



North Carolina **NURSE AIDE I**

written (or oral) examination
& skills evaluation

CANDIDATE HANDBOOK

March 2017

QUICK REFERENCE

PEARSON VUE® REGISTRATION AND SCHEDULING SERVICES

North Carolina NNAAP®

(Eastern Time Zone)

(888) 723-6773

Hours of Operation:

Monday – Friday 8 a.m. – 11 p.m.

Saturday 8 a.m. – 5 p.m.

Sunday 10 a.m. – 4 p.m.

(Eastern Time Zone)

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- Call (888) 723-6773 or email pearsonvuecustomerservice@pearson.com

Call Pearson VUE to:

- Schedule, reschedule or cancel an examination
- Request an excused absence
- Ask questions about On-Line Registration
- Obtain information regarding your Score Report
- Obtain information regarding your examination

PEARSON VUE® WEBSITE

Go to Pearson VUE's website

(www.pearsonvue.com) to:

- Register on-line at <https://i7lp.integral7.com/ncna>
- Download a Candidate Handbook
- View Regional Test Site testing dates
- Download a Nurse Aide Practice Written Examination
- View the Nurse Aide Program Overview
- View a list of the Nurse Aide Registries (by State)
- View Skills Listing

Refer any additional questions to:

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Health Care Personnel Education
and Credentialing Section**

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Raleigh, NC 27699-2709

(919) 855-3969

Fax: (919) 733-9764

**Hours of Operation 8:00 a.m. – 12:00 p.m.
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(Eastern Time Zone, weekdays)

**The phone lines will be closed between
12 noon and 1 p.m.**

**Go to NC DHHS website www.ncnar.org
for additional information**

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NNAAP® Written Exam Content Outline and Practical Skills Listing
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INTRODUCTION

This handbook is designed for candidates seeking Nurse Aide I certification in North Carolina. It describes the process of applying for and taking the National Nurse Aide Assessment Program (NNAAP®) Examination.

The North Carolina Department of Health and Human Services (DHHS) has contracted with Pearson VUE, a nationally recognized leading provider of assessment services to regulatory agencies and national associations. Pearson VUE will administer, score, and report the results of the NNAAP® Examination for the North Carolina Nurse Aide I Registry. Credentia will be working with Pearson VUE to schedule and administer the examination.

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

You will be allowed to choose between a Written or Oral Examination. The Written Examination is available only in English; the Oral Examination is available in English or in Spanish. The two parts of the NNAAP Examination process, the Written (or English or Spanish Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts to be certified and listed on the North Carolina Nurse Aide I Registry.

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

An Oral Examination available in English or in Spanish may be taken in place of the Written Examination. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) multiple-choice reading comprehension questions provided on an MP3 player. 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 recording. **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 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 successfully demonstrate all five (5) skills to pass the Skills Evaluation. A complete listing of the skills is shown on pages 25 to 40.

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

ELIGIBILITY

All candidates applying to take the NNAAP Exam in North Carolina **MUST** complete an *Application for Registration by Competency Examination* on-line at www.pearsonvue.com/nc/nurseaides. Go to the link for On-Line Registration & Scheduling for additional information. You must pass both portions of the examination within designated time period to be eligible for listing on the NC Nurse Aide I Registry.

NORTH CAROLINA STATE-APPROVED NURSE AIDE I TRAINED CANDIDATES (E1)

All applicants who have successfully completed a North Carolina state-approved Nurse Aide I training program. Candidates must pass both portions within two (2) years from the completion date of a training program or within three (3) attempts, whichever comes first, in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you have not completed testing or passed both portions of the examination within 2 years of completion of training and you change your eligibility route, you MUST take BOTH portions of the examination.**

NORTH CAROLINA STATE-APPROVED REFRESHER COURSE TRAINED CANDIDATES (E3)

All applicants who have completed a Nurse Aide I refresher course at a North Carolina state-approved Community College or Proprietary School. Candidate must pass both portions within two (2) years from the completion date of a refresher course or within three (3) attempts, whichever comes first, in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you have not completed testing or passed both portions of the examination within 2 years of completion of training and you change your eligibility route, you MUST take BOTH portions of the examination.**

NORTH CAROLINA STATE-APPROVED STUDENT NURSE TRAINING CANDIDATES (E5)

All applicants who are currently enrolled in a North Carolina approved nursing education program preparing for registered or practical nurse licensure. Candidates must pass both portions within two (2) years from completion of the state-approved portion of the training program or within three (3) attempts, whichever comes first in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you have not completed testing or passed both portions of the examination within 2 years of completion of training and you change your eligibility route, you MUST take BOTH portions of the examination.**

Eligibility routes continue on next page

NORTH CAROLINA NURSE AIDE I REGISTRY CANDIDATES (E7)

**This route will no longer be active after Feb. 29, 2016.
Please see Route E10.**

Those already in process:

- A. If you have started testing and or are scheduled to test, you have two (2) years from registration completion date to complete testing;
- B. If you are registered to test but not scheduled, you have until February 29, 2016 to complete registration and receive an “Authorization to Test”.

You have two (2) years from registration completion date to complete testing.

If you change your eligibility route, you must test both portions of the exam under that eligibility route.

OTHER NORTH CAROLINA NURSE AIDE TRAINED CANDIDATES (E6)

Last Date to register without training: Feb. 29, 2016

Those already in process:

- A. If you have started testing and or are scheduled to test, you have two (2) years from registration completion date to complete testing;
- B. If you are registered to test but not scheduled, you have until February 29, 2016 to complete registration and receive an “Authorization to Test”.

You have two (2) years from registration completion date to complete testing.

If you change your eligibility route, you must test both portions of the exam under that eligibility route.

CHALLENGERS (E4)

Last Date to register without training: Feb. 29, 2016

Those already in process:

- A. If you have started testing and or are scheduled to test, you have two (2) years from registration completion date to complete testing;
- B. If you are registered to test but not scheduled, you have until February 29, 2016 to complete registration and receive an “Authorization to Test”.

You have two (2) years from registration completion date to complete testing.

If you change your eligibility route, you must test both portions of the exam under that eligibility route.

OTHER TRAINED (E8)

EMTs, nurses with inactive/expired listings, unlicensed nursing school graduates or military medics

Candidates must submit *Training Waiver* requests to NC DHHS. Candidate must pass both portions within two (2) years of approval date or within three (3) attempts, whichever comes first, in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you change your eligibility route you MUST take BOTH portions of the examination.**

OUT OF STATE TRAINED (E9)

Trained out-of-state within the last 24 months and not listed on another state registry

Candidates must submit *Training Waiver* requests to NC DHHS. Candidate must pass both portions of the test within two (2) years from the completion date of training or within three (3) attempts, whichever comes first, in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you change eligibility routes, you MUST take BOTH portions of the examination.**

Eligibility routes continue on next page

NC REGISTRY CANDIDATES (E10)

Active status on NC Nurse Aide I Registry

If work requirements are not met for listing renewal, candidates must complete testing prior to their registry expiration date. Candidates must submit *Training Waiver* requests to NC DHHS. You may only apply for testing no more than 45 days prior to your registry expiration date. Once approved, you must complete testing before your listing expires on the registry. Candidates have three (3) attempts to pass both portions of the examination in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you change eligibility routes, you MUST take BOTH portions of the examination.**

Lapsed status must train at a NC State approved training/ refresher program and test under route E1, E3 or E5.

OUT-OF-STATE REGISTRY CANDIDATES (E11)

Out-of-state candidates who are current on another state registry

Candidates must complete testing prior to your certification on that registry's expiration date. Must submit *Training Waiver* requests to NC DHHS. Candidates must complete testing within 45 days of your NC DHHS approval date, or complete testing prior to expiration on registry, or within three (3) attempts, whichever comes first. You must pass both portions of the examination in order to be placed on the North Carolina Nurse Aide I Registry. Failure to do so will require training at a North Carolina state-approved training program and retesting of both portions of the examination. **If you change eligibility routes, you MUST take BOTH portions of the examination.**

Lapsed status

If you are lapsed on another state registry, you must complete state approved training before you can test.

APPLICATION AND SCHEDULING

PROPER IDENTIFICATION

Candidates are required to bring two (2) forms of **current, not expired**, official signature-bearing identification (one of which must be photo-bearing) to the test site. One form of identification must be a U.S. government-issued Social Security card, signed and non-laminated.

Name and SSN must match what is on the registration record.

ONLINE REGISTRATION AND SCHEDULING

Effective October 1, 2016 all applications must be approved either by NC state-approved training programs or by the NC Department of Health and Human Services PRIOR to completing the registration process.

Your approval will be loaded into the Pearson Credential Manager system. Once you have been approved, you will receive an email notification to complete the registration and scheduling process.

The candidate will need to fill in all required fields, which are preceded by an asterisk (*), on the online form in order to create an ID and be assigned a password. Step-by-step instructions will lead the candidate through the rest of the examination reservation process.

- Payment is in the form of a credit card or pre-paid credit card (American Express, MasterCard, Visa, or electronic voucher). Fees are non-refundable and non-transferable once submitted.
- You can access the online application at <https://i7lp.integral7.com/ncna>
- You must make an on-line reservation at least 12 days prior to the test date.
- You are responsible for completing the appropriate sections on-line. 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 process**, contact a Pearson VUE support representative at (888) 723-6773 between 8:00 a.m. and 8:00 p.m. (Eastern Time Zone).
- **Fees are non-refundable and non-transferable.**

EXAM FEES

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

EXAMINATION TYPE	FEES
Written Examination & Skills Evaluation	\$101
Oral (English or Spanish) Examination & Skills Evaluation	\$101
Written Examination ONLY (<i>re-test</i>)	\$24
Oral (English or Spanish) Examination ONLY (<i>re-test</i>)	\$24
Skills Evaluation ONLY (<i>re-test</i>)	\$77

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

Under federal and North Carolina 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. Therefore candidates should save all receipts to submit to the skilled nursing employer.

EXAM SCHEDULING

For more information about scheduling, or on how to register for the examination on-line, please visit www.pearsonvue.com/nc/nurseaides.

TESTING LOCATIONS

REGIONAL TESTING SITES (RTS)

Regional Testing Sites (RTS) are testing locations throughout the state where anyone can schedule to test the Nurse Aide I examination. These RTS locations have specific test dates. The Regional Test Sites and test schedule can be found on the Pearson VUE North Carolina Nurse Aide I website www.pearsonvue.com/nc/nurseaides.

IN-FACILITY TESTING (INF)

In-facility testing is when your State-approved Training Program Nurse Aide I instructor has made arrangements with Credentia to test at your training program on a specific date. Please make certain you know your In-Facility (INF) Code and test date when you are completing your registration.

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

continued next page

The steps to follow when requesting test accommodations vary, depending on your test program. To begin, go to <http://pearsonvue.com/accommodations>, and then select your test program 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** notify Pearson VUE *at least nine (9) calendar days* before the examination date to re-schedule.

If you provide at least nine (9) calendar days advance notice, you may re-schedule one (1) time, without penalty charges, and your fee may be transferred to your new examination date.

You may re-schedule an examination twenty-four (24) hours after your scheduled exam date, including situations where you have failed or were absent. If you need to re-schedule an examination in less than nine (9) calendar days before the examination date, you must apply for an excused absence. (Please refer to the *Absence Policy* section in this handbook.)

If you do not call Pearson VUE at least nine (9) calendar days before your examination date to re-schedule, and do not show up for your scheduled examination, your fee will **NOT** be refunded and cannot be transferred to a new examination date. Also, you may not give your examination date to another person.

REFUNDS

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

ABSENCE POLICY

Since unexpected situations occur, we will consider excusing an absence from a scheduled examination for the following reasons:

- Illness of 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. To request an excused absence you must contact Pearson VUE customer service at 1-888-723-6773. At that time you will be given instruction on faxing all required documentation as needed. 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. In the case of illness a verification from your medical provider must be included in your request. Please note resolution takes approximately 3-5 business days to process and complete once documentation has been received.

The decision of Pearson VUE to approve or deny the excused absence will be 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. Candidates may call Pearson VUE at (800) 274-2615 for details on delays and cancellations during severe weather.

Please check the email account used in your registration record for additional information.

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. Please plan to spend the day.**

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
- Self-addressed stamped envelope (if you want your score report mailed)

No other materials will be allowed.

PROPER IDENTIFICATION

Candidates are required to bring two (2) forms of **current, not expired**, official signature-bearing identification (one of which must be photo-bearing) to the test site. One form of identification must be a U.S. government-issued Social Security card, signed and non-laminated.

Nurse Aide I applicants who are in the armed services may use their current U.S. Military I.D. in place of a Social Security (SS) card. The test taker's SS number must be on the I.D. if used. Sponsor or Dependent Military I.D.s are NOT accepted in place of SS card, but can be used as a second I.D. (one with photo) when presented with a valid SS card.

The second form must be any of those listed below. Photocopies of identification will NOT be accepted.

Original signature-bearing SS cards are required to test in North Carolina. The signatures on both IDs must match. If there are extenuating circumstances such as fire or theft and your exam is scheduled in less than 9 calendar days from the time of the incident, you may apply for an excused absence. Refer to page 7, Cancellation and Rescheduling (in this handbook). Documentation substantiating the event must be provided. Credential's decision to approve or deny a credit request will be final.

Proper photo identification includes one of the following:

- Current, non-expired driver's license
(Candidates who do not have their new license by exam day MUST bring their expired driver's license AND the 20 day temporary permit)
- U.S. government-issued Military I.D. (if not used in lieu of social security card)
- State-issued identification card
- Passport (US or foreign, current, non-expired)
- Current, non-expired, federal-issued EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) photo identification card
- Alien registration card

The name on your identification must be the same as the name you used to register for the examination including suffixes and hyphens. If your name has changed you must do the following **at least nine (9) calendar days** prior to your scheduled exam. Be prepared to provide official government documentation of the name change:

- If you are NOT on the North Carolina Nurse Aide I Registry, contact Pearson VUE at (888) 723-6773
- If you ARE on the North Carolina Nurse Aide I Registry:
 - > contact the registry at (919) 855-3969 prior to registering/scheduling
 - > contact Pearson VUE at (888) 723-6773 if you have scheduled an 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 examination, the examination will be stopped. The incident will be reported to the North Carolina Division of Health Service Regulation (DHSR) 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 by 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 center.

LATENESS

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

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

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 test center.

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 are discovered causing a disturbance of any kind or engaging in any kind of misconduct, before, during, or after your examination you will be dismissed from the examination and the incident will be reported to the North Carolina Division of Health Service. You may not be permitted to re-test your examination.

GUESTS/VISITORS

No guests, visitors, pets, or children are allowed at the test center.

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 remain. 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.

ENGLISH OR SPANISH ORAL EXAM

An Oral Examination may be taken in place of the Written Examination. The Oral Examination may be taken in English or in Spanish. You must request an English or Spanish Oral Examination when filling out your application. The Oral Examination is provided on an MP3 player, which is provided with earphones 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 recording.

The Oral Examination consists of two (2) parts, and you must pass both parts 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 by nurse aides 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, 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. 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.

WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

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>% of the exam</i>	<i># of questions in the exam</i>
I. Physical Care Skills		
A. Activities of Daily Living.....	14%	9
1. Hygiene		
2. Dressing and Grooming		
3. Nutrition and Hydration		
4. Elimination		
5. Rest/Sleep/Comfort		
B. Basic Nursing Skills.....	39%	23
1. Infection Control		
2. Safety/Emergency		
3. Therapeutic/Technical Procedures		
4. Data Collection and Reporting		
C. Restorative Skills.....	8%	5
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

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

SELF-ASSESSMENT READING TEST

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

PART 1: VOCABULARY

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

1. **You go to a doctor when you _____.**

- (A) feel sleepy (D) need money
(B) need socks (E) need clothes
(C) feel sick

2. **A person who flies an airplane is its _____.**

- (A) pilot (D) surgoon
(B) steward (E) director
(C) mother

3. **You use a _____ to write.**

- (A) bow (D) carpenter
(B) calculator (E) needle
(C) pencil

4. **To EXIT a room means to _____ it.**

- (A) enter (D) read
(B) leave (E) interrupt
(C) forget

5. **A wedding is a joyous _____.**

- (A) focus (D) occasion
(B) vehicle (E) civilization
(C) balloon

6. **To REQUIRE something means to _____ it.**

- (A) need (D) understand
(B) have (E) hear
(C) forget

go to next page

7. **You _____ something to find its length.**

- (A) slice
(B) lock
(C) measure
(D) force
(E) tape

8. **Soup is served in a _____.**

- (A) plate
(B) bowl
(C) fork
(D) chair
(E) closet

9. **To accompany someone means to _____.**

- (A) disagree with him
(B) work for him
(C) go with him
(D) speak to him
(E) choose him

10. **A nursing home resident receives _____ from the staff.**

- (A) quality
(B) fame
(C) interruption
(D) care
(E) work

11. **Medicine is used to _____ pain.**

- (A) widen
(B) conjure
(C) enliven
(D) increase
(E) relieve

12. **To DRENCH the flowers means to _____ them.**

- (A) steam
(B) drink
(C) touch
(D) soak
(E) anger

13. **A bicycle is a means of _____.**

- (A) nourishment
(B) transportation
(C) prediction
(D) collision
(E) walking

14. **When someone speaks in a whisper, it may be difficult to _____.**

- (A) deceive
(B) understand
(C) frighten
(D) estimate
(E) regulate

go to next page

SELF-ASSESSMENT READING TEST

PART 2: COMPREHENSION

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

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

15. Fish live in _____.
- (A) cups
 - (B) houses
 - (C) air
 - (D) water
 - (E) fountains
16. Fish use their _____ to swim.
- (A) tails
 - (B) heads
 - (C) gills
 - (D) lungs
 - (E) floats

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

17. Maria has had experience as a _____.
- (A) guide
 - (B) farmer
 - (C) driver
 - (D) nurse
 - (E) teacher
18. She would like to work in _____.
- (A) an office
 - (B) a library
 - (C) a garden
 - (D) a hospital
 - (E) a supermarket
19. As a child Maria lived _____.
- (A) in the city
 - (B) in an apartment
 - (C) on a farm
 - (D) in a large house
 - (E) on the beach

Carolyn has a good job. She is a nurse in a large hospital. Every day she can help many people. She enjoys this very much. She also makes a good salary. Each month she can pay her bills and save some money.

20. Carolyn works in a _____.
- (A) hospital
 - (B) doctor's office
 - (C) garage
 - (D) school
 - (E) library
21. One of the things Carolyn enjoys is _____.
- (A) working in an office
 - (B) helping people
 - (C) reading books
 - (D) working late hours
 - (E) driving a car
22. With her salary she can pay her bills and _____.
- (A) buy furniture
 - (B) give to charity
 - (C) save money
 - (D) buy new clothes
 - (E) pay for college

*This completes the
Self-Assessment Reading Test.*

Answers

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

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

go to next page

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.

WHO WILL ACT AS A CLIENT?

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

CANDIDATE VOLUNTEER REQUIREMENTS

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

CANDIDATE DRESS REQUIREMENTS

You **must wear flat, slip-on, non-skid shoes**, 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.

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

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

THE TASKS

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

See pages 27-42 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 27 to 42 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 will be asked to decontaminate your hands (with hand sanitizer) before proceeding from skills performed on a live client to skills that are not. This is for infection control purposes and will not effect the result of your evaluation.

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


You must successfully complete all five (5) skills to pass the Skills Evaluation. You will have thirty (30) minutes to demonstrate all five (5) skills.

RECORDING A MEASUREMENT

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

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

- Measures and Records Blood Pressure
- Measures and Records Weight of Ambulatory Client
- Measures and Records Urinary Output
- Counts and Records Radial Pulse
- Counts and Records Respirations



RECORDING SHEET FOR MEASUREMENT SKILLS

Date _____

Test Site ID _____

CANDIDATE NAME _____

CANDIDATE ID _____

EVALUATOR NAME _____

EVALUATOR ID _____

SKILL TESTED	
<i>Evaluator must check one box next to the skill being tested.</i>	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Respirations
	<input type="checkbox"/> Urine Output
<input type="checkbox"/> Radial Pulse	<input type="checkbox"/> Weight

CANDIDATE RESULTS	EVALUATOR RESULTS

PEARSON

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 25 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 (e.g. transfer/gait belt).
- It is important for you to place the call signal within the client's reach whenever you leave the client.
- *Where the word "client" appears, it refers to the person receiving care.*

SKILLS LISTING

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

HAND HYGIENE (HAND WASHING)

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

APPLIES ONE KNEE-HIGH ELASTIC STOCKING

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

- 7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints
- 8 Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area**
- 9 Signaling device is within reach and bed is in low position
- 10 After completing skill, wash hands

ASSISTS TO AMBULATE USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before assisting to stand, client is wearing shoes**
- 3 Before assisting to stand, bed is at a safe level
- 4 Before assisting to stand, checks and/or locks bed wheels
- 5 Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
- 6 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 7 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing
- 8 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 9 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs
- 10 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
- 11 After ambulation, assists client to bed and removes transfer belt
- 12 Signaling device is within reach and bed is in low position
- 13 After completing skill, wash hands

ASSISTS WITH USE OF BEDPAN

- 1 Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before placing bedpan, lowers head of bed
- 4 Puts on clean gloves before handling bedpan
- 5 Places bedpan correctly under client's buttocks**
- 6 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 7 After positioning client on bedpan and removing gloves, raises head of bed
- 8 Toilet tissue is within reach
- 9 Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
- 10 Signaling device within reach and client is asked to signal when finished
- 11 Puts on clean gloves before removing bedpan
- 12 Head of bed is lowered before bedpan is removed
- 13 Avoids overexposure of client
- 14 Empties and rinses bedpan and pours rinse into toilet
- 15 After rinsing bedpan, places bedpan in designated dirty supply area
- 16 After placing bedpan in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Signaling device is within reach and bed is in low position

CLEANS UPPER OR LOWER DENTURE

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

Skill continues

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

COUNTS AND RECORDS RADIAL PULSE

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

COUNTS AND RECORDS RESPIRATIONS

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

DONNING AND REMOVING PPE (GOWN AND GLOVES)

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

DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

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

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

FEEDS CLIENT WHO CANNOT FEED SELF

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

GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Removes gown and places in soiled linen container, while avoiding overexposure of the client
- 4 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 5 Puts on clean gloves before washing client
- 6 Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
- 7 Dries face with towel
- 8 Exposes one arm and places towel underneath arm
- 9 Applies soap to wet washcloth
- 10 Washes arm, hand, and underarm keeping rest of body covered
- 11 Rinses and dries arm, hand, and underarm
- 12 Moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 13 Puts clean gown on client
- 14 Empties, rinses, and dries basin
- 15 After rinsing and drying basin, places basin in designated dirty supply area
- 16 Disposes of linen into soiled linen container
- 17 Avoids contact between candidate clothing and used linens
- 18 After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 19 Signaling device is within reach and bed is in low position

MEASURES AND RECORDS BLOOD PRESSURE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
- 3 Client's arm is positioned with palm up and upper arm is exposed
- 4 Feels for brachial artery on inner aspect of arm, at bend of elbow
- 5 Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
- 6 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 7 Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
- 8 Deflates cuff slowly and notes the **first** sound (systolic reading), and **last** sound (diastolic reading) (If rounding needed, measurements are rounded **UP** to the nearest 2 mm of mercury)
- 9 Removes cuff
- 10 Signaling device is within reach
- 11 Before recording, washes hands
- 12 **After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

MEASURES AND RECORDS URINARY OUTPUT

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

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Client has shoes on before walking to scale
- 3 Before client steps on scale, candidate sets scale to zero
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale; then obtains client's weight
- 5 While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
- 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)**

PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain is experienced during exercise
- 4 Supports leg at knee and ankle while performing range of motion for knee
- 5 Bends the knee and then returns leg to client's normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 6 Supports foot and ankle close to the bed while performing range of motion for ankle
- 7 Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 8 While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 9 Signaling device is within reach and bed is in low position
- 10 After completing skill, washes hands

PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

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

POSITIONS ON SIDE

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

PROVIDES CATHETER CARE FOR FEMALE

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

PROVIDES FOOT CARE ON ONE FOOT

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

PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before providing mouth care, client is in upright sitting position (75-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places clothing protector across chest before providing mouth care
- 6 Secures cup of water and moistens toothbrush
- 7 Before cleaning mouth, applies toothpaste to moistened toothbrush
- 8 Cleans mouth (including tongue and surfaces of teeth), using gentle motions**
- 9 Maintains clean technique with placement of toothbrush
- 10 Candidate holds emesis basin to chin while client rinses mouth
- 11 Candidate wipes mouth and removes clothing protector
- 12 After rinsing toothbrush, empty, rinse and dry the basin and place used toothbrush in designated basin/ container
- 13 Places basin and toothbrush in designated dirty supply area
- 14 Disposes of used linen into soiled linen container
- 15 After placing basin and toothbrush in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Signaling device is within reach and bed is in low position

PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing perineal area
- 5 Places pad/ linen protector under perineal area before washing
- 6 Exposes perineal area while avoiding overexposure of client
- 7 Applies soap to wet washcloth
- 8 Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 9 Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
- 10 Dries genital area moving from front to back with towel
- 11 After washing genital area, turns to side, then washes and rinses rectal area moving from front to back using a clean area of washcloth for each stroke. Dries with towel**
- 12 Repositions client
- 13 Empties, rinses, and dries basin
- 14 After rinsing and drying basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 16 Avoids contact between candidate clothing and used linen
- 17 After disposing of used linen, and placing used equipment in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 18 Signaling device is within reach and bed is in low position

TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before assisting to stand, wheelchair is positioned along side of bed, at head of bed facing foot or foot of bed facing head
- 4 Before assisting to stand, footrests are folded up or removed
- 5 Before assisting to stand, bed is at a safe level
- 6 Before assisting to stand, locks wheels on wheelchair**
- 7 Before assisting to stand, checks and/or locks bed wheels
- 8 Before assisting to stand, client is assisted to a sitting position with feet flat on the floor**
- 9 Before assisting to stand, client is wearing shoes
- 10 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 11 Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing
- 12 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 13 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position) and maintaining stability of client's legs
- 14 Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair
- 15 Lowers client into wheelchair
- 16 Positions client with hips touching back of wheelchair and transfer belt is removed
- 17 Positions feet on footrests
- 18 Signaling device is within reach
- 19 After completing skill, washes hands

SCORE REPORTING

EXAM RESULTS

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) 723-6773. **Results will not be given over the telephone.**

Effective March 13, 2017, score reports will no longer be given at regional test sites. Pass/Fail score reports are available for view on-line within 24 hours of testing. Details on failing scores are not available online. If you would like a score report mailed to you, please bring a self-addressed stamped envelope on the day of testing.

WRITTEN (OR ENGLISH OR SPANISH ORAL) EXAM

You will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Written (or English or Spanish Oral) Examination.

SKILLS EVALUATION

Your Score Report will then be mailed out to you within 5-7 business days after testing. If you do not receive your Score Report within 7 days, you can view your result online. Sign in to your account, then click on the HISTORY tab. Select the EXAM and click on "details." For questions regarding delayed Score Reports, please contact Pearson VUE at (888) 723-6773.

FAILING

If you fail the Written (or English or Spanish Oral) Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-take either or both parts of the evaluation. A new examination fee is required each time you re-take any part of the NNAAP Examination. To re-take either or both parts, you must re-register on-line.

State and federal regulations allow you three (3) attempts to pass both the Skills Evaluation and the Written Examination. If you should fail either part or both parts three (3) times, within your authorization period, you will be required to successfully complete a state-approved training program and re-take both parts. See page 3 "ELIGIBILITY" for route specific rules and regulations. You must take and pass both

the Written (or Oral) Examination and the Skills Evaluation to be placed on the North Carolina Nurse Aide I Registry.

If you return to school and have not completed testing or passed both portions of the examination, you must test (retest) BOTH portions of the examination.

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 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 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.

North Carolina NNAAP® Examination Results	
Exam: Skills	Result: Fail
Skills Performance:	
Hand Hygiene 1, 5, 10	Unsatisfactory
Provides Mouth Care	Satisfactory
Measures and Records Blood Pressure	Satisfactory
Puts One Knee-High Elastic Stocking on Client	Satisfactory
Measures and Records Weight of Ambulatory Client	Satisfactory

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 North Carolina Nurse Aide I Registry. You may view your name on the Registry by going to www.ncnar.org. If you have any questions regarding your listing on the Registry you may contact the North Carolina Division of Health Service Regulation, Monday through Friday from 8 a.m. to 12 p.m. and 1 p.m. to 3 p.m. (EST) at (919) 855-3969.

DUPLICATE SCORE REPORT

You can now request a duplicate of your Score Report. Sign in to your account. Click on the HISTORY tab. Select the exam you would like a duplicate score report for, click on “details,” and print the report.

If you would like a handscoring of your Written (or Oral) Examination or Skills Evaluation, complete the *Request for Duplicate Score Report or Handscored Answer Sheet Form* and mail it to Pearson VUE (see *Appendix A*).

NURSE AIDE TESTING GRIEVANCE PROCESS

All grievances must be in writing and submitted through the online system. 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 by logging into your account. Once you are in your account, go to Actions on the left side, and select Complete a Form. Under Other Forms you will select the Grievance Form. Please ensure you complete all information in the form and then Submit. You will receive a response within 30 business days of receipt.

THE REGISTRY

INITIAL LISTING

You must pass both the written and skills portions of the NNAAP competency evaluation to be listed on the Nurse Aide I Registry. After successfully completing both portions of the exam, your name will be submitted to the State Nurse Aide I Registry for listing. It generally takes **two (2) to five (5) days** for your name to be listed on the registry. Exams requiring hand-scoring will take longer.

Your listing can be verified immediately upon entry by contacting registry staff at (919) 855-3969 (8:00 am to 12:00 noon and 1:00 pm to 3:00 pm weekdays) and will be available for verification via the registry's website on the following day. Verifications are available online at:

https://www.ncnar.org/verify_listings1.jsp.

Once on the registry, your listing will remain current for 24 months from the month you passed both parts of the NNAAP exam. **The registry no longer mails printed notifications of listing to nurse aides placed on the registry.** Therefore, you are encouraged to confirm your new listing entry and the accuracy of the information listed on the registry via the online verification system and promptly notify the registry if there are any errors.

CHANGE OF ADDRESS OR NAME

The North Carolina Nurse Aide I Registry must be kept informed of your current address and name.

There is no charge for changing your name or address on the registry. You may notify the registry of a name or address change by using the Name/Address Change Reporting Form on the Nurse Aide I Registry website (www.ncnar.org). Alternately, you may call the Nurse Aide I Registry at (919) 855-3969 to change your mailing address on the registry.

If your name changes at any time after you are placed on the registry, you must send written notification of this change to the registry. Please remember, however, that if you changed your name, you **MUST** provide official documentation along with your notification. Written documentation must include 1) a COPY of your signed social security card with the new name on it, AND 2) a COPY of a court-issued marriage certificate, divorce decree, or other legal document that demonstrates the name change. Your notification must include your previous name, current name, mailing address, phone number, and the last four (4) digits of your Social Security number. All documents provided to the registry in support of your name change **MUST** be official and legal documents. Any documents provided may be subject to verification with the issuing source.

Failure to inform the registry of an address or name change may jeopardize your listing status.

LISTING RENEWAL

Nurse aides on the North Carolina Nurse Aide I Registry must renew their registry listings to remain eligible for employment as nurse aides. Approximately two (2) months prior to the listing expiration date, the registry will mail you a scannable listing renewal form to your address on file. To be eligible for renewal based on employment, you must work for pay, performing nursing-related services (as a nurse aide or medication aide), under RN supervision, for at least eight (8) hours during your current twenty-four (24) month listing period. This employment must be documented and reported to the Nurse Aide I Registry prior to each listing expiration date. Both training/re-training and a new competency examination is required if you do not work in a qualifying position for a 24-month period or more.

- **Failure to inform the registry of an address or name change may jeopardize your listing status.**
- It is your responsibility to renew. Current renewal procedures can be found at <https://www.ncnar.org>.
- There is **no fee** for re-listing on the North Carolina Nurse Aide I Registry.

For more information regarding Nurse Aide I listings and policies go to <https://www.ncnar.org>. Additional information is available to nurse aides and nurse aide candidates at the Frequently Asked Questions (FAQ) link.

APPENDIX
A

North Carolina Nurse Aide

REQUEST FOR DUPLICATE SCORE REPORT OR HANDSCORED ANSWER SHEET

DIRECTIONS:

You may use this form to request Pearson VUE to send a duplicate copy of your Score Report or to request a hand-score of your Written (or Oral) Examination or Skills Evaluation answer sheet. Please print or type all information on the reverse side of this form and include correct fees, or your request will be returned. Check the service requested:

Duplicate Score Report

Handscore

FEE:

\$15 each. Please enclose a certified check or money order made payable to "Pearson VUE Processing Center". Do not send cash. Write the Pearson VUE identification number found on your Score Report or your Social Security number on your payment.

SEND TO:

North Carolina Duplicate Score Report/Handscore Request
Pearson VUE Processing Center
PO Box 822749
Philadelphia, PA 19182-2745

AMOUNT ENCLOSED:

\$ _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

APPENDIX B — SKILLS LIST

1. Hand Hygiene (Hand Washing) (page 27)
2. Applies one Knee-High Elastic Stocking (page 27)
3. Assists to Ambulate Using Transfer Belt (page 28)
4. Assists With Use of Bedpan (page 29)
5. Cleans Upper or Lower Denture (page 29)
6. Counts and Records Radial Pulse (page 30)
7. Counts and Records Respirations (page 30)
8. Donning and Removing PPE (Gown and Gloves) (page 31)
9. Dresses Client with Affected (Weak) Right Arm (page 31)
10. Feeds Client Who Cannot Feed Self (page 32)
11. Gives Modified Bed Bath (Face and One Arm, Hand and Underarm) (page 33)
12. Measures and Records Blood Pressure (page 34)
13. Measures and Records Urinary Output (page 35)
14. Measures and Records Weight of Ambulatory Client (page 35)
15. Performs MODIFIED Passive Range of Motion (PROM) for One Knee and One Ankle (page 36)
16. Performs MODIFIED Passive Range of Motion (PROM) for One Shoulder (page 37)
17. Positions on Side (page 37)
18. Provides Catheter Care for Female (page 38)
19. Provides Foot Care on One Foot (page 39)
20. Provides Mouth Care (page 40)
21. Provides Perineal Care (Peri-Care) for Female (page 41)
22. Transfers from Bed to Wheelchair Using Transfer Belt (page 42)

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 or the handscored results of my Written (or Oral) Examination or Skills Evaluation.

Your Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM