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

SEARCH
QUICK REFERENCE

SOUTH CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Division of Community
and Facility Services
PO Box 8206
1801 Main Street
Columbia, SC 29202
E-mail: SCNAR@SCDHHS.GOV
Hours of Operation 8:30 a.m. – 5:00 p.m.
(Eastern Time Zone)

To apply for the South Carolina Nurse Aide exam go to www.pearsonvue.com/nurseaides and select South Carolina Nurse Aides and follow instructions.

PEARSON VUE®
South Carolina NNAAP® Registry
PO Box 13785
Philadelphia, PA 19101-3785
(800) 475-8290
Hours of Operation 8:00 a.m. – 5:00 p.m.
(Eastern Time Zone)

Call Pearson VUE to:
• Obtain information about re-certification on the Registry
• Obtain or complete a Reciprocity Application
• Clarify information about the Registry

PEARSON VUE WEBSITE
http://vue.com/sc/nurseaides/

• Download a Candidate Handbook
• Link to an Application for Enrollment by Reciprocity
• Download Spanish Skills Listing
• View Regional Test Site testing dates
• View the NA Program Overview
• View state-approved NA Training Programs (by City)
• View Closed NA Training Programs
• View Frequently Asked Questions
• Link to a Nurse Aide Registry Renewal Form
• View a list of the Nurse Aide Registries (by State)
• View the SC Department of Health & Human Services Newsletter
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INTRODUCTION

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

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

NEW NURSE AIDES

All new nurse aide candidates applying to take the NNAAP Examination in South Carolina must have successfully completed a 100-hour state-approved nurse aide training program that includes 40 hours of clinical training in order to be eligible to test. All candidates who are employed as nurse aides or have a written offer of employment from a Medicare/Medicaid-certified nursing home are required to be sponsored by that nursing home.

If you are an LPN or RN student or you are in the Military, you must contact the South Carolina Department of Health and Human Services to determine your eligibility to test at scnar@scdhhs.gov before completing and mailing your fees and application.

OUT-OF-STATE TRAINING

A nurse aide candidate who was trained out-of-state and is seeking certification in South Carolina must have completed training at a 100-hour state-approved program that includes clinical hours. You must complete the online registration form and upload required training documents. The diploma or certificate must include the number of classroom and clinical hours. South Carolina will accept a letter on state or training program letterhead.

EXAM OVERVIEW

The two (2) 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 in order to be certified and listed on the South Carolina Nurse Aide Registry. You must pass both portions of the exam within two (2) years from your training completion date or within three (3) attempts, whichever comes first, in order to be placed on the South Carolina Nurse Aide Registry. Failure to do so will require completing a 100-hour state-approved Nurse Aide Training Program and retesting both portions of the examination.

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

An Oral Examination available in either English or Spanish may be taken in place of the Written Examination if you have difficulty reading English. The English or Spanish 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 MP3 player. 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 five (5) skills in order to pass the Skills Evaluation. A complete listing of the skills is shown on pages 27 to 41.

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

All candidates applying to take the NNAAP Examination in South Carolina MUST complete an Application for Registration by Competency Examination form online at the Credential Management Services. To access the online form, go to www.pearsonvue.com/nurseaides. Select South Carolina Nurse Aides and follow the instructions.

For eligibility routes E2, E4 and E5, required documents will need to be uploaded.

If an original letter is sent with the application as proof of training, this original letter must be written on the training program’s letterhead and must include: (1) the nurse aide candidate’s name; (2) the nurse aide candidate’s date of training program completion; (3) the training program code number; and (4) the signature of the instructor, director, or administrator of the training program.

E1 – SOUTH CAROLINA STATE-APPROVED NURSE AIDE TRAINED CANDIDATES

All applicants who have successfully completed a South Carolina State-Approved Nurse Aide Training program within the last 24 months.

E2 – OUT-OF-STATE TRAINED CANDIDATES

All applicants who have successfully completed a 100-hour State-Approved Nurse Aide Training program in another state within the last 24 months. (A completion certificate/diploma letter on the state or program letterhead stating the number of classroom AND clinical hours must be submitted with the application.)

E3 – LAPSED OR EXPIRED SOUTH CAROLINA REGISTRY APPLICANTS

For all applicants who have successfully completed a 100-hour South Carolina State-Approved Nurse Aide Training Program AND whose certificate has not been expired for more than twenty-four (24) months. (Certificate must be in good standing.)

E4 – OUT-OF-STATE REGISTRY APPLICANTS

For all applicants who have successfully completed a 100-hour State-Approved Nurse Aide Training program with clinical included AND whose certificate has not been expired for more than twenty-four (24) months. (Certificate must be in good standing.) A completion certificate/diploma or a letter on state or program letterhead stating the number of classroom AND clinical hours must be submitted with this application.

E5 – STUDENT NURSE, LPN OR RN GRADUATE, OR MILITARY CANDIDATE

You must contact the South Carolina Department of Health and Human Services at scnar@scdhhs.gov to determine your eligibility before submitting an application.
APPLICATION AND SCHEDULING

ONLINE REGISTRATION AND SCHEDULING

Online registration is quick, convenient and an environmentally responsible way to register for your examination. This process will eliminate the transit time associated with mailing a paper application. First time users are required to create an account. 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, Master Card, Visa or electronic voucher). Fees are non-refundable and non-transferable once submitted.
- To access the online form go to www.pearsonvue.com/sc/nurseaides
  Select South Carolina Nurse Aides and follow the instructions.
- You must make an online reservation at least 10 days prior to the test date.
- You are responsible for completing the appropriate sections online. You may ask someone from your nurse aide training program or facility employer for assistance in completing the application.
- If you need or have any questions about the application process, contact a Pearson VUE representative at 866-751-5809 between 8:00 a.m. and 8:00 p.m. (Eastern Time Zone).
- Fees are non-refundable and non-transferable.

SC DHHS

Candidates who have completed a 100-hour State Approved Nurse Aide Training Program (clinical included) must pass the NNAAP (Nurse Aide Assessment Program) examination no later than 2 years from the date of the completion of the approved program. After two years, the candidate will be required to retrain at a South Carolina Approved Nurse Aide Training program before retesting. If the C.N.A.’s (Certified Nursing Assistant’s) certificate has lapsed and it has been 2 or more years since the expiration date, the following must occur:

- The C.N.A. must retrain at a 100-hour State-Approved Training program (clinical included).

The above policy will also affect R.N. and L.P.N. students. (They must have completed the Fundamentals of Nursing within 2 years of testing unless they are still attending nursing school.) These candidates will be referred to the South Carolina Department of Health and Human Services.

SCREENING QUESTIONS

You are required to complete two screening questions on your application which require a “Yes” or “No” response. These questions will also be listed on the failing score report for both the written and skills exam. If you are re-testing you must answer the screening questions as well. If you respond “Yes” to one or both of these questions, your application or failing score report will be forwarded to the South Carolina Department of Health and Human Services (SC DHHS) for review before you can be scheduled to test (or re-test).

- Have you ever been convicted of or pled guilty to a felony?
- Have you ever been listed on the South Carolina Abuse Registry or any other State’s Abuse Registry? Failure to respond to these questions will cause your application to be returned to you.
EXAM FEES

Fees are non-refundable and non-transferable once submitted because they cover the administrative costs of registration and testing.

The fees listed below have been established for the NNAAP Examination in South Carolina, and are effective as of July 1, 2020.

<table>
<thead>
<tr>
<th>Examination</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Initial Written Examination</td>
<td>$45</td>
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<tr>
<td>Initial Oral Examination</td>
<td>$45</td>
</tr>
<tr>
<td>Initial Clinical Examination</td>
<td>$95</td>
</tr>
<tr>
<td>Written Re-examination</td>
<td>$45</td>
</tr>
<tr>
<td>Oral Re-examination</td>
<td>$45</td>
</tr>
<tr>
<td>Clinical Re-examination</td>
<td>$95</td>
</tr>
<tr>
<td>Certificate Renewal Fee</td>
<td>$35</td>
</tr>
</tbody>
</table>

*The first time you test, you must schedule both the Written (or Oral) Examination and the Skills Evaluation on the same exam date.*

Under federal and South 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/Medicare-certified nursing home. Candidates must pay online and be reimbursed by the employer. Candidates not employed as nurse aides in these facilities are permitted to pay their own examination fee. All payments must be made using a credit card or prepaid single-use card.

EXAM SCHEDULING

For more information about scheduling, or to learn how to register for the examination online, please visit: [www.pearsonvue.com/nurseaides](http://www.pearsonvue.com/nurseaides). Select South Carolina Nurse Aides and follow the instructions.

All examinations must be scheduled 10 (ten) calendar days prior to the exam date.

TESTING LOCATIONS

The NNAAP Examination is given by Credentia at Regional Test Sites. Please visit [www.pearsonvue.com](http://www.pearsonvue.com) or call (866) 751-5809 to determine the schedule of test site most convenient for you. When accessing Pearson VUE’s website, select “Test taker home” under “For test takers” and type or select “South Carolina Nurse Aides.”

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

To request an accommodation, answer “yes” to the accommodation question on the online application and follow the directions.
CANCELLATION AND RE-SCHEDULING

If you are unable to attend your scheduled examination, you MUST call Pearson VUE by noon at least five (5) business days before the examination date to cancel and reschedule your exam (Saturday and Sunday and national holidays are not considered business days). If you do not call Pearson VUE at least five (5) business days in advance of your examination date to cancel and reschedule your exam, and do not show up for your scheduled examination, your fee will NOT be refunded and cannot be transferred to a new examination date. The new examination date must be scheduled 10 (ten) calendar days prior to the exam date. You may not give your examination date to another person.

If you notify Pearson VUE in time, there is no penalty and your fee may be transferred to your new examination date. If your employer paid for your examination fee, you should tell them about missing the examination. Let them know how you have handled re-scheduling and when you plan to re-test.

REFUNDS

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

ABSENCE POLICY

Since unexpected situations sometimes occur, Pearson VUE will consider excusing an absence from a scheduled examination in certain situations.

Acceptable reasons for re-scheduling are as follows:

• 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 (866) 751-5809. 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 cancelled. If the examination has been cancelled, you will be re-scheduled for the next available examination at that site.

EXAM DAY

CHECKING IN

You must arrive 30 minutes prior to your scheduled time for BOTH the written 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 and present proper identification for both the written examination and for the skills evaluation.

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
• Know your Social Security number
• Watch with a second hand
• Non-skid footwear

No other materials will be allowed.
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 SCDHHS 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 center.

LATENESS

Plan to arrive about thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring your required two forms of identification, 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).

Testing times are approximate. Please plan to spend the day.

ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing.

STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, candidate handbooks, or papers into the examination room. No interpreters or translators may be used during the written and/or skills examination. 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.

PROPER IDENTIFICATION

Candidates 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 **current, not expired:**

- Driver’s license
- Signature-bearing Social Security card
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card

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

**If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.**

ADDRESS, NAME, & DEMOGRAPHIC CHANGES

Please note, all demographic changes must be made at least nine (9) calendar days prior to the exam date.

If you need to change your name, address, or social security number after creating your profile, or any time before you become certified, you can update your demographic information through your PCM profile page. To change your name, social security number, or date of birth, complete and submit the 'Candidate Correction Form,' which can be accessed by logging into your PCM account, then go to: Actions on the left side, and select Complete a Form; and then under 'Other Forms' you will select the 'Candidate Correction Form.' Please ensure you complete all information and **attach the required supporting documentation** and then submit the form.
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 the examination, you will be dismissed from the examination and the incident will be reported to the South Carolina Department of Health and Human Services (SCDHHS). Decisions regarding disciplinary measures are the responsibility of this agency.

NEW POLICY from the South Carolina Department of Health & Human Services: Misconduct/Behavioral Issues.
1. If the candidate is allowed to re-test (depending on the severity of the misconduct), they will not receive onsite test results. They will be mailed.
2. If the candidate is allowed to re-test, it will be at a site with security (not the preferred site of the candidate).
3. If a candidate’s conduct/behavior is a disturbance at the test site or endangers the safety of an Evaluator for the second testing date (a re-test), they will not be allowed to test again in South Carolina.

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 in order 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 17.

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

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

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

You have up to two (2) hours to complete the Oral Examination. 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.
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
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
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.

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<thead>
<tr>
<th>Answers</th>
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<tr>
<td>1. C</td>
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<td>7. C</td>
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<tr>
<td>13. B</td>
</tr>
<tr>
<td>19. C</td>
</tr>
<tr>
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<tr>
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<td>18. C</td>
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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 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. Please note, you may not receive help from anyone during the Skills Evaluation, and the candidate and the client must speak to one another in English so that the evaluator can understand and correctly score the evaluation. If either candidate gives help or receives help during the test, or the client and candidate are communicating in a language other than English, the test will be stopped.

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

CANDIDATE 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 27–41 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 41 of this handbook. You are strongly encouraged to perform the skills in the order they are listed on the instruction card.

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

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

You 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 affect the results of your evaluation.

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

<table>
<thead>
<tr>
<th>SKILL TESTED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Radial Pulse</td>
<td></td>
</tr>
<tr>
<td>Respirations</td>
<td></td>
</tr>
<tr>
<td>Urine Output</td>
<td></td>
</tr>
<tr>
<td>Weight (must document the unit of measurement, lb or kg)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDATE RESULTS</th>
<th>EVALUATOR RESULTS</th>
</tr>
</thead>
</table>

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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
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.

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.

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
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. Counts 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 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. Has client assume a comfortable lying or sitting position
4. Client’s arm is positioned at level of heart with palm up and upper arm is 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

*STATE SPECIFIC (EVALUATOR: DO NOT SUBSTITUTE THIS SKILL FOR SKILL 23 ‘MANUAL BLOOD PRESSURE’)
1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Has client assume a comfortable lying or sitting position
4. Client’s arm is positioned at level of heart with palm up and upper arm is 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 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.
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 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 only in 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

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 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.

SKILL NOT TESTED
SCORE REPORTING

EXAM RESULTS

Effective August 26, 2019 score reports will be provided online and will no longer be mailed to you nor provided to you at the test site.

WRITTEN (OR ENGLISH OR SPANISH ORAL) EXAM AND SKILLS EVALUATION

To access your score report for either the written exam, English or Spanish oral exam, or skills evaluation, please go to http://www.pearsonvue.com/sc/nurseaides/ and log into the Pearson Credential Manager (PCM) System using the link provided; there is also a link provided on this web page with detailed instructions on how to use PCM to access your score report. Score reports are generally available within a few hours after a testing event is completed for the day.

Please note that the nurse aide Evaluator cannot answer questions about your Score Report. If it has been more than 24 hours and you are unable to view your score report by logging into your PCM account, or you experience other technical difficulties, please contact Pearson VUE Customer service at 866-751-5809 or submit an incident form through your PCM account (see below).

Exam results will not be given over the phone, and please DO NOT contact the state exam sponsor as they will not be able to assist you.

INCIDENT REPORT SUBMISSION IN PCM

To submit an incident report, first log into your PCM account. From the left-hand navigation panel, scroll down to the “Actions” section, and click “Submit Incident.” Complete the form by providing the required information, and then click “Create Incident Detail” to submit your request.

FAILING

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

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

To schedule a retest, you must log into the Credential Management System. For assistance, contact Customer Service at 866-751-5809.

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 five (5) skills in order to pass the Skills Evaluation.

Use your failing Score Report as an aid in studying to re-take the Skills Evaluation. A failed skill will show the reason for the failure. You may not have performed the steps of a skill correctly, or you may have forgotten a step, especially a Critical Element Step.

The failing Score Report will list steps that were missed or incorrect—look for numbers printed directly under a skill marked Unsatisfactory. A list of all the skills and the steps needed for each skill can be found in this handbook. Find the skill you failed, and study the steps, especially steps listed as Unsatisfactory on the score report.

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

(See following page for a sample of a Failing Score Report.)
South Carolina NNAAP® Examination Results

<table>
<thead>
<tr>
<th>Exam: Skills</th>
<th>Result: Fail</th>
</tr>
</thead>
</table>

Skills Performance:
- **Hand Hygiene** Unsatisfactory
  1, 5, 10
- **Provides Fingernail Care On One Hand** Satisfactory
- **Measures and Records Blood Pressure** Unsatisfactory
  4, 5, 6, 7
- **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 placed on the South Carolina Nurse Aide Registry. Approximately ten (10) business days from the day on which you successfully complete both parts of the NNAAP Examination, Pearson VUE will mail your Nurse Aide Certificate and Wallet Identification Card to you. If you have not received your Nurse Aide Certificate and Wallet Identification Card from Pearson VUE thirty (30) days after the examination, contact Pearson VUE at (800) 475-8290. **Your Nurse Aide Certificate is valid for twenty-four (24) months from the date it was issued.**

After you have passed both the Written (or Oral) Examination and the Skills Evaluation, you may view your name on the Registry by going to Pearson VUE’s website at www.pearsonvue.com. Select “Test taker home” under “For test takers” and type or select “South Carolina Nurse Aides,” then select “Search the Nurse Aide Registry.”

DUPLICATE SCORE REPORT

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 go to http://www.pearsonvue.com/sc/nurseaides/ and log into your PCM Account.

To request a duplicate score report for an exam taken prior to July 1, 2018, please contact Pearson VUE Customer service at 866-751-5809 or submit an incident form through your PCM account (please see “Incident Report Submission in PCM” on page 42 of this handbook). Exam results will not be given over the phone, and please DO NOT contact the state exam sponsor, as they will not be able to assist you.

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 at https://i7lp.integral7.com/scna. 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 days of receipt.
THE REGISTRY

CHANGE OF ADDRESS OR NAME
The South Carolina Nurse Aide Registry must be kept informed of your current address.

There is no charge for changing your name or address on the Registry. Call Pearson VUE at (800) 475-8290 to change your mailing address on the Registry. You may also notify Pearson VUE of a name or address change by using the Change of Address or Name Form in the back of this handbook.

If your name changes at any time after you are placed on the Registry, you must send written notification of this change to Pearson VUE. Please remember, however, that if you changed your name, you MUST provide official documentation along with your notification. Written documentation may be a notarized copy of a marriage certificate, divorce decree, or other official document. Your notification must include your previous name, current name, mailing address, phone number, and Social Security number.

Failure to inform the Registry of an address change may jeopardize your certification status. A current address is required for you to receive notification of certification renewal.

RE-CERTIFICATION
Nurse aides on the South Carolina Nurse Aide Registry must renew their certification through Pearson VUE in order to stay active. To be eligible for re-certification, federal and State regulations require that in the past 24 months, prior to your certification expiration date, you have performed nursing or nursing-related services for pay for at least 8 hours, under the supervision of an RN or LPN.

UPDATING YOUR ADDRESS
Each time you move, you must call/notify Pearson VUE of an address change. If you do not notify Pearson VUE of an address change, you will not receive your Renewal Notice. To check that your address and name are correct on the Registry, call Pearson VUE at (800) 475-8290 or go to Pearson VUE’s website (www.pearsonvue.com) to check the spelling of your name. From the “Search Nurse Aide Registry” menu, select “South Carolina Nurse Aides”, and then “Search the Nurse Aide Registry”. If your name or address is not correct, log into the Credential Management System and change your address. For a name change, proof of your name change (marriage or divorce decree) must be provided. Call Pearson VUE at 800-475-8290 for assistance.

RENEWAL NOTICE
A South Carolina Nurse Aide Certificate is valid for twenty-four (24) months from the date it was issued. Approximately ninety (90) days before the expiration of your certification, Pearson VUE will email you with directions for renewing your certificate. If you have not received a Renewal email, contact Pearson VUE at 800-475-8290. When accessing Pearson VUE’s website, select “Test taker home” under “For test takers” and type or select “South Carolina Nurse Aides,” then select “Nurse Aide Registry Renewal Form.”

RE-CERTIFICATION FEE
Effective July 1, 2020, the fee for re-certification is $35. This fee is non-refundable and non-transferable and must be paid online with a credit card or single-use prepaid card. If you are employed by a Medicaid-certified employer, print the emailed payment receipt and give to your employer for reimbursement.

CERTIFICATE AND WALLET IDENTIFICATION CARD
Upon re-certification, you will receive a new Nurse Aide Certificate and Wallet Identification Card indicating the new certification period, which will be twenty-four (24) months from your previous certification expiration date. Please remember to notify Pearson VUE by calling (800) 475-8290 whenever there is a change in your mailing address or name. Official documentation is required for name changes.
CERTIFICATION BY RECIPROCITY

Reciprocity is a process by which a certified nurse aide from another state may qualify for certification in South Carolina because of his or her certification status. There is NO fee for certification by reciprocity.

You are eligible for reciprocity if you are a nurse aide in a state other than South Carolina in accordance with the competency evaluation requirements of OBRA ’87, and if you are currently listed on another state’s registry as active and in good standing. A nurse aide must have completed, at a minimum, a 100-hour basic state-approved nurse aide course in order to be placed on the South Carolina Nurse Aide Registry.

Nurse aides from out of state who are eligible for reciprocity should complete an online Reciprocity Application. That can be accessed at www.pearsonvue.com/nurseaides. Select South Carolina Nurse Aides and follow the instructions.

When all documents are verified, you will receive your Nurse Aide Registry Certificate and your name will be placed on the South Carolina Nurse Aide Registry, or a denial letter indicating that additional information is required to complete the process. If you are placed on the South Carolina Nurse Aide Registry, your certification expiration date is retained from the state in which you were originally certified. Once you receive your certification by reciprocity, your name will be on the South Carolina Nurse Aide Registry and the State Registry in which you were originally certified.

LAPSED CERTIFICATION

If your nurse aide certification has lapsed on the Registry and you would like to re-activate it, you may be required to retrain and/or retest based on whether you HAVE or HAVE NOT completed a 100-hour state-approved nurse aide training program. To find out if you need to retrain and/or retest, please see the three situations below:

1) If your nurse aide certification has lapsed on the Registry and you HAVE NOT previously completed a **100-hour state-approved nurse aide training program**, you must train at a 100-hour state-approved training program and retest. You must pass both the Written (or English or Spanish Oral) Examination and the Skills Evaluation before you can be re-activated on the Registry.

2) If your nurse aide certification has lapsed on the Registry and it has not been expired for more than twenty-four (24) months and you HAVE previously completed a **100-hour state-approved nurse aide training program**, you will only be required to retest, which means you must pass both the Written (or English or Spanish Oral) Examination and the Skills Evaluation before you can be re-activated on the Registry.

3) If your nurse aide certification lapsed more than two (2) years ago, you must retrain at a **100-hour state-approved nurse aide training program** and retest. You must pass both the Written (or English or Spanish Oral) Examination and the Skills Evaluation before you can be re-activated on the Registry.

For more information about re-activating your nurse aide certification on the Registry, please call Pearson VUE at (800) 475-8290.

To view a list of South Carolina state-approved training programs go to Pearson VUE’s website at www.pearsonvue.com, select “Test taker home” under “For test takers” and type or select “South Carolina Nurse Aides,” then select “State-approved NA Training Programs (by city)”.

DIRECTIONS: You may use this form to request Pearson VUE to request a handscore of your Written (or English or Spanish Oral) Examination or Skills Evaluation answer sheet. Please print or type all information on the reverse side of this form:

☐ Written  ☐ Oral  ☐ Skills

SEND TO: South Carolina Handscore Request
Pearson VUE
Nurse Aide Processing Center
PO Box 13785
Philadelphia, PA  19101-3785

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

South Carolina Nurse Aide

CHANGE OF ADDRESS OR NAME

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

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

Send To: South Carolina Nurse Aide Registry
Pearson VUE/SCNA
PO Box 13785
Philadelphia, PA 19101-3785

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 ____________________________
Nurse Aide Certification 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 South Carolina Nurse Aide Registry of a change in name.

CHANCE