Maryland NURSE AIDE
written (or oral) examination & skills evaluation
Candidate Handbook

September 2019
MARYLAND BOARD OF NURSING
Nursing Assistant Certification Program
4140 Patterson Avenue
Baltimore, MD 21215
(410) 585-1990

Hours of Operation 8:00 a.m. – 5:00 p.m.
Wednesdays 9:30 a.m.- 5:00 p.m.
(Eastern Time Zone)

Call the Maryland Board of Nursing to:
• Obtain information on official regulations and guidelines for geriatric nursing assistants
• Change your current address or name on the Registry
• Obtain information regarding reciprocity
• Obtain information on continued registration on the Registry

MARYLAND CERTIFIED NURSING ASSISTANT (CNA) AND GERIATRIC NURSING ASSISTANT (GNA) REGISTRY VERIFICATION

To view your registry verification, please visit:
http://lookup.mbon.org/verification/Search.aspx
CREDENTIA
3 Bala Plaza West
Suite 400A
Bala Cynwyd, PA 19004
(877) 437-9587
support@getcredentia.com

Hours of Operation Mon. – Fri. 8:30 a.m. – 6:00 p.m. (Eastern Time Zone)

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®
Maryland NNAAP®
PO Box 13785
Philadelphia, PA 19101-3785
(888) 274-7070

Hours of Operation 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 prior to examination results being sent to the Registry
• Obtain information regarding the examination

Go to Pearson VUE’s website at www.pearsonvue.com to:
• Download a Candidate Handbook
• Download an application
• View Test Center Schedule
• View Frequently Asked Questions
• View the Nurse Aide Practice Written Examination
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INTRODUCTION

This handbook is designed for candidates seeking Geriatric Nursing Assistant (GNA) registration in Maryland. It describes the process of applying for the National Nurse Aide Assessment Program (NNAAP®) and taking the NNAAP Examination. It should be kept for future reference.

The Maryland Board of Nursing, Nursing Assistant Certification Program, has contracted with Pearson VUE®, 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 required for registration as a GNA. Credentia will be working with Pearson VUE to schedule and administer the examination to qualified individuals.

The Maryland Board of Nursing is responsible for the Nursing Assistant Certification Program in the state of Maryland including GNA registration and Registry services. In order to be registered in Maryland as a GNA, you must first be certified as a Certified Nursing Assistant (CNA).

Please visit [http://www.pearsonvue.com/md/nurseaides](http://www.pearsonvue.com/md/nurseaides) and click on the Untested Skills link to see four skills that are required knowledge for the state of Maryland, but are not tested on the skills evaluation.

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 GNAs 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 GNA 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 GNA.

**EXAM OVERVIEW**

The two parts of the examination process, the Written (or Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts in order to be registered and listed on the Maryland Geriatric Nursing Assistant 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 may be taken in place of the Written Examination if you have difficulty reading English. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. If you want to take the 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 GNA skills. You will be given thirty (30) minutes to complete the five (5) skills. You will be rated on these skills by a Nurse Evaluator. A complete listing of the skills is shown on pages 24 to 38.

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

**ELIGIBILITY**

**ELIGIBILITY ROUTES**

In order to become registered in Maryland as a GNA, you must first:

- Complete a Board of Nursing approved GNA training program or its equivalent
- Pass both parts of the NNAAP Examination
- Be certified as a CNA in Maryland

**NOTE:** Every CNA working in a Maryland Licensed Nursing Home **MUST** be registered as a GNA within 120 days of being hired by the facility. You may not work as a GNA, even while waiting to take the NNAAP Examination, unless you are already a CNA in good standing, certified through the Maryland Nursing Assistant Certification Program.

Choose one of the following eligibility routes to qualify for the NNAAP Examination:
To qualify to take the NNAAP Examination under Route A1, you must choose one of the following criteria categories

- **Completed Training:** have successfully completed, within the last twelve (12) months, a Board of Nursing-approved 100-hour nursing assistant training program that includes clinical experience in a Maryland Licensed Nursing Home. A copy of the new training program certificate must accompany your examination application.

- **Student Nurse — Active:** as a student nurse currently enrolled in an nursing education program; have successfully completed the portion of the curriculum determined by the nursing education program and the Board of Nursing as having met the requirements of the (above) 100-hour Board of Nursing-approved nursing assistant training program, including clinical experience in a Maryland Licensed Nursing Home. Official student transcripts must accompany your examination application.

- **Student Nurse — Inactive:** as a student nurse no longer actively enrolled in a nursing education program; have successfully completed, within the last twelve (12) months, the portion of Maryland approved education program curriculum determined by the nursing education program and the Board of Nursing as having met the requirements of the 100-hour nursing assistant training program, including clinical experience in a Maryland Licensed Nursing Home. Official student transcripts must accompany your examination application.

- **Graduate Nurse:** has graduated from an accredited nursing education program in the United States. A copy of your diploma or degree must accompany the examination application.

- **Graduate Nurse — Foreign:** has graduated from a nursing education program outside the United States, is currently licensed in the country as a nurse (not a midwife), and have been pre-approved by the Maryland Board of Nursing to take the NCLEX Examination. The Board of Nursing’s Authorization to Test (ATT) must accompany your examination application.
A-2  EXPIRED GNA CERTIFICATE
(LESS THAN TWENTY-FOUR
(24) MONTHS)

If your GNA Certificate has been expired for less than twenty-four (24) months, you may be eligible to become active on the Registry by submitting to the Board of Nursing evidence of GNA practice for a minimum of eight (8) hours in a Maryland Licensed Nursing Home. In the absence of working in a Maryland Licensed Nursing Home, you must successfully re-test in order to become active on the Maryland Geriatric Nursing Assistant Registry. If you fail the Written (or Oral) Examination or the Skills Evaluation on the first try, you must complete a Board of Nursing-approved nursing assistant training program. A copy of your expired GNA Certificate must accompany your examination application.

A-3  EXPIRED GNA CERTIFICATE
(MORE THAN TWENTY-FOUR (24) MONTHS)

If your GNA Certificate has been expired for more than twenty-four (24) months, you may be eligible to become active on the Registry by submitting evidence to the Board of Nursing of continued GNA practice in a Maryland Licensed Nursing Home for at least eight (8) hours for each two (2) year period. In the absence of continued practice, you must successfully re-train and re-test in order to become active on the Maryland Geriatric Nursing Assistant Registry. If you fail the Written (or Oral) Examination or the Skills Evaluation on the first try, you must complete a Board of Nursing-approved nursing assistant training program. A copy of your expired GNA Certificate must accompany your examination application.

A-4  ENDORSEMENT/RECIPROCITY

If you are currently certified and in good standing on the CNA registry in another state, you are NOT required to take the NNAAP Examination. You are eligible for GNA certification in Maryland after you have obtained certification as a Maryland CNA. You must contact the Maryland Board of Nursing, Nursing Assistant Certification Program for a GNA endorsement application.
### FILLING OUT AN APPLICATION

- You must complete an examination application to apply for the NNAAP Examination.
- You may get an application from your nursing facility employer or your nursing assistant training program.
- You are responsible for completing the application. You may ask someone from your nursing assistant training program or nursing facility employer for assistance in completing the application.
- You should have received a Candidate Handbook but if you did not, you may call Credentia for one.
- If you need help or otherwise have any questions about the application, please contact a Credentia Customer Service Representative at (877) 437-9587.
- Mail your completed application, required documents, and appropriate fee, made payable to "Pearson VUE," together in one envelope to:

  Credentia, Maryland NNAAP,  
  3 Bala Plaza West,  
  Suite 400A  
  Bala Cynwyd, PA 19004

### FEES

#### EXAM FEES

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Written Examination &amp; Skills Evaluation</td>
<td>$105</td>
</tr>
<tr>
<td>Oral Examination &amp; Skills Evaluation</td>
<td>$105</td>
</tr>
<tr>
<td>Written Examination ONLY</td>
<td>$35</td>
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<tr>
<td>Skills Evaluation ONLY</td>
<td>$70</td>
</tr>
<tr>
<td>Oral Examination ONLY</td>
<td>$35</td>
</tr>
</tbody>
</table>

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

Under Federal and Maryland laws, nursing homes are required to pay the initial NNAAP fees for their GNA employees.

For testing, payment must be made in the form of a money order, company check, or certified check made payable to “Pearson VUE”; or paid by voucher. Even if it is from your employer, the money order 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 and cash will not be accepted. Fees are non-refundable and non-transferable once submitted to Credentia because they cover the administrative costs of registration and testing.

EXAM SCHEDULING

Once Credentia receives your application, all required documents (see Application and Scheduling), and fees, you will be scheduled for testing. You will not be scheduled to test until all required materials are received. Credentia will mail your Confirmation Letter to the address listed on your application approximately two (2) weeks prior to the assigned examination date.

Your Confirmation Letter has important information about the examination. If you do not get your Confirmation Letter at least ten (10) business days prior to the examination date, call Credentia. Credentia is NOT responsible for lost, misdirected, or delayed mail.
TESTING LOCATIONS

Information about test sites may be obtained by calling Credentia at (877) 437-9587, or by going to Pearson VUE’s website at www.pearsonvue.com/md/nurseaides. Availability of testing at a particular location is subject to change.

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 for the Written/Oral exam
- 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

If you are unable to attend your scheduled examination, you MUST call Credentia at least four (4) 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 four (4) business days in advance to re-schedule the 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 do notify Credentia at least four (4) business days in advance, you will not forfeit your fee and may transfer the fee to a new examination date. If your employer paid your examination fees, they should be notified of any absence and/or 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 yourself or an immediate family member
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

Requests for excused absences must be made in writing and received by Credentia within ten (10) business days following the scheduled examination date. This request must include verification from the appropriate source of the reason for your absence. For example, if you are absent because of jury duty, you must supply a copy of the court notice.

Credentia’s decisions regarding whether an absence is excused and whether the examination fee will be forfeited will be final.
WEATHER EMERGENCIES
The examination may be delayed or cancelled in the case of severe weather or natural disaster. The examination may also be delayed or cancelled if the test site becomes inaccessible or unsafe as a result of severe weather or natural disaster.

In cases of severe weather or natural disaster, it is recommended that you listen to one of the radio stations listed on your Admission Ticket to find out if your designated test site has been closed. Not all test sites have radio station listings. If your test site does not have a radio station listing you may call Credentia at (877) 437-9587 for more information. When the examination is cancelled due to a weather emergency, you may re-schedule at no additional cost.

EXAM DAY

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

You will be required to check in for both the written examination and for the skills evaluation. You will be required to present proper identification.

WHAT TO BRING
You MUST have the following items with you when you take the NNAAP Examination:

- Two (2) forms of official, signature-bearing identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number
- Watch with a second hand
- Longman’s Dictionary of American English
  (Not required, but if you choose to bring a dictionary with you to the test center on the day of testing, you MUST bring a Longman’s Dictionary of American English. All other dictionaries will not be permitted.)

No other materials will be allowed.
PROPER IDENTIFICATION

You are required to bring two (2) forms of official, signature-bearing 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
- 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 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 NNAAP Examination, the examination will be stopped. The incident will be reported to the Maryland Board of Nursing for review, and your examination will not be scored (see Testing Policies).

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of, or licensed to Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. Anyone who removes or tries to remove examination materials or information from the test site will be prosecuted.
TESTING POLICIES
The following policies are observed at each 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 take the Written (or Oral) Examination and will forfeit your Written (or Oral) Examination fee. If you are late for the Written (or Oral) Examination, you may however still take the Skills Evaluation as long as you have brought the required documentation with you.

ELECTRONIC DEVICES
Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing, and there is no place for storage of personal belongings at the 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 test sites.
WRITTEN EXAM

The Nurse 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) 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.

ORAL EXAM

An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an Oral Examination when filling out your application. The Oral Examination is provided on 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 Oral Examination consists of two (2) parts, and you must pass both parts in order to pass the Oral Examination. The first part of the Oral Examination has sixty (60) multiple-choice questions. Each of these questions is read twice. As each question is read, you will be asked to choose the correct answer and mark it on your answer sheet.

The second part of the Oral Examination has ten (10) multiple-choice questions. These questions test your ability to speak a minimum amount of English by recognizing common words used as a nurse aide in long-term care facilities. Each word is read three (3) times. You are asked to match the word you hear on the MP3 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.

### I. Physical Care Skills

<table>
<thead>
<tr>
<th>% of exam</th>
<th># of questions in the exam</th>
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<tbody>
<tr>
<td>14%</td>
<td>9</td>
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A. Activities of Daily Living
   1. Hygiene
   2. Dressing and Grooming
   3. Nutrition and Hydration
   4. Elimination
   5. Rest/Sleep/Comfort

B. Basic Nursing Skills
   1. Infection Control
   2. Safety/Emergency
   3. Therapeutic/Technical Procedures
   4. Data Collection and Reporting

C. Restorative Skills
   1. Prevention
   2. Self Care/Independence

### 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
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
   (B) need socks
   (C) feel sick
   (D) need money
   (E) need clothes

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

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

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

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

6. To REQUIRE something means to ______ it.
   (A) need
   (B) have
   (C) forget
   (D) understand
   (E) hear

   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
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.

<table>
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<tr>
<th>Answers</th>
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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 care-giving 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 24-38 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.
You must wear flat, slip-on, non-skid shoes; a loose-fitting top with short sleeves that can be rolled up to the shoulder, or tank top; and loose fitting pants that can be rolled up. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments. As a candidate volunteer, you will be asked to remove: all body piercing, facial makeup, and jewelry.
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 have short, clean fingernails to avoid injury to the candidate volunteer, and you should not come to the test site with open areas/sores on the skin. Candidates with any open areas or sores on their skin should reschedule their skills test to a later date after their skin fully heals.

**THE TASKS**

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

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

Before your Skills Evaluation begins, the Nurse Aide Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. The remaining four (4) skills are randomly chosen from the complete set of skills listings on pages 24 to 38 of this handbook. You are strongly encouraged to perform the skills in the order they are listed on the instruction card.

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

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

You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation. You will have 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

• 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 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 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, and 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 elevated above heart level with palm up and upper arm exposed
5 Selects appropriate cuff size
6 Feels for brachial artery on inner aspect of arm, at bend of elbow
7 Places blood pressure cuff snugly on client’s upper arm and sensor/arrow is 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
6 Exposes area surrounding catheter (only exposing client between hip and knee)

7 Applies soap to wet washcloth

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

9 **While holding catheter at meatus without tugging, using a clean washcloth, rinses 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**

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

11 Empties, rinses, and dries basin

12 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 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

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

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

2 Privacy is provided with a curtain, screen, or door

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

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

5 Puts on clean gloves before washing foot

6 Client’s bare foot is placed into the water

7 Applies soap to wet washcloth

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

*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
14. Repositions client
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 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg.
8. Deflates cuff slowly and notes the first sound (systolic reading), and last sound (diastolic reading) (If rounding needed, measurements are rounded UP to the nearest 2 mm of mercury).
9. Removes cuff.
10. Signaling device is within reach.
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.
Effective September 16, 2019, official score reports will be provided online and will no longer be handed out at the test center OR mailed to you. To access your score report, please login into the portal. The link to the portal is https://scores.myconductor.com. Score reports are generally available within a few hours after a testing event is completed for the day. If it has been more than 24 hours and you are unable to view your score report in the portal, please contact customer service at 888-274-7070.

Pearson VUE will provide you with your official examination results within a few hours after a testing event is completed for the day. Score reports are provided online and are available for you to print or download. Examination results will not be given over the telephone nor can they be sent to your employer.

Score reports for exams taken on or after July 1, 2018 are available for instant download and printing online. To access your score report, please login into the portal. The link to the portal is https://scores.myconductor.com. To request a duplicate score report for an exam taken prior to January 1, 2018, please contact customer service at 888-274-7070.

If you fail all or part of the NNAAP Examination, your Score Report will tell you how to apply for re-testing. By state and federal regulations, you are permitted to take the NNAAP Examination up to four (4) times within twenty-four (24) months immediately after your nursing assistant training completion date. If you do not pass both portions of the NNAAP Examination within twenty-four months or after four (4) test attempts, you will be required to successfully complete a one-hundred (100) hour nursing assistant training program that is approved by the Maryland Board of Nursing and to take both parts of the NNAAP Examination.
For re-testing, you will mail your failing Score Report and an original, completed application, and the appropriate fee, to Credentia at:

Credentia, Maryland NNAAP,
3 Bala Plaza West, Suite 400A,
Bala Cynwyd, PA 19004

EXAM RE-TAKE FEES

<table>
<thead>
<tr>
<th>Written Examination</th>
<th>$35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Examination</td>
<td>$35</td>
</tr>
<tr>
<td>Skills Evaluation</td>
<td>$70</td>
</tr>
</tbody>
</table>

See Exam Scheduling for more details.

When you submit your failing Score Report for re-testing, you must choose a testing location. Please also check to make sure your Score Report has your current address.

**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 following example (see top of next 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.
### Maryland 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, 10</td>
<td></td>
</tr>
<tr>
<td>Provides Mouth Care</td>
<td>Satisfactory</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>Assists with Use of Bedpan</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

*A sample of a Failing Score Report*

---

**PASSING**

You must successfully pass both the Written (or Oral) Examination and the Skills Evaluation within twenty-four (24) months of completion of your approved nursing assistant training program in order to be eligible to be placed on the Maryland Geriatric Nursing Assistant Registry.
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/md/nurseaides. Please ensure you complete all information in the form. You will receive a response within 30 days of receipt.

THE REGISTRY

CHANGE OF ADDRESS OR NAME

The Maryland Geriatric Nursing Assistant Registry must be kept informed of your correct address in writing. 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 Maryland Board of Nursing, Nursing Assistant Program informing them of the change. Failure to inform the Registry of an address change may jeopardize your registration status. 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. A notarized copy of a marriage certificate or divorce decree or other official document is required.

REGISTRATION PROCESS

FIRST-TIME REGISTRATION

If you successfully complete both the Written (or Oral) Examination and the Skills Evaluation, you will receive a notice of passing from Pearson VUE. Pearson VUE will
forward your name to the Maryland Board of Nursing for placement on the Maryland Geriatric Nursing Assistant Registry. If you have already been certified as a nursing assistant (CNA) in Maryland, your geriatric nursing assistant (GNA) registration will be entered on the Registry. The Board of Nursing will not send a new Certificate. The registration may be verified on-line at www.mbon.org. If you are not certified by the Maryland Board of Nursing as a nursing assistant, you may not work and you must contact the Board of Nursing immediately at (410) 585-2044.

**NOTE:** *There is no charge for the additional registration of GNA.*

**RE-REGISTRATION**

GNA registration expires at the same time as your Maryland CNA certification. There is one fee for CNA renewal. This fee includes the GNA re-registration fee.

**ENDORSEMENT (RECIPROCITY)**

If you wish to transfer your GNA registration, please contact the Maryland Board of Nursing, Nursing Assistant Program at (410) 585-2044.
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do I become a GNA?</td>
<td>1. You must successfully complete a state-approved nurse aide training program and pass both the written and skills portions of the NNAAP examination. The time frame for successfully completing both exams varies, by state. Please check with your training program or the Exam Overview section of this handbook.</td>
</tr>
</tbody>
</table>
| 2. May I perform the duties of a Nurse Aide before I am certified? | 2. If you are currently attending an approved training program in a nursing home, you have 120 days in which to complete the training and become certified. During that period, a student may not perform any duty for which they have not been trained and checked by the instructor.  
  • If you are not enrolled in an approved facility training course, you may not perform any nurse aide duties until you become certified. |
| 3. How do I arrange for special accommodations? | 3. Special requests must be submitted and approved prior to testing. Documentation from your physician or other qualifying professional must be included with the request. Please refer to the Special Exam Requests and Services section of the candidate handbook for details. |
| 4. How do I decide which exam to take? | 4. Initially, both the Written and Skills exams must be scheduled together.  
  • An Oral Examination in English may be substituted for the Written examination if you have difficulty reading English. It contains 10 reading comprehension questions in which you must identify job-related words. |
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Is there a time limit in which I must pass both exams?</td>
<td>5. You have up to 12 months following completion of a Maryland Board of Nursing approved CNA program to take the NNAAP examination. • If you fail any portion of the NNAAP exam with your first attempt, you have a total of 4 attempts within 24 months to retake and pass both parts of the exam, immediately after your nursing assistant completion date.</td>
</tr>
<tr>
<td>6. Can I register for an exam or check my scores online?</td>
<td>6. Registration must be done by mail. • Results may be viewed at <a href="https://scores.myconductor.com">https://scores.myconductor.com</a>. • If you passed both parts of the examination, your name will be forwarded to the Maryland Board of Nursing for placement on the Maryland Geriatric Nursing Assistant Registry. Registration may be verified online at <a href="http://www.mbon.org">www.mbon.org</a>.</td>
</tr>
<tr>
<td>7. What form of payment do you accept and may I take it to the test site?</td>
<td>7. All payments (money order, company check, or certified check, made payable to &quot;Pearson VUE&quot;) must be sent with the application to Credentia prior to scheduling an exam. NO form of payment will be accepted at the test site.</td>
</tr>
<tr>
<td>8. What is the next test date?</td>
<td>8. Test dates at Regional Test Sites are listed on the Pearson VUE website at <a href="http://www.pearsonvue.com/md/nurseaides">www.pearsonvue.com/md/nurseaides</a>. Click on Regional Test Sites &amp; Test Schedule.</td>
</tr>
<tr>
<td>QUESTION</td>
<td>ANSWER</td>
</tr>
<tr>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>9. How long will it take me to find out if I passed or failed?</td>
<td>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.</td>
</tr>
<tr>
<td>QUESTION</td>
<td>ANSWER</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2. How do I change my name and/or address?</td>
<td>2. Complete the form in the back of the handbook and mail it with appropriate documentation to the Maryland Board of Nursing, Nursing Assistant program.</td>
</tr>
<tr>
<td>3. How long will my name remain on the registry?</td>
<td>3. GNA registration expires at the same time as your Maryland CNA certification. There is one fee for the CNA renewal and that includes the GNA-re-registration fee.</td>
</tr>
<tr>
<td>5. I am moving to or from another state. May I perform nurse aide duties in that state?</td>
<td>5. If you wish to transfer your GNA registration, contact the Maryland Board of Nursing, Nursing Assistant program at 410-585-2044.</td>
</tr>
</tbody>
</table>
Maryland
Geriatric Nursing Assistant

REQUEST FOR DUPLICATE SCORE REPORT

DIRECTIONS: You 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: Maryland Duplicate Score Report
Pearson VUE Processing Center
PO Box 822749
Philadelphia, PA 19182-2745

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

Name ________________________________________________________________________________________________________________
Street ________________________________________________________________________________________________________________
City ______________________________________________________________________State ____________Zip_______________________
Tel. (______)____________________ Pearson VUE Identification Number or Social Security Number  ________________________________

If the above information was different at the time you were tested, please indicate original information.
Name ________________________________________________________________________________________________________________
Street ________________________________________________________________________________________________________________
City ______________________________________________________________________State ____________Zip_______________________
Tel. (______)___________________________________

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

I authorize Pearson VUE to release my contact information to the appropriate educational authorities for verification purposes.

Signature  _____________________________________________________________________ Date ______________________________

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ACCRUE TO ENSURE PROPER PROCESSING.

If the following form with your current name and address, all information must be complete and accurate 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 notarized written documentation of your name change.

SEND TO: Maryland Nursing Assistant Registry
4140 Patterson Avenue
Baltimore, MD 21215

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.

Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________
Social Security Number ____________________________ GNA Registration Number _____________________________________

Your Signature __________________________________________________________________ Date __________________________

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

Print your new name and address below.

Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________
Tel. (__________) ___________________________________

Print your new name and address below.

Name ____________________________________________________________________________________________________________
Street ____________________________________________________________________________________________________________
City _______________________________________________________________State ______________Zip _______________________
Social Security Number ____________________________ GNA Registration Number _____________________________________

Your Signature __________________________________________________________________ Date __________________________