Wisconsin Nurse Aide

written (or oral) examination & skills evaluation

Candidate Handbook

April 2017
QUICK REFERENCE

CREDENTIA
3 Bala Plaza West
Suite 400A
Bala Cynwyd, PA 19004
(877) 437-9587
support@getcredentia.com

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

Call Credentia to:
• Obtain a Candidate Handbook
• Obtain an application
• Schedule the examination
• Cancel a scheduled examination
• Change your current address or name prior to testing
  (at least 11 days in advance)

WISCONSIN DEPARTMENT
OF HEALTH SERVICES
Division of Quality Assurance
Office of Caregiver Quality
P.O. Box 2969
Madison, WI  53701-2969
1-608-261-8319

Hours of Operation Monday through Friday
7:45 a.m. – 4:30 p.m. (Central Time Zone)

Call the DHS to:
• Inquire about substantiated findings on the
  Caregiver Misconduct Registry

Go to DHS Nurse Aide Training
and Registry website at
http://dhs.wisconsin.gov/caregiver/NATD/NATDintro.htm
• To obtain information on federal and Wisconsin
  regulations and guidelines for nurse aides
• To obtain information about Medication Aide
  requirements

Mail request to DHS to:
• Arrange special examination requests and services
WISCONSIN NURSE AIDE REGISTRY
Managed by Pearson VUE
PO Box 13785
Philadelphia, PA 19101-3785
1-877-329-8760

Hours of Operation 7:00 a.m. – 4:00 p.m.
(Central Time Zone)

Call Pearson VUE to:
• Clarify information about the Registry
• Obtain information on maintaining status on the Registry
• Obtain information regarding your Score Report
• Change your current address or name on file with the Registry
• Request a duplicate Score Report
• Obtain information regarding the examination
• Obtain information regarding reciprocity
• Obtain a Registry Renewal Form

Go to Pearson VUE’s website at www.pearsonvue.com/wi/nurseaides to:
• Download a Candidate Handbook
• Download an Application for Competency Evaluation
• Download an Out-of-State Application
• Download a Change Form
• Download a Nurse Aide Registry Renewal Form
• View Test Schedules and Deadline Dates
• View Frequently Asked Questions
• View the Nurse Aide Practice Written Examination
• Verify your status on the Registry

NOTE: If you do not have Internet access, call Pearson VUE at 1-877-329-8760 to verify your status on the Registry.
TABLE OF CONTENTS

QUICK REFERENCE ........................................ inside front cover

INTRODUCTION ................................................. 1
  National Nurse Aide Assessment Program .......... 1
  Exam Overview ............................................. 1

ELIGIBILITY .................................................. 2
  Eligibility Routes .......................................... 2

APPLICATION AND SCHEDULING .................. 5
  Filling Out an Application ............................... 5
  Exam Fees .................................................. 6-7
  Program Reimbursement ................................. 7
  Exam Scheduling ........................................... 7
    In-Facility Testing ....................................... 7
    Regional Testing ......................................... 7
  Testing Locations ......................................... 8
  Confirmation Letter ....................................... 8
  Accommodations .......................................... 9

CANCELLATION AND RESCHEDULING .......... 10
  Refunds ..................................................... 10
  Absence Policy ............................................ 10
  Weather Emergencies ................................... 11
  Exam Cancellation Policy ............................... 11

EXAM DAY ..................................................... 12
  Checking In ................................................ 12
  What to Bring .............................................. 12
  Proper Identification .................................... 12
  Testing Attire ............................................. 13
  Candidate Volunteer .................................... 13
  Security and Cheating .................................. 13

TESTING POLICIES .......................................... 14
  Lateness ..................................................... 14
  Electronic Devices ....................................... 14
  Study Aids ................................................. 14
  Eating/Drinking/Smoking ............................... 14
  Misconduct ............................................... 14
  Guests/Visitors .......................................... 14

THE WRITTEN (OR ORAL) EXAM ............... 15
  Written Exam ............................................. 15

continued on next page
Oral Exam .......................................................... 15
Self-Assessment Reading Test ............................... 15

WRITTEN (OR ORAL) EXAM CONTENT OUTLINE .... 16

SAMPLE QUESTIONS ........................................ 17

SELF-ASSESSMENT READING TEST .................. 18

Part 1: Vocabulary ........................................... 18
Part 2: Comprehension ...................................... 20

THE SKILLS EVALUATION .................................. 22

What to Expect .................................................. 22
Setting ........................................................... 22
Who Will Act as a Client? .................................. 22
Candidate Volunteer Requirements ...................... 22
The Tasks ....................................................... 23
Recording a Measurement .................................. 23
Sample Recording Sheet for Measurement Skills ........ 25
Tips for Skills Evaluation ................................... 26

SKILLS LISTING ............................................... 27-42

SCORE REPORTING ......................................... 43

Exam Results .................................................... 43
Failing ............................................................ 43
How to Read a Failing Score Report ....................... 44
Passing .......................................................... 44
Duplicate Score Report ...................................... 45
Contesting Results — The Grievance Process .......... 45

THE REGISTRY .................................................. 46

Change or Correction of
  Address/Name/Social Security Number .............. 46
Duplicate Registration ....................................... 47
Registry Renewal ............................................. 47
Maintaining Employment
  Eligibility Status .......................................... 47
Regaining Full Employment Eligibility ................. 48
Medication Aide Status .................................... 48
Out-of-State ..................................................... 49
Caregiver Program .......................................... 52

FAQ .............................................................. 54-56

APPENDIX

Appendix A: Request for Duplicate Score Report
Appendix B: Change of Address or Name Form
INTRODUCTION

This handbook is designed for candidates seeking nurse aide registration in the State of Wisconsin. It describes the process of applying for and taking the National Nurse Aide Assessment Program (NNAAP®) Examination. The NNAAP Examination is made up of a Written (or Oral) Examination and a Skills Evaluation. It is necessary to pass both parts to be registered as a nurse aide in Wisconsin.

The Wisconsin Department of Health Services has contracted with Pearson VUE, a nationally recognized leading provider of assessment services to regulatory agencies and national associations, to develop, score, and report the results of the NNAAP® Examination and to maintain the Wisconsin Nurse Aide Registry. Credentia works with Pearson VUE to schedule and administer the NNAAP 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 make sure that you understand and can safely perform the job of an entry-level nurse aide.

EXAM OVERVIEW

The two parts of the examination process, the Written (or Oral) Examination and the Skills Evaluation, will
be administered on the same day. If you are a newly trained nurse aide candidate (eligibility routes E-1 or E-4), and you are taking the examination for the first time, you must successfully pass both parts of the NNAAP Examination within one (1) year of successful completion of your training program in order to be eligible for placement on the Wisconsin Nurse Aide Registry.

The Written Examination consists of seventy (70) multiple-choice questions.

Sample questions are provided in this handbook. An Oral Examination may be taken in place of the Written Examination if you have difficulty reading and understanding English. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. If you want to take the Oral Examination, you must request it when you submit your Application for Competency Evaluation.

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. A complete listing of the skills is shown on pages 27 to 42.

See The Written (or Oral) Exam and The Skills Evaluation sections in this handbook for more details about each part of the NNAAP Examination.

**ELIGIBILITY**

**ELIGIBILITY ROUTES**

If you meet one of the categories below, you may be eligible to take the NNAAP Examination and/or apply for placement on the Wisconsin Registry under one of the following routes:

**E-1 NEW NURSE AIDE (NOT PREVIOUSLY INCLUDED ON THE WISCONSIN NURSE AIDE REGISTRY)**

You have successfully completed a Wisconsin-approved nurse aide training program and have never been registered as a nurse aide. You will be required to provide a copy of your certificate of completion from your training program director indicating successful completion of the training program.

If you fail all, or just part of, the NNAAP Examination, you may schedule a re-take examination. You are only required to re-take the part you failed (i.e., either the Skills Evaluation or the Written (or Oral) Examination).
When re-applying for all or part of the NNAAP Examination, you will be asked to submit your failing Score Report along with a new application and appropriate fees to Credentia. You must successfully complete both parts of the NNAAP Examination within one (1) year of successful completion of your training program. Please note that you may retake the part(s) of the examination that you failed as many times as you wish within that one (1) year time period.

If you have not passed both parts of the NNAAP Examination within one (1) year from successful completion of your training program, you must successfully re-take a new nurse aide training program.

E-2 STUDENT NURSE OR GRADUATE NURSE

DEFINITIONS

Student Nurse is an individual currently enrolled in a state-approved nursing education program preparing for registered nurse or practical nurse licensure.

Graduate Nurse is an individual who has completed a state-approved nursing education program.

REQUIREMENTS

A Student Nurse or Graduate Nurse, who has not taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®) must submit an original transcript and a Student/Graduate Nurse Verification Sheet verifying he/she has met all training requirements for nurse aide program. The verification sheet must first be sent to the Department of Health Services for approval. Once approved, the authorization form will be sent to the candidate.

The authorization form, completed Student Nurse/Graduate Nurse application, correct fees and appropriate forms of identification to Credentia for scheduling an exam.

A Graduate Nurse who has taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®) and failed, must complete an Application for Competency Evaluation For Student Nurse or Graduate Nurse, submit a copy of the letter from the State Board of Nursing verifying you failed the NCLEX, correct fees and appropriate forms of identification to Credentia for scheduling an exam.
A Graduate Nurse, who holds a current nursing license, must complete an Application for Competency Evaluation For Student Nurse or Graduate Nurse, submit a copy of his/her current nursing license, correct fees and appropriate forms of identification to Credentia for scheduling an exam.

E-3 FOREIGN-EDUCATED NURSE
You have completed a nursing education program preparing for registered nurse or practical nurse licensure in a foreign country. You must submit a letter from the Wisconsin Board of Nursing verifying that you are a foreign educated nurse, eligible to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN®) or Practical Nurses (NCLEX-PN®).

E-4 OUT-OF-STATE NURSE AIDE
There are multiple methods by which you may be eligible for placement on the Wisconsin Nurse Aide Registry via the Out-of-State registry process. Regardless of which method, you must be current and in good standing on a nurse aide registry in a state other than Wisconsin. For complete details please refer to page 50, Out-of-State Nurse Aide.

E-5 LAPSED NURSE AIDE (NURSE AIDE WHOSE REGISTRATION HAS LAPPED)
You were previously included on the Wisconsin Nurse Aide Registry, as a nurse aide but your eligibility to work in certain federally certified facilities has expired because you have not met the nurse aide employment requirement (see Registry Renewal for more information).

E-7 HOME HEALTH NURSE AIDE
You are included on the Wisconsin Nurse Aide Registry as an active nurse aide but do not hold the certification to be eligible to work in a federally certified home health setting.
FILLING OUT AN APPLICATION

• You are responsible for completing the Application for Competency Evaluation. Your training program instructor may assist you to complete the application.

• You may get an Application for Competency Evaluation from your nurse aide training program; by downloading an application from Pearson VUE’s web site at www.pearsonvue.com/wi/nurseaides; by sending a self-addressed envelope to Credentia at the address listed on the inside front cover; or, by calling Credentia at (877) 437-9587.

• It is important that your application includes a telephone number and an email address where you can be contacted. If an examination has been canceled, Credentia will contact you at the telephone number and/or email address listed on your application.

• Please note that the address you indicate on the application will become your address of record with the Wisconsin Nurse Aide Registry after you pass the Written (or Oral) Examination and the Skills Evaluation. All notices and correspondence from the Wisconsin Nurse Aide Registry (including renewal notices, licenses, and other legal documents) will be mailed to the address you provide. If you need to report a change of address, you must promptly do so in writing by completing the Change or Correction Form and mailing it to the Wisconsin Nurse Aide Registry (see Appendix B).

• The application has a place for you to provide your Social Security number. Providing your Social Security number is voluntary; however, a number is needed to process your application. If you do not wish to provide your Social Security number, you must attach a letter along with your application requesting that the Wisconsin Nurse Aide Registry provide you with a nine-digit number to be used for Registry purposes. Your application will NOT be processed without either a Social Security number or the letter requesting an assigned nine-digit number.
If you need help or have any questions about the application, please contact Credentia at (877) 437-9587.

Mail your completed application, any required documents, and the appropriate fee, made payable to "Pearson VUE" (see Exam Fees) together in one envelope to:

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

EXAM FEES

The fees listed below have been established for the National Nurse Aide Assessment Program in Wisconsin, when paying by money order, company check or certified check made payable to the “Pearson VUE.”

Fees are non-refundable. If you have any questions about your application, please call Credentia at 877-437-9587 prior to sending in fees. Application and fees are valid for 12 months from the original application date. Candidates who do not attend their exam will need to reapply to test and submit new fees.

<table>
<thead>
<tr>
<th>TEST</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Examination &amp; Skills Evaluation</td>
<td>(both) $115</td>
</tr>
<tr>
<td>Oral Examination &amp; Skills Evaluation</td>
<td>(both) $115</td>
</tr>
<tr>
<td>Written Examination ONLY (re-test)</td>
<td>$45</td>
</tr>
<tr>
<td>Skills Evaluation ONLY (re-test)</td>
<td>$70</td>
</tr>
<tr>
<td>Oral Examination ONLY (re-test)</td>
<td>$45</td>
</tr>
</tbody>
</table>

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

The money order, company check or certified check must display your name so it can be applied to your examination. Personal checks and cash will not be accepted. Fees are non-refundable and non-transferable once submitted to Credentia because they cover the administrative costs of registration and testing.

Your examination fee may be paid by Master Card or Visa (NO debit cards accepted), but there is a surcharge associated with the use of credit cards. The chart below lists the fees for each exam, when paying by credit card.

If paying by credit card, the request for approval will be processed only one time. If the card is declined, another form of payment will be required.

6
<table>
<thead>
<tr>
<th>TEST</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Examination &amp; Skills Evaluation</td>
<td>$118.75</td>
</tr>
<tr>
<td>Oral Examination &amp; Skills Evaluation</td>
<td>$118.75</td>
</tr>
<tr>
<td>Written Examination ONLY (re-test)</td>
<td>$46.50</td>
</tr>
<tr>
<td>Skills Evaluation ONLY (re-test)</td>
<td>$72.25</td>
</tr>
<tr>
<td>Oral Examination ONLY (re-test)</td>
<td>$46.50</td>
</tr>
</tbody>
</table>

Please note that if your examination fee is paid by credit card you may fax your application to Credentia at (800) 838-2039.

**PROGRAM REIMBURSEMENT**

If you pay for your own training and testing prior to employment, you may be entitled to reimbursement of some of these expenses from a federally certified nursing home. To qualify however, you must be employed by a nursing home within twelve (12) months after you successfully complete a nurse aide training program and the NNAAP Examination.

**EXAM SCHEDULING**

**IN-FACILITY TESTING**

In-facility testing is when Credentia comes to an approved facility to do the testing. To be approved as an in-facility test site, a minimum of five (5) nurse aide candidates are required for testing on the same day. If the facility has less than five (5) candidates, arrangements may be made with other local facilities in order to meet the minimum amount of candidates needed for testing. For more information on becoming an in-facility test site, contact Credentia at (877) 437-9587.

If approved as an in-facility test site, a representative from the approved facility must contact Credentia to schedule an examination date. Once an examination date is scheduled, the facility will contact you with your scheduled testing date and time — Confirmation Letters will **NOT** be sent to in-facility test takers.

**REGIONAL TESTING**

The NNAAP Examination is also given by Credentia at Regional Test Sites (RTS). Once Credentia receives your application, all required documents, and the appropriate fee, you will be scheduled for testing at a RTS. You will not be scheduled to test until all required materials are received. If any information is missing, a deficiency letter will be mailed to you within five (5) business days from Credentia’s receipt of your application.
TESTING LOCATIONS
The NNAAP Examination is provided at Regional Testing Site (RTS) locations throughout Wisconsin. Credentia administers the NNAAP Examination at these locations on a set schedule. You will be scheduled for the first available date at the testing location indicated by you on your application in “Section 6, Test Site Code and Location”.

Regional test sites are located in the following cities: Beaver Dam, Fennimore, Fond du Lac, Hayward, Manitowoc, Milwaukee, Pewaukee/Waukesha, Rice Lake, Wausau, West Bend, and Wisconsin Rapids. Additional test sites may be added, so please check the Regional Test Site and Schedule document online.

Your training program may help you select an appropriate RTS location. Additional information about the RTS locations and testing schedules may be obtained by calling Credentia at (877) 437-9587; or by going to Pearson VUE’s website at www.pearsonvue.com/wi/nurseaides. Under Quick Links, click on Search the Nurse Aide Registry. Select Wisconsin Nurse Aides and then select Regional Test Sites and Test Schedule.

CONFIRMATION LETTER
Credentia will mail a Confirmation Letter to the address listed on your application within five (5) business days after your application and other required materials are received.

Your confirmation letter has important information about the NNAAP Examination. If you do not get your confirmation letter within ten (10) business days, call Credentia at (877) 437-9587. Credentia is NOT responsible for lost, misdirected, or delayed mail.

Please note that if you do NOT receive a Confirmation Letter in the mail, but you know your test date and location, you may test as long as you have the appropriate ID and other required materials with you on the day of testing (see What to Bring) and your name is listed on the Examination Roster.
ACCOMMODATIONS

Pearson VUE certifies that it complies with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 et seq.). A nurse aide candidate who has a disability may request special arrangements for testing. This request should be made as soon as it is known that a special accommodation will be needed, and before a candidate applies for testing with Credentia, so test scheduling for the candidate will not be delayed waiting for approval of the request.

Special Accommodations requests require the approval of Credentia, the Office of Caregiver Quality (OCQ), and Pearson VUE. The evaluator cannot approve special accommodation requests. All requests must be approved in advance so the evaluator can be made aware of the exact accommodation that is needed. The Nurse Aide Evaluator administering the skills evaluation will meet the needs of the nurse aide candidate with the disabling condition as approved by Credentia, OCQ, and Pearson VUE.

The request must state the specific type of help the nurse aide candidate needs, and how the accommodation will help the candidate test. The accommodation cannot change the examination in any way. The candidate must provide documented proof of the need for the special accommodation. This documented proof may be provided by: the candidate’s health care provider, Individual Education Plan (IEP), Division of Vocational Rehabilitation’s Individual Plan for Employment, or other pertinent documentation. Requests for Special Accommodations should be sent to:

Nurse Consultant
Office of Caregiver Quality
PO Box 2969
Madison, WI  53701

Please note that you do NOT need ADA approval to take the Oral Examination.

The special accommodation may be approved as requested, with adjustments to the original request, or denied. The candidate will receive written notification of the decision. If approved, Credentia will schedule the nurse aide candidate for testing and will advise the Nurse Aide Evaluator of the Special Accommodations needed.
CANCELLATION

If you are unable to attend your scheduled examination, you **MUST** call Credentia at least four (4) business days before the examination date to re-schedule. Saturday and Sunday and national holidays are not considered business days. If you do not call Credentia at least four (4) business days in advance to re-schedule an examination, and you do not attend your scheduled examination, your fee will **NOT** be refunded and you cannot transfer the fee to another examination date. You also may not give your examination reservation to another person.

If you notify Credentia at (877) 437-9587 at least four (4) business days in advance, you will not forfeit your fee and you may transfer the fee to a new examination date. You may reschedule an exam only one time. If your employer paid your examination fee, you should notify them of any absence and/or re-scheduling.

REFUNDS

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

ABSENCE POLICY

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

Acceptable excused absences are as follows:

- Illness of yourself or an immediate family member
- Death in the family
- Disabling traffic accident
- Court appearance or jury duty
- Military duty
- Weather emergency

Requests for excused absences must be made in writing within ten (10) business days following the scheduled examination date. Your request must include a document verifying the reason for your absence. For example, if you are absent because of jury duty, you must supply a copy of the court notice; if absent because of illness, you must provide a medical statement, etc.

Credentia’s decisions regarding whether an absence is excused and whether the examination fee will be forfeited will be final.
WEATHER EMERGENCIES

The examination will be delayed or cancelled only in the case of severe weather or a natural or other type of disaster. If severe weather or a natural or other type of disaster makes the Regional Test Site inaccessible or unsafe, the examination will be delayed or cancelled.

EXAM CANCELLATION POLICY

Credentia will make every attempt to notify you at the telephone number and/or email address provided on your application if there has been a test cancellation. If you have not heard from Credentia, and you have reason to believe testing may be delayed or cancelled due to severe weather or a natural or other type of disaster, you may call the test site listed on your confirmation letter to find out if testing has been delayed or cancelled. If testing has been cancelled, you may re-schedule at no additional cost.
CHECKING IN
You must arrive 30 minutes prior to your scheduled time for BOTH the written examination and for the skills evaluation. If you are late for the written examination you will not be allowed to test and your fees will not be refunded. If you missed your written examination and are scheduled for a skills evaluation, please arrive 30 minutes prior to your scheduled time. Skills Evaluation test times are approximate.

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

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

- Confirmation letter (see Confirmation Letter for exceptions)
- Two (2) forms of previously signed identification which is current, not expired; one of which must have your picture — see list below
- No. 2 pencils (sharpened)
- Eraser
- Watch with a second hand

No other materials will be allowed in the testing area.

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

- Driver’s license
- Signature-bearing Social Security card
- Clinic card
- Credit card
- Library card
- State-issued identification card
- Passport
- Alien registration card
The name on your identification must be the same as the name you used on the application to register for the examination. If your name is different, you MUST bring proof of your name change (a copy of an official document such as a marriage license or divorce decree) to the test site.

If you do not bring proper identification, you will NOT be allowed to test and your examination fee will not be refunded. To be re-scheduled, you would have to submit another examination fee.

TESTING ATTIRE

Both candidates and candidate volunteers are expected to wear loose, nonbinding clothing and non-skid footwear on the day of testing. A tank or sleeveless top worn under a loose-fitting top is recommended. If you are not appropriately attired and groomed on the day of testing, you may be asked to leave the test site and reschedule at a later date. Please note that long dangling earrings, excessive rings, and long fingernails are not acceptable. Please check with your training program instructor if you are unsure about what to wear on the day of testing.

CANDIDATE VOLUNTEER

The Skills Evaluation requires that a candidate volunteer be present for each skill. Each candidate taking the Skills Evaluation should be prepared to play the role of a health-care client. Specific directions for volunteering will be given to you by the Nurse Aide Evaluator on the day of the examination.

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 Wisconsin Department of Health Services 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.
The following policies are observed at each Test Site.

**LATENESS**

Plan to arrive about **thirty (30) minutes** before the examination begins. If you are late for your scheduled examination or do not bring the required materials (see *What to Bring*), you will **NOT** be allowed to take the entire NNAAP Examination and you may forfeit your examination fee.

**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 sites.

**STUDY AIDS**

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Pearson VUE and/or the test site is not responsible for lost or misplaced items.

**EATING/DRINKING/SMOKING**

You are not permitted to eat, drink, or smoke during the examination. You may bring a lunch or snack to the test site to have while you are waiting to take your examination.

**MISCONDUCT**

If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the examination and reported to the Wisconsin Department of Health Services. **Your exam may not be scored resulting in you not being placed on the registry.** Decisions regarding disciplinary measures are the responsibility of the Wisconsin Department of Health Services.

**GUESTS/VISITORS**

No guests, visitors, pets, or children are allowed at the test sites.
THE WRITTEN (OR ORAL) EXAM

WRITTEN EXAM
The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish the examination. Fill in only one (1) box for each question on the answer sheet. 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.

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

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

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

The Oral Examination takes two (2) hours to complete. You will be told when fifteen (15) minutes remain in order to finish. Fill in only one (1) oval on the answer sheet for each question. You may write in the test booklet, but markings in the test booklet will NOT be accepted as answers. Your answers must appear on the separate answer sheet.

SELF-ASSESSMENT READING TEST
A self-assessment reading test, found on pages 18-21 of this handbook, will help you decide if you should take the Oral Examination.
The revised content outline is based on the findings from the 2014 Job Analysis and Knowledge, Skill, and Ability Study of Nurse Aides published by the National Council of State Boards of Nursing (NCSBN) in 2015. The examination content outline will be effective January 2016.

The NNAAP written examination is comprised of 70 multiple-choice items; 10 of these items are pretest (non-scored) items on which statistical information will be collected. The NNAAP oral examination is comprised of 60 multiple-choice items and 10 reading comprehension (word recognition) items. The candidate is allowed to choose between a written and an oral examination.

I. Physical Care Skills
   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
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
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 21.
3. Count up the number of correct answers.
4. If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination.

1. You go to a doctor when you ______.
   (A) feel sleepy
   (B) need socks
   (C) feel sick
   (D) need money
   (E) need clothes

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

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

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

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

6. To REQUIRE something means to ______ it.
   (A) need
   (B) have
   (C) forget
   (D) understand
   (E) hear
7. You _____ something to find its length.
   (A) slice  
   (B) lock  
   (C) measure  
   (D) force  
   (E) tape  

8. Soup is served in a _____.
   (A) plate  
   (B) bowl  
   (C) fork  
   (D) chair  
   (E) closet  

9. To accompany someone means to _____.
   (A) disagree with him  
   (B) work for him  
   (C) go with him  
   (D) speak to him  
   (E) choose him  

10. A nursing home resident receives _____ from the staff.
    (A) quality  
    (B) fame  
    (C) interruption  
    (D) care  
    (E) work  

11. Medicine is used to _____ pain.
    (A) widen  
    (B) conjure  
    (C) enliven  
    (D) increase  
    (E) relieve  

12. To DRENCH the flowers means to ____ them.
    (A) steam  
    (B) drink  
    (C) touch  
    (D) soak  
    (E) anger  

13. A bicycle is a means of _____.
    (A) nourishment  
    (B) transportation  
    (C) prediction  
    (D) collision  
    (E) walking  

14. When someone speaks in a whisper, it may be difficult to _____.
    (A) deceive  
    (B) understand  
    (C) frighten  
    (D) estimate  
    (E) regulate
There are many different kinds of fish. All fish live in water. They use their tails and fins to swim.

15. **Fish live in ______.**
   (A) cups  
   (B) houses  
   (C) air  
   (D) water  
   (E) fountains

16. **Fish use their _____ to swim.**
   (A) tails  
   (B) heads  
   (C) gills  
   (D) lungs  
   (E) floats

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

17. **Maria has had experience as a _____**.
   (A) guide  
   (B) farmer  
   (C) driver  
   (D) nurse  
   (E) teacher

18. **She would like to work in _____**.
   (A) an office  
   (B) a library  
   (C) a garden  
   (D) a hospital  
   (E) a supermarket

19. **As a child Maria lived _____**.
   (A) in the city  
   (B) in an apartment  
   (C) on a farm  
   (D) in a large house  
   (E) on the beach
Carolyn has a good job. She is a nurse in a large hospital. Every day she can help many people. She enjoys this very much. She also makes a good salary. Each month she can pay her bills and save some money.

20. Carolyn works in a ______.
   (A) hospital  
   (B) doctor's office  
   (C) garage  
   (D) school  
   (E) library

21. One of the things Carolyn enjoys is ______.
   (A) working in an office  
   (B) helping people  
   (C) reading books  
   (D) working late hours  
   (E) driving a car

22. With her salary she can pay her bills and ______.
   (A) buy furniture  
   (B) give to charity  
   (C) save money  
   (D) buy new clothes  
   (E) pay for college

This completes the Self-Assessment Reading Test.

Answers


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

WHAT TO EXPECT

SETTING
The Skills Evaluation is set up to resemble an actual care-giving situation. The Skills Evaluation area will look similar to your work setting. It will have all the equipment necessary to perform the assigned skills. The Skills Evaluation will be administered by a Nurse Aide Evaluator. Before your skills evaluation begins, the evaluator will show you where equipment is located and answer questions about operating the equipment.

See pages 27-42 for the complete skills listing.

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

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

You must wear flat, slip-on, non-skid shoes, a loose-fitting top with short sleeves that can be rolled up to the shoulder, or tank top, and loose fitting pants that can be rolled up, or bathing suit. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments.

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

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

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

Each skill has steps that are called Critical Element 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 page 27-42 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 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 one measurement skill, such as 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 Weight of Ambulatory Client skill, you will write the complete weight 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 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

Evaluator must check one box next to the skill being tested.

- [ ] Blood Pressure
- [ ] Respiration
- [ ] Urine Output
- [ ] Radial Pulse
- [ ] Weight

<table>
<thead>
<tr>
<th>Candidate Results</th>
<th>Evaluator Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Copyright © 2005 Promissor, Inc. All Rights Reserved.
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 (i.e. transfer/gait belt).

• It is important for you to place the call signal within the client’s reach whenever you leave the client.

• Where the word “client” appears, it refers to the person receiving care.
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. The steps listed should not be confused with how the skill is performed, according to established teaching methods.

**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

_Skill continues_
6 Pulls top of stocking over foot, heel, and leg
7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints
8 **Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area**
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 **Explain**s 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

Skill continues
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 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 no 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**

**SKILL NOT TESTED**
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.
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
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 (candidates hands are in upward position) and maintaining stability of client's legs.
14. Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair.
15. Lowers client into wheelchair.
16. Positions client with hips touching back of wheelchair and transfer belt is removed.
17. Positions feet on footrests.
18. Signaling device is within reach.
19. After completing skill, washes hands.
EXAM RESULTS

After you finish each examination, the evaluator will fax your answer sheet for scoring and an official score report will be faxed back to the test site. The score report will indicate whether you have passed or failed the examination. If you passed the examination, the score report will provide you with information about your Nurse Aide Registry Card. If you failed the examination, the score report will provide you with information on how to retake the examination. If you have further questions regarding your score report, see the toll-free number provided on both score reports.

If you are a newly trained nurse aide candidate (eligibility routes E1, E2, or E4), and you are taking the examination for the first time, you must successfully pass both parts of the NNAAP Examination within one (1) year of successful completion of your training program in order to be eligible for placement on the Wisconsin Nurse Aide Registry.

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-apply for the part or parts that you failed. To re-test, mail either your failing Score Report, or a new completed application, along with the appropriate fees to Credentia (see Quick Reference for address). If mailing your failing Score Report, please check that your address and test site information are correct.

If you applied under eligibility route E-1 (New Nurse Aide) or E-4 (Out-of-State), you must pass both parts of the NNAAP Examination within one (1) year of successful completion of your training program. You may retake the part you failed as many times as you wish within that one (1) year time period.

If you applied under eligibility routes other than E-1 or E-4, and have failed the examination, you do not have a time limit for retaking the examination and may apply to retest at any time.

NOTE: Federal and State regulations allow health care facilities to employ students for up to 120 days from the date of enrollment in an approved nurse aide train-
ing and competency evaluation program. However, if you failed either portion of the NNAAP Examination (i.e., either the Written or Oral Examination, or the Skills Evaluation), the facility is no longer allowed to employ you to perform nurse aide duties. Also, if your name is not listed on the Registry by the 120th day from the date of enrollment in your training program, you are no longer able to work as a nurse aide.

**HOW TO READ A FAILING SCORE REPORT**

If you do not pass the Skills Evaluation, you will receive a Failing Score Report. The score report will list the five (5) skills that you performed and a score of *Satisfactory* or *Unsatisfactory* for each skill. Any skill with an Unsatisfactory result is considered a failed skill. You must receive a Satisfactory result on all five (5) skills in order to pass the Skills Evaluation.

<table>
<thead>
<tr>
<th>Wisconsin NNAAP® Examination Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam: Skills</td>
<td>Result: Fail</td>
</tr>
<tr>
<td>Skills Performance:</td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Provides Mouth Care</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Provides Foot Care on One Foot</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Puts One Knee-High Elastic Stocking on Client</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Measures and Records Weight of Ambulatory Client</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

*A sample of a Failing Score Report*

**PASSING**

Once you have passed both the Written (or Oral) Examination and the Skills Evaluation, your name will be placed on the Wisconsin Nurse Aide Registry. A Wisconsin Nurse Aide Registry Card will be mailed to you by Pearson VUE and will arrive approximately three (3) weeks after you successfully complete both the Written (or Oral) Examination and the Skills Evaluation. If you do not receive a Nurse Aide Registry Card within three (3) weeks, call Pearson VUE at 1-877-329-8760.

You will be eligible to work in federally certified nursing homes, intermediate care facilities for persons with men-
tal retardation (ICFS/MR), home health agencies and hospices for a 2-year period from the date you successfully completed both parts of the NNAAP Examination. You are also eligible to work in hospitals and state licensed facilities.

Your employer may ask to see your Registry Card to verify that your name has been entered on the Registry. **Do not make any changes to your Registry Card. Any changes to the Registry Card could affect your status as a nurse aide.**

You may check your nurse aide status on the Wisconsin Nurse Aide Registry at any time by going to the Pearson VUE website at [www.pearsonvue.com/wi/nurseaides](http://www.pearsonvue.com/wi/nurseaides).

**DUPLICATE SCORE REPORT**

If you lose your score report or need a duplicate Score Report, complete the Request for Duplicate Score Report Form and mail it to Pearson VUE (see Appendix A).

**CONTESTING RESULTS — THE GRIEVANCE PROCESS**

All grievances must be in writing. The candidate must provide as much detail as possible in the grievance form. The grievance must be submitted within 30 days of the candidate’s exam date. After receipt of the grievance form, the complaint will be investigated.

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

You can access the grievance form at [http://www.pearsonvue.com/wi/nurseaides](http://www.pearsonvue.com/wi/nurseaides). Please ensure you complete all information in the form. You will receive a response within 30 days of receipt.
You must promptly report any changes in your name and address to the Nurse Aide Registry to ensure that you receive important notices regarding your registration. Providing your Social Security number is voluntary. However, an identification number is needed to process your application. Your Social Security number is used to ensure your Registry record is accurately identified for prospective employers. If you do not wish to provide your Social Security number, you MUST submit a letter requesting the Wisconsin Nurse Aide Registry to provide you with a nine-digit number to be used for Registry purposes.

If your address or name changes at any time after you are placed on the Wisconsin Nurse Aide Registry, you MUST inform the Registry in order to keep your successful completion of information up to date. Please use the Change or Correction Form in the back of this handbook. Also, if you need to inform the Registry of a correction to your Social Security number, please use the Change or Correction Form. This form is also available on Pearson VUE’s website at www.pearsonvue.com/wi/nurseaides.

If you have changed your name, please submit a photocopy of a document that proves your current name (copy of a marriage certificate, a divorce decree, driver’s license, etc.) along with the Change or Correction Form.

If you are reporting a Social Security number correction, please attach a photocopy of a document that verifies the correction (for example, Social Security card, employee check stub, or Internal Revenue Service form) along with the Change or Correction Form.

If you do not have a Change or Correction Form, you may send a letter along with the required documents to Pearson VUE informing them of your old name and/or address, your new name and/or address, your Social Security number, and your telephone number. There is no charge for this service. If you want your Registry Card to show your new name, you must contact Pearson VUE at the address or phone number listed in the Quick Reference information on the inside front cover of this handbook.
DUPLICATE REGISTRATION

If you lose your Nurse Aide Registry Card, you may request another copy from Pearson VUE. There is no fee to obtain a duplicate copy of your Nurse Aide Registration.

REGISTRY RENEWAL

Once your name is listed on the Registry, your certification will be current for twenty-four (24) months from the date you successfully completed both parts of the NNAAP Examination. Pearson VUE will mail a Renewal Notice to your home address (as listed on the Registry) approximately sixty (60) days prior to expiration of your eligibility to work in federally certified facilities.

To maintain eligibility for continued employment, you are required to work (either in the state of Wisconsin or in another state) for pay as a nurse aide in a health care setting (such as a nursing home, hospital, or home health agency) for at least eight (8) hours during the previous twenty-four (24) months. This work must be completed under supervision of a registered nurse or licensed practical nurse. **Self-employment or private-duty experience is not recognized as work experience for continued enrollment.**

Upon successfully renewing your status on the Registry, you will be mailed a new Registry Card, which will be valid for the next twenty-four (24) months.

MAINTAINING EMPLOYMENT

ELIGIBILITY STATUS

To maintain eligibility to work in a federally certified facility (Medicare and/or Medicaid certified), it is important that you report your employment history promptly by completing a Wisconsin Nurse Aide Registry Renewal form every two (2) years. A representative from your health care employer must sign the form to verify that you have performed eight (8) hours of nursing-related duties under the supervision of an RN or LPN.

If you work in a hospital or a State licensed (not federally certified Medicare or Medicaid providers) facility, you are not required to perform nurse aide duties within a twenty-four (24) month period or to report your employment to the Registry. These facilities may voluntarily request nurse aides report their employment history to the Registry.

Currently, your name is not removed from the Nurse Aide Registry. However, the Registry will indicate that your
eligibility to work in a federally certified facility has lapsed if employment information is not reported.

If you have not received a Registry Renewal Form, you may obtain one from Pearson VUE’s website at www.pearsonvue.com/wi/nurseaides, or by contacting the Wisconsin Nurse Aide Registry at 1-877-329-8760.

REGAINING FULL EMPLOYMENT ELIGIBILITY

Under federal and Wisconsin regulations, you become ineligible for employment in a federally certified (Medicare and/or Medicaid certified), nursing home, intermediate care facility for persons with mental retardation (ICF/MR), home health agency and hospice if you do not work for pay eight (8) hours in a twenty-four (24) month period as a nurse aide in a health care setting. To regain eligibility, you must successfully retake the NNAAP Examination.

As a formerly active nurse aide on the Registry, you must successfully pass both parts of the NNAAP Examination. To obtain a Registry Renewal Form, go to Pearson VUE’s website (www.pearsonvue.com/wi/nurseaides) to download a copy, or call the Wisconsin Nurse Aide Registry at 1-877-329-8760.

MEDICATION AIDE STATUS

In addition to providing direct nursing related duties, a nurse aide who has completed a Wisconsin-approved medication aide course may administer certain medications in long-term care facilities. To be eligible to complete a medication aide course, a nurse aide must:

- Be at least eighteen (18) years of age;
- Have a high school diploma, High School Equivalency Diploma (HSED), or a General Education Diploma (GED);
- Be listed on the Nurse Aide Registry, with current eligibility to work in federally certified facilities;
- Have at least 2000 hours experience in direct patient care in the past three (3) years;
- Have worked a minimum of forty (40) hours, within the last ninety (90) days or by the time the course clinical experience begins, caring for the same residents the student will be working with during the medication aide clinical experience;
• Be recommended in writing by the director of nursing and the administrator of the agency in which the student will be working during clinical experience; and
• Be recommended in writing by two (2) licensed charge nurses, one of whom must be a registered nurse.

If you successfully complete an approved medication aide course, your training program will assist you in submitting a Medication Aide Registry Application. You will be issued a Nurse Aide Registry card that includes information regarding your medication aide status.

TRAINING EXEMPTIONS

You may be exempt from taking a medication aide course if you are one of the following:

• Current nursing student who has successfully completed a pharmacology course
• Graduate nurse who does not hold a license
• Nurse aide who has been a medication aide in a nursing home in another state and has taken a medication aide training course that is determined to be equivalent to the Wisconsin-approved medication aide training course

If you are one of the above, and you wish to become a medication aide for a nursing home, you must complete a Challenge Examination Application and mail it to the Division of Quality Assurance. After your application is received and reviewed, you will be informed of your eligibility to Challenge Test out of the Wisconsin medication aide course. The minimum passing score for the Medications Aide Challenge Examination is 85%. Individuals who pass the Written Examination will be placed on the registry as a medication aide.

For questions regarding medication aides or to obtain a list of organizations that offer an approved skilled nursing medication aide course, please see http://dhs.wisconsin.gov/rl_dsl/nhs/medaides.htm or contact the Wisconsin Department of Health Services, Pharmacy Consultant at 1-608-266-5388.
OUT-OF-STATE NURSE AIDE CANDIDATES

There are multiple methods by which you may be eligible for placement on the Wisconsin Nurse Aide Registry via the Out-of-State registry process. Regardless of which method, you must be current and in good standing on a nurse aide registry in a state other than Wisconsin.

ELIGIBILITY METHODS:

1. If you are a nurse aide candidate from another state who has completed a training program of 120 hours which included 32 hours of clinical and you have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will receive a WI nurse aide certificate in the mail.

2. If you are a nurse aide candidate from another state who has completed a training program of 120 hours which included 32 hours of clinical and you have not successfully completed a nurse aide competency exam that is the same or substantially similar to the Wisconsin examination, you will be required to successfully complete the Wisconsin examination. You will receive an authorization letter along with a Competency Evaluation Application which will allow you to schedule your examination.

3. If you are a nurse aide candidate from another state who has completed a training program of 120 hours which included 32 hours of clinical and you have not tested, you will be required to successfully complete the Wisconsin examination. You will receive an authorization letter along with a Competency Evaluation Application which will allow you to schedule your examination.

4. If you are a nurse aide candidate from another state and have completed a training program less than 120 hours and you have been employed as a nurse aide for a minimum of 2088 hours in the previous 24 months, you will receive Employment Verification forms to be completed by your employer(s). The completed, notarized forms must be returned in order in order to proceed with your application. If your employer(s) verify a minimum of 2088 hours of employment as a nurse aide, and you have successfully passed a nurse aide competency exam that is the same or substantially similar to the Wisconsin competency examination, you will receive a WI nurse aide certificate in the mail.

5. If you are a nurse aide candidate from another state and have completed a training program less than 120 hours, have been employed as a nurse aide for a minimum of 2088
hours in the previous 24 months but have not successfully completed a nurse aide competency exam that is the same or substantially similar to the Wisconsin examination, you will be required to successfully complete the Wisconsin competency examination. You will receive an authorization letter along with a Competency Evaluation Application which will allow you to schedule testing for the Wisconsin competency examination.

6. If you are a nurse aide candidate who has completed a training program of less than 120 hours, and you have been employed as a nurse aide for less than 2088 hours in the previous 24 months, your Out of State application will be denied. To be placed on the Wisconsin Nurse Aide Registry, you will be required to train and test in Wisconsin.

The Wisconsin Department of Health Services, Office of Caregiver Quality will process your application within 10 business days of our receipt. If you are eligible for placement on the Wisconsin Nurse Aide Registry, you will receive a WI Nurse Aide Registry Card within three (3) weeks.

To verify if your name has been added to the Wisconsin Nurse Aide Registry, you can search the nurse aide registry at [http://www.pearsonvue.com/wi/nurseaides/](http://www.pearsonvue.com/wi/nurseaides/).

If you have questions regarding your Out-of-State registry application, please contact the Wisconsin Department of Health Services, Office of Caregiver Quality at (608) 261-8319.

If you do not receive a WI Nurse Aide Registry Card within the three (3) weeks, call Pearson VUE at 1-877-329-8760.

**INACTIVE NURSE AIDE ON ANOTHER STATE’S REGISTRY**

If you are a nurse aide currently listed on another state’s Registry, but have an INACTIVE status, and have completed an approved nurse aide training program of at least one-hundred twenty (120) hours with at least 32 hours of clinical training in another state, you must successfully take the NNAAP Examination in order to be eligible for placement on the Wisconsin Nurse Aide Registry. To apply for placement on the Wisconsin Nurse Aide Registry, you must complete an Out-of-State Application. You may obtain an Out-of-State Application on Pearson VUE’s website at [www.pearsonvue.com/wi/nurseaides](http://www.pearsonvue.com/wi/nurseaides); or by calling Pearson VUE at 1-877-329-8760. It is recommended that all out-of-state and reciprocity candidates apply as far in advance as possible, as multiple agencies must verify and process your application.
Wisconsin’s Caregiver Program responds to concerns about potential physical, emotional and financial abuse and neglect of vulnerable citizens by caregivers in health care settings. The program applies to all caregivers, in addition to nurse aides, who have access to clients and work in facilities regulated by the Department. The program provisions include:

**CAREGIVER BACKGROUND CHECK**

Facilities must complete a caregiver background check for employees who have access to and are responsible for the safety and security of vulnerable clients and their property. Caregivers with convictions of serious crimes or a history of improper behavior may be barred from working in facilities regulated by the Department of Health Services.

**REHABILITATION REVIEW**

Caregivers who have been convicted of serious crimes or have a finding of misconduct entered on the Caregiver Misconduct Registry may request a Rehabilitation Review to give clear evidence that a repeat of the conduct that led to their conviction is not likely. A Rehabilitation Review Application may be filed with the Department at any time. You may obtain this application at the Department’s website at [www.dhfs.gov](http://www.dhfs.gov), or by contacting the Department’s Office of Legal Counsel at 1-608-266-8428.

The Rehabilitation Review panel reviews the caregiver’s application and other personal and professional information. Caregivers are encouraged to meet with the Rehabilitation Review panel to answer any questions. The panel will issue a decision based on the evidence of the caregiver’s ability to safely work in state regulated facilities.
CAREGIVER MISCONDUCT REGISTRY

The Department keeps a record of nurse aides and other caregivers who have a finding of misconduct on the Caregiver Misconduct Registry.

Misconduct includes abuse or neglect of a client or misappropriation of a client’s property, as defined under CH. HFS 13 of the Wisconsin Administrative Code. Examples include, but are not limited to:

- **physical abuse**: hitting, slapping, pinching, and kicking to intentionally cause harm;
- **sexual abuse**: harassment, inappropriate touching, or assault;
- **verbal abuse**: threats of harm, saying things to intentionally frighten a client;
- **mental abuse**: humiliation, harassment, intimidation with threats of punishment or depriving a client of care or possessions;
- **neglect**: intentional conduct of withholding care, failure to carry out a plan of care that could reasonably be expected to cause pain, injury or death of a client;
- **misappropriation of property**: theft of money, credit cards or jewelry, misuse of property, such as using a client’s phone or other personal items without consent.

WORK LIMITATIONS

Under federal regulations, nurse aides with a finding of misconduct are permanently barred from working in federally certified nursing homes and, in certain situations, may be barred from working in federally certified intermediate care facilities for persons with mental retardation (ICFs/MR).

State regulations bar all caregivers with a finding of misconduct from working in facilities regulated by the Department, unless approved under the Rehabilitation Review process.
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do I become a CNA?</td>
<td>• You must successfully complete a state-approved nurse aide training program and pass both the written and skills portions of the NNAAP examination. The time frame for successfully completing both exams varies, by state. Please check with your training program or the Exam Overview section of this handbook.</td>
</tr>
</tbody>
</table>
| May I perform the duties of a Nurse Aide before I am certified?           | • If you are currently attending an approved training program in a nursing home, you have 120 days in which to complete the training and become certified. During that period, a student may not perform any duty for which they have not been trained and checked by the instructor.  
• If you are not enrolled in an approved facility training course, you may not perform any nurse aide duties until you become certified. |
| How do I arrange for special accommodations?                             | • Special requests must be submitted and approved prior to testing. Documentation from your physician or other qualifying professional must be included with the request. Please refer to the Special Exam Requests and Services section of the candidate handbook for details. |
| How do I decide which exam to take?                                      | • Initially, both the Written and Skills exams must be scheduled together.  
• An Oral Examination in English may be substituted for the Written examination if you have difficulty reading English. It contains 10 reading comprehension questions in which you must identify job-related words. |
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a time limit in which I must pass both exams?</td>
<td>• You have up to 1 year after successfully completing a training program to pass both parts of the NNAAP Examination, to be eligible for placement on the Nurse Aide Registry.</td>
</tr>
<tr>
<td>Can I register for an exam or check my scores online?</td>
<td>• Registration must be done by mail. • Results are given to each candidate at the test site for each examination taken. • If you passed both parts of the examination, your name will be placed on the Wisconsin Nurse Aide Registry. You can also verify your status online at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a>. Under “Quick Links,” select “Search Nurse Aide Registry.” Select Wisconsin Nurse Aides from the drop-down box, then select Search the Nurse Aide Registry (on Wisconsin’s page).</td>
</tr>
<tr>
<td>What form of payment do you accept and may I take it to the test site?</td>
<td>• All payments (money order, company check, certified check or credit card) must be sent with the application to Credentia prior to scheduling an exam. NO form of payment will be accepted at the test site. Please note there is an additional fee for use of a credit card.</td>
</tr>
<tr>
<td>What is the next test date?</td>
<td>• Test dates at Regional Test Sites are listed on the Pearson VUE website (<a href="http://www.pearsonvue.com">www.pearsonvue.com</a>). Under “Quick Links,” select “Search Nurse Aide Registry.” Select Wisconsin Nurse Aides from the drop-down box, then select “Regional Test Sites &amp; Test Schedule” (on Wisconsin’s page).</td>
</tr>
<tr>
<td>QUESTION</td>
<td>ANSWER</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How long will it take me to find out if I passed or failed?</td>
<td>• Score Reports are provided the day of the examination. If the site experiences technical difficulties with faxing answer sheets, they will be sent to Pearson VUE for hand scoring and results will be mailed within 5-7 business days after testing.</td>
</tr>
<tr>
<td>How do I verify if I’m on the Nurse Aide Registry?</td>
<td>• You can verify your status on the Wisconsin Nurse Aide Registry online at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a>. Under “Quick Links,” select “Search Nurse Aide Registry.” Select Wisconsin Nurse Aides from the drop-down box, then select Search the Nurse Aide Registry (on Wisconsin’s page).</td>
</tr>
<tr>
<td>How do I change my name and/or address?</td>
<td>• Complete the form in the back of the handbook and mail it with appropriate documentation to Pearson VUE.</td>
</tr>
<tr>
<td>How long will my name remain on the registry?</td>
<td>• Once on the Nurse Aide Registry, your certification will remain current for 24 months from the date you passed both parts of the NNAAP exam. A Renewal Notice will be sent to you 60 days prior to your expiration date.</td>
</tr>
<tr>
<td>My certification expired. How do I renew it or become certified again?</td>
<td>• If your certificate expired, you must submit a new application and retest as an E-5 candidate.</td>
</tr>
<tr>
<td>I’m moving to or from another state. May I perform nurse aide duties in that state?</td>
<td>• If you are moving TO Wisconsin, you can obtain an Out-of-State Application on Pearson VUE’s website at <a href="http://www.pearsonvue.com">www.pearsonvue.com</a> or by calling 877-329-8760.</td>
</tr>
<tr>
<td></td>
<td>• If you are moving FROM Wisconsin, you should contact the Board of Nursing or Department of Health for that state, to obtain state requirements.</td>
</tr>
</tbody>
</table>
DIRECTIONS: You may use this form to ask Pearson VUE to send a duplicate copy of your Score Report. Please print or type all information on the reverse side of this form, or your request will be returned. Check the service requested:

☐ Skills Evaluation          ☐ Written/Oral Examination

SEND TO: Wisconsin Nurse Aide — Reports
        Pearson VUE Processing Center
        PO Box 822749
        Philadelphia, PA 19182-2745

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Please complete BOTH SIDES OF THIS FORM

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.

________________________________________________________

Your Signature

____________________________________________________________________ Date

____________________________________________________________________

PLEASE COMPLETE BOTH SIDES OF THIS FORM

ACCRUATE TO ENURE PROPER PROCESSING.

Please complete the following form with your current name and address. All information must be complete and accurate to ensure proper processing.
**Wisconsin 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 the note on the back of this form).

☐ ADDRESS CHANGE  ☐ NAME CHANGE  ☐ SOCIAL SECURITY NUMBER CORRECTION

**SEND TO:**
Wisconsin Nurse Aide Registry
Pearson VUE
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 ________________________

Please print your correct Social Security number and registration number below.

Social Security Number _______________________________
Nurse Aide Certification Number _____________________________

Your Signature
___________________________________________________________________ Date ________________________

NAME CHANGE:
A copy of an official document (marriage certificate or other court order) that proves your name change must accompany this request if you are
notifying the Wisconsin Nurse Aide Registry of a change in name.

SOCIAL SECURITY NUMBER CORRECTION:
If you are reporting a Social Security number correction, please attach a photocopy of a document that proves the

etermination Number

PLEASE PRINT YOUR CORRECT SOCIAL SECURITY NUMBER AND REGISTRATION NUMBER BELOW.

City
Street
Zip

PLEASE PRINT YOUR OLD NAME AND ADDRESS BELOW.

Name
____________________________________________________________________________________________________________
Street
____________________________________________________________________________________________________________
City ___________________________________________________________ State __________________ Zip ________________________
Tel. (__________) ___________________________________