td>Measures and Records</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Weight of Ambulatory Client</td>
<td></td>
</tr>
</tbody>
</table>

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A *sample of a Failing Score Report*

## PASSING

Once you have passed both the Written (or English or Spanish Oral) Examination and the Skills Evaluation, your name will be submitted to the Alabama Department of Health for placement on the Alabama Nursing Assistant Registry. You must take and pass both the Written (or English or Spanish Oral) Examination and the Skills Evaluation within two (2) years of completing the nurse aide training program in order to be eligible for placement on the Alabama Nurse Aide Registry.

**Alabama does NOT issue certificates or licenses to nurse aides.** The only official document you will receive is the Score Report given to you at the test center.

## DUPLICATE SCORE REPORT

If you lose your Score Report or need a duplicate Score Report, duplicate Score Reports can be issued for examinations within 90 days of testing. 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 the grievance form. The grievance must be submitted within 30 days of the candidate’s exam date. After receipt of the grievance form, the complaint will be investigated.

Once the investigation is complete, Pearson VUE will send written correspondence back to the candidate informing him/her of the outcome of the investigation. If the grievance is substantiated, the candidate will be allowed to retest at no additional cost.

You can access the grievance form at http://www.pearsonvue.com/al/nurseaides. Please ensure you complete all information in the form. You will receive a response within 30 days of receipt.
THE REGISTRY

CHANGE OF NAME OR ADDRESS
Your current employer must be kept informed of your correct address so that you can receive your notification of continued enrollment on the Registry. **Failure to keep your employer informed of an address change may jeopardize your registration status.**

To change your address prior to receiving your examination results, use the *Change of Address or Name Form* in the back of this handbook. Be sure to list both the old information and the updated information, including your name, address, Social Security number, and telephone number. If you change your name, you must provide notarized documentation of that change.

**NOTE:** *Name changes MUST be accompanied by official supporting documentation, such as a copy of a marriage certificate, divorce decree, or other official document.*

LAPSED CERTIFICATION
Under federal requirements, certification as a nurse aide becomes invalid after a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. It is critical to maintain a personal file of your past work history that can be validated by your prospective employer.

RE-CERTIFICATION
Nursing Assistants on the Alabama Nurse Aide Registry must renew their certification through the Alabama Department of Public Health in order to stay active. You must work at least 8 hours every 24 months in a nursing home, hospital, home health agency, hospice agency, or mental health facility for paid compensation. Volunteer work does not count. Private sitting, assisted living facilities, and doctor’s office work do not count.
REQUEST FOR DUPLICATE SCORE REPORT

Alabama Nurse Aide

DIRECTIONS: Uou may use this form to ask Pearson VUE to send a duplicate copy of your Score Report. Please print or type all information on the reverse side of this form, or your request will be returned. Check the service requested:

☐ Skills Evaluation  ☐ Written/Oral Examination

SEND TO: AL NNAAP Processing Center
Pearson VUE
PO Box 13785
Philadelphia, PA 19101-3785

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Please complete both sides of this form.

YOUR SIGNATURE ___________________________________________ DATE ____________

I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report.

Name ________________________________________________________________________________________________________________
Street ________________________________________________________________________________________________________________
City ______________________________________________________________________State ____________Zip_______________________
Tel. (______)____________________

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 to me at the address above a duplicate copy of my Score Report.

Name ________________________________________________________________________________________________________________
Street ________________________________________________________________________________________________________________
City ______________________________________________________________________State ____________Zip_______________________
Tel. (______)___________________________________

Signature _____________________________________________________________________ Date ______________________________

I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report.

Name ________________________________________________________________________________________________________________
Street ________________________________________________________________________________________________________________
City ______________________________________________________________________State ____________Zip_______________________
Tel. (______)___________________________________

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 to me at the address above a duplicate copy of my Score Report.

Signature _____________________________________________________________________ Date ______________________________

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ACCRUATE TO ENSURE PROPER PROCESSING.
DIRECTIONS: 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.

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

SEND TO: Alabama Department of Health
Division of Provider Services
PO Box 303017
Montgomery, AL 36130-3017
Print your new name and address below.
Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________
Tel. (__________) ___________________________________

Print your old name and address below.
Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________

Please print your old name and address below.
Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________
Tel. (__________) ___________________________________

Social Security Number ____________________________ Nurse Aide Certification Number __________________________

NOTE: A copy of an official document (marriage certificate or other court order) verifying your name change must accompany this request if you are giving notification of a change in name.

Your Signature ___________________________________________________________________________ Date __________________________

CHANCE