



Washington **NURSING ASSISTANT**

written (or oral) examination
& skills evaluation

CANDIDATE HANDBOOK

April 2017

QUICK REFERENCE

OBRA NURSING ASSISTANT REGISTRY

Department of Social and Health Services (DSHS)

PO Box 45600

Olympia, WA 98504-5600

(360) 725-2597

Fax (360) 493-2581

Call the OBRA Nursing Assistant Registry to:

- Find out if you are currently listed on the OBRA Nursing Assistant Registry
- Change your current address or name on the OBRA Nursing Assistant Registry
- Obtain information on federal OBRA laws and rules governing the training and testing of nursing assistants

For more information, go to the Nursing Assistant Training, Testing and NA-OBRA Registry website at:

www.dshs.wa.gov/dshs/residential-care-services/nursing-assistant-program

WASHINGTON STATE DEPARTMENT OF HEALTH

PO Box 47877

Olympia, WA 98504-7877

(360) 236-4700

Call the Washington State Department of Health (DOH) to:

- Obtain an Application for Certification
- Obtain information on state laws and rules governing the certification of nursing assistants
- Obtain information regarding endorsement from other states
- Change your current address or name on your certification
- Obtain certification renewal information/application

For more information, go to the Washington State Department of Health's website at:

www.doh.wa.gov

PEARSON VUE® REGISTRATION AND SCHEDULING SERVICES

Washington NNAAP®

To contact a customer service agent, call:

(888) 252-8712

or email pearsonvuecustomerservice@pearson.com

Hours of Operation:

Monday–Friday 5AM–8PM (PST)

Saturday 5AM–2PM (PST)

Sunday 7AM–1PM (PST)

Call Pearson VUE to:

- Schedule, cancel, or reschedule an examination
- Ask questions about Online Registration
- Obtain information regarding your Score Report
- Obtain information regarding the examination

Go to Pearson VUE's website (www.pearsonvue.com) to:

- Download a Candidate Handbook
- Register online at <https://i7lp.integral7.com/wana>
- View Frequently Asked Questions
- View Regional Test Sites & Schedules
- View the Nursing Assistant Practice Written Examination
- Download an ADA Records Release Form
- View Skills Listing

Pearson VUE and Credentia do not discriminate on the basis of age, sex, race, creed, disabling condition, religion, national origin, or any other protected characteristics.

Copyright © 2018 Pearson Education, Inc., or its affiliates. All Rights Reserved.

NNAAP® Written Exam Content Outline and Practical Skills Listing
Copyright © 2012-2015 National Council of State Boards of Nursing, Inc. (NCSBN®). All rights reserved.

TABLE OF CONTENTS

QUICK REFERENCE	inside front cover
INTRODUCTION	1
National Nurse Aide Assessment Program	1
Exam Overview	1
ELIGIBILITY	2
Eligibility Routes	3
APPLICATION AND SCHEDULING	4
Filling Out an Application	4
Exam Fees.....	5
Exam Scheduling.....	5
Authorization To Test Notice	6
Testing Locations.....	6
Accommodations	6
CANCELLATION AND RE-SCHEDULING	6
Refunds	7
Absence Policy	7
Weather Emergencies.....	8
EXAM DAY	8
Checking In.....	8
What to Bring	8
Proper Identification.....	9
Security and Cheating	9
Testing Policies	10
Lateness	10
Electronic Devices	10
Study Aids	10
Eating/Drinking/Smoking.....	10
Misconduct.....	10
Guests/Visitors.....	11
THE WRITTEN (OR ORAL) EXAM	11
Written Exam	11
Oral Exam	11
Self-Assessment Reading Test	12

continued on next page

WRITTEN (OR ORAL) EXAM	
CONTENT OUTLINE	13
SAMPLE QUESTIONS	14
SELF-ASSESSMENT READING TEST	15-18
THE SKILLS EVALUATION	19
What to Expect	19
Setting	19
Who Will Act as a Client?.....	19
Candidate Volunteer Requirements	19
Candidate Dress Requirements.....	19
The Tasks	20
Recording a Measurement	21
Sample Recording Sheet for Measurement Skills....	22
Tips for the Skills Evaluation.....	23
SKILLS LISTING	24-39
SCORE REPORTING	40
Exam Results	40
Written (or Oral) Exam	40
Skills Evaluation	40
Failing.....	40
How to Read a Failing Score Report	41
Passing	42
Duplicate Score Report.....	42
GRIEVANCE PROCESS	42
Overview	42
Process	42
THE REGISTRY	43
Change of Address or Name.....	43
FREQUENTLY ASKED QUESTIONS	44-47
APPENDIX	
Appendix A: Request for Duplicate Score Report or Handscored Answer Sheet Form	
Appendix B: Change of Address or Name Form	
Appendix C: Substitute for Photo Identification Form	

INTRODUCTION

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

The Washington State Department of Social and Health Services (DSHS) 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 for the OBRA Nursing Assistant Registry. Credentia will be working 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 nursing assistants 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 nursing assistant 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 nursing assistant-related knowledge, skills, and abilities. The NNAAP Examination is made up of both a Written (or Oral) Examination and a Skills Evaluation. The purpose of the NNAAP Examination is to test that you understand and can safely perform the job of an entry-level nursing assistant.

EXAM OVERVIEW

The two parts of the examination process, the Written (or Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts in order to be certified and listed on the OBRA Nursing Assistant Registry.

The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample questions are provided in this handbook. All verbal instructions for the Written or Oral Examination and the Skills Examination are given in English.

An English or Spanish Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. The English Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. The Spanish Oral Examination consists of sixty (60) multiple-choice questions and ten (10) questions that you must read and then choose an answer in English. If you want to take the Oral Examination, you must request it when you submit your Examination Application.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nursing assistant skills. You will be given twenty-five (25) 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 24 to 39.

See *Written (or Oral) Exam* and *Skills Evaluation* for more details on the parts of the NNAAP Examination.

ELIGIBILITY

All candidates applying to take the NNAAP Examination in Washington State are eligible after successful completion of a Washington State-approved training program, or through an Department of Health (DOH) Nursing Assistant Registry screening process. All candidates who are employed in a Medicaid-certified nursing home are required to be sponsored by their employer.

Nursing assistants who plan to work in a nursing facility must comply with an additional federal regulation. This regulation requires that a trained and successfully tested nursing assistant must never have a time period that exceeds 24 months when he or she does not work for compensation as a care-giver. Washington State interprets **compensation** to mean money or in-kind service or goods such as meals, lodging, clothing, etc. For questions, please contact the DSHS.

Once you have completed training or are approved by DSHS/DOH to test, you must complete an on-line application.

ELIGIBILITY ROUTES

You must complete a Washington State NNAAP Examination Application to apply for testing under any of the following eligibility routes.

NEW NURSING ASSISTANT

A new nursing assistant is an individual who has never been certified as a nursing assistant and has successfully completed a Washington State-approved nursing assistant training program.

STUDENT/GRADUATE NURSE

A student/graduate nurse is an individual who has successfully completed the comprehensive portion of the nursing assistant curriculum in a state-approved RN or LPN nursing program. You must submit to the DOH an official school transcript or an original letter on the school's letterhead supporting successful completion of the state-approved nursing assistant curriculum. You will receive an email to complete registration if you are approved to test.

MILITARY NURSING ASSISTANT

A military nursing assistant is an individual who has completed the U.S. Army 91-C Program, the Navy's Basic Hospital Corps School, or the Air Force's Apprentice (Specialist) Program. You must submit documentation to the DOH to determine your qualifications. You will receive an email to complete registration if you are approved to test.

OUT-OF-STATE STUDENT/ GRADUATE NURSE OR NURSING ASSISTANT

An out-of-state student/graduate nurse or nursing assistant is an individual who has successfully completed the nursing assistant portion of the curriculum or at least fifty (50) hours of clinical training and thirty-five (35) hours of classroom training. You must submit an official school transcript or an original letter on the school's letterhead to the DOH for approval. You will receive an email to complete registration if you are approved to test.

LAPSED NURSING ASSISTANT

If a nursing assistant certified has not provided nursing or nursing-related services for monetary compensation within the past twenty-four (24) months and desires to work in a nursing home, they must retrain and retest.

If a nursing assistant certification is not renewed with DOH within three (3) years, they must retrain and retest.

Eligibility Routes continue

ALTERNATIVE “BRIDGE” NURSING ASSISTANT

A Home Care Aide or Medical Assistant who is certified by the Washington State Department of Health and who has successfully completed a Washington State approved Alternative “Bridge” Program qualifies to take the NNAAP Examination. Information regarding Alternative Nursing Assistant Training programs can be obtained by calling 360-236-4700.

TRAINING PRIOR TO FEBRUARY 1, 2015

A Nursing Assistant who completed training prior to February 1, 2015 and has never submitted an application or has never tested. You must submit training documentation to the DOH for official approval to test.

APPLICATION AND SCHEDULING

ONLINE REGISTRATION AND SCHEDULING

Online registration is quick, convenient and an environmentally responsible way to register for your examination. This process will eliminate the transit time associated with mailing a paper application.

After completing a Washington state-approved training course or your application has been approved by DOH to test, your name will be sent to Pearson VUE. You will receive an email informing you to complete the application process.

First-time users are required to create an account and complete all required demographic information. Step-by-step instructions will lead the candidate through the rest of the examination reservation process.

- Payment is in the form of a credit card or pre-paid credit card (American Express, MasterCard, Visa or electronic voucher). Fees are non-refundable and non-transferable once submitted.
- You can access the online application at <https://i7.integral7.com/wana>
- You must make an online reservation at least eleven (11) calendar days prior to the test date.
- You are responsible for completing the appropriate sections online. You may ask someone from your nursing assistant training program or facility employer for assistance in completing the application.

If you need help or have any questions about the application process, contact a Pearson VUE support representative at (888) 252-8712.

EXAM FEES

The fees listed below have been established for the NNAAP Examination in Washington State. The Spanish version of the oral examination will be available starting April 12, 2017. See below for fee listing:

EXAM		FEES
Written Examination & Skills Evaluation	<i>both</i>	\$110
English Oral Examination & Skills Evaluation	<i>both</i>	\$110
Spanish Oral Examination & Skills Evaluation	<i>both</i>	\$110
Written Examination ONLY	<i>re-test</i>	\$36
English Oral Examination ONLY	<i>re-test</i>	\$36
Spanish Oral Examination ONLY	<i>re-test</i>	\$36
Skills Evaluation ONLY	<i>re-test</i>	\$74

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

Under federal and Washington State laws, nursing homes are required to pay for the NNAAP Examination for their nursing assistant employees, including individuals required to re-test.

Payment must be made by credit card, pre-paid credit card, or electronic voucher. If you are not currently employed at a nursing home, you may pay the fee yourself. **Personal checks and cash will not be accepted. Fees are non-refundable and non-transferable once submitted.**

EXAM SCHEDULING

For more information about scheduling, please visit www.pearsonvue.com/nurseaides. Select Washington Nursing Assistants and follow instructions.

AUTHORIZATION TO TEST NOTICE

Your Authorization to Test Notice will be in the form of an email that will be generated after you schedule your examination(s) online. The email will contain important information about your examination.

TESTING LOCATIONS

The complete testing schedule, titled *Regional Test Sites & Schedules*, is available on the Washington Nursing Assistants web page at www.pearsonvue.com.

The availability and frequency of testing at these locations are subject to change.

ACCOMMODATIONS

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

Test accommodations are individualized and considered on a case-by-case basis. All candidates who are requesting accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions.

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

In case of denial of accommodations, you will have 60 days from the date of the denial of accommodations to appeal to the DSHS. You must send in all your documentation, including the denial letter to the DSHS for review. A decision by the DSHS will be rendered within 30 days after receipt of all documentation requested. Send the appeal to:

DSHS/RCS
Attn: NATCEP Manager — Blake East
P.O. Box 45600
Olympia, WA 98504-5600

CANCELLATION AND RESCHEDULING

If you provide at least nine (9) calendar days advance notice, you may reschedule one (1) time, without penalty charges, and your fee may be transferred to your new examination date. You may not give your examination reservation to another person.

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

REFUNDS

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

ABSENCE POLICY

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

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

Requests for excused absences must be made in writing and received **within ten (10) business days** following the scheduled examination. To request an excused absence you must contact Pearson VUE customer service at 1-888-723-6773. At that time you will be given instruction on faxing all required documentation as needed. Your request must include verification from the cause of your absence. For example, if you are absent because of jury duty, you must supply a copy of the court notice. In the case of illness a verification from your medical provider must be included in your request. Please note resolution takes approximately 3-5 business days to process and complete once documentation has been received.

The decision of Pearson VUE to approve or deny the excused absence will be final.

WEATHER EMERGENCIES

The examination will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled. If the examination is cancelled, you may re-schedule at no additional cost.

EXAM DAY

CHECKING IN

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

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

WHAT TO BRING

You **MUST** have the following items with you when you take the NNAAP Examination:

- Two (2) forms of official, signature-bearing identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number
- Watch with a second hand
- *Longman's Dictionary of American English* or *Longman Handy Learner's Dictionary of American English*
(Not required, but if you choose to bring a dictionary with you to the test center on the day of testing, you **MUST** bring a *Longman's Dictionary of American English* or *Longman Handy Learner's Dictionary of American English*. No notations of any kind are permitted in the dictionary. No other dictionaries will be permitted.)
- Self addressed stamped envelope (SASE), if you want your score report mailed. If you do not provide a SASE, please review the *DUPLICATE SCORE REPORT* section.

No other materials will be allowed.

PROPER IDENTIFICATION

You are required to bring two (2) forms of **current, not expired**, 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
- School-issued identification card
- Passport
- Alien registration card
- U.S. Passport Card accepted without signature

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

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

SECURITY AND CHEATING

If you give help to or receive help from anyone during the examination, the examination will be stopped. The incident will be reported to the DSHS 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 and the property of Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. ***Anyone who removes or tries to remove examination materials or information from the test site will be prosecuted.***

TESTING POLICIES

The following policies are observed at each Regional Test Site.

LATENESS

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

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

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

ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing, and there is no place for storage of personal belongings at the Regional Test Sites.

STUDY AIDS

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

EATING/DRINKING/SMOKING

You are not permitted to eat, drink, or smoke during the examination. You may bring food and drink, however these items are not permitted to be consumed in the testing areas.

MISCONDUCT

If you cause a disturbance of any kind or engage in any kind of misconduct, you will be dismissed from the examination and reported to the DSHS. Decisions regarding disciplinary measures are the responsibility of the DSHS.

GUESTS/VISITORS

No guests, visitors, pets, or children are allowed in any test sites, including specified candidate waiting areas.

THE WRITTEN (OR ENGLISH OR SPANISH ORAL) EXAM

WRITTEN EXAM

The Nurse Aide Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish. Fill in only one (1) box on the answer sheet for each question. Markings in the test booklet will not be accepted as answers. Your answers must appear on the separate answer sheet. See *Sample Questions* for examples of the kinds of questions found on the Written Examination.

ORAL EXAM

An Oral Examination may be taken in place of the Written Examination. You must request an Oral Examination when filling out your application.

The Oral Examination is provided on an MP3 player. An MP3 player and earphones are provided at the test center. You will be asked to listen to the recording and follow along in a test booklet as the questions are read aloud on the MP3 player. The Oral Examination consists of two (2) parts, and you must pass both parts in order to pass the Oral Examination.

The first part of the Oral Examination has sixty (60) multiple-choice questions. Each of the sixty (60) multiple-choice questions is read twice. As each question is read, you are 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 that test whether you know common words used in long-term care facilities. Each word is read three (3) times. You are asked to match the word you hear on the recording to the written word in the test booklet. As you find the match, you mark your answer on the answer sheet. In the Spanish Oral Examination, the 10 multiple-choice questions are read in Spanish and you are asked to match the word you hear on the recording to the English written word in the test booklet.

The Oral Examination takes two (2) hours to complete. You will be told when fifteen (15) minutes are left to finish. Fill in only one (1) oval on the answer sheet for each question. 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 page 15 of this handbook, will help you decide if you should take the Oral Examination.

2016 WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

The revised content outline is based on the findings from the *2014 Job Analysis and Knowledge, Skill, and Ability Study of Nurse Aides* published by the National Council of State Boards of Nursing (NCSBN) in 2015. The examination content outline will be effective January 2016.

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

	<i>% of the exam</i>	<i># of questions in the exam</i>
I. Physical Care Skills		
A. Activities of Daily Living.....	14%	9
1. Hygiene		
2. Dressing and Grooming		
3. Nutrition and Hydration		
4. Elimination		
5. Rest/Sleep/Comfort		
B. Basic Nursing Skills.....	39%	23
1. Infection Control		
2. Safety/Emergency		
3. Therapeutic/Technical Procedures		
4. Data Collection and Reporting		
C. Restorative Skills.....	8%	5
1. Prevention		
2. Self Care/Independence		
II. Psychosocial Care Skills		
A. Emotional and Mental Health Needs	11%	6
B. Spiritual and Cultural Needs	2%	2
III. Role of the Nurse Aide		
A. Communication.....	8%	4
B. Client Rights	7%	4
C. Legal and Ethical Behavior.....	3%	2
D. Member of the Health Care Team	8%	5

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Written Examination. Check your answers to these questions in the box below.

- 1. The client's call light should always be placed:**
 - (A) on the bed
 - (B) within the client's reach
 - (C) on the client's right side
 - (D) over the side rail
- 2. Which of the following items is used in the prevention and treatment of bedsores or pressure sores?**
 - (A) rubber sheet
 - (B) air mattress
 - (C) emesis basin
 - (D) restraint
- 3. When caring for a dying client, the nurse aide should:**
 - (A) keep the client's room dark and quiet
 - (B) allow client to express his feelings
 - (C) change the subject if client talks about death
 - (D) contact the client's minister, priest or rabbi
- 4. What does the abbreviation ADL mean?**
 - (A) Ad Lib
 - (B) As Doctor Likes
 - (C) Activities of Daily Living
 - (D) After Daylight
- 5. After giving a client a back rub, the nurse aide should always note:**
 - (A) the last time the client had a back rub
 - (B) any change in the client's skin
 - (C) client's weight
 - (D) amount of lotion used
- 6. How should the nurse aide communicate with a client who has a hearing loss?**
 - (A) face the client when speaking
 - (B) repeat the statement
 - (C) shout so that the client can hear
 - (D) use a high-pitched voice

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

CORRECT ANSWERS

SELF-ASSESSMENT READING TEST

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

PART 1: VOCABULARY

- Circle the best answer to each question.
- When you have finished, check your answers using the answer key on page 18.
- Count up the number of correct answers.
- If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination.
 - You go to a doctor when you _____.**
(A) feel sleepy (D) need money
(B) need socks (E) need clothes
(C) feel sick
 - A person who flies an airplane is its _____.**
(A) pilot (D) surgeon
(B) steward (E) director
(C) mother
 - You use a _____ to write.**
(A) bow (D) carpenter
(B) calculator (E) needle
(C) pencil
 - To EXIT a room means to _____ it.**
(A) enter (D) read
(B) leave (E) interrupt
(C) forget
 - A wedding is a joyous _____.**
(A) focus (D) occasion
(B) vehicle (E) civilization
(C) balloon
 - To REQUIRE something means to _____ it.**
(A) need (D) understand
(B) have (E) hear
(C) forget

go to next page

7. You _____ something to find its length.
(A) slice
(B) lock
(C) measure
(D) force
(E) tape
8. Soup is served in a _____.
(A) plate
(B) bowl
(C) fork
(D) chair
(E) closet
9. To accompany someone means to _____.
(A) disagree with him
(B) work for him
(C) go with him
(D) speak to him
(E) choose him
10. A nursing home resident receives _____ from the staff.
(A) quality
(B) fame
(C) interruption
(D) care
(E) work
11. Medicine is used to _____ pain.
(A) widen
(B) conjure
(C) enliven
(D) increase
(E) relieve
12. To DRENCH the flowers means to _____ them.
(A) steam
(B) drink
(C) touch
(D) soak
(E) anger
13. A bicycle is a means of _____.
(A) nourishment
(B) transportation
(C) prediction
(D) collision
(E) walking
14. When someone speaks in a whisper, it may be difficult to _____.
(A) deceive
(B) understand
(C) frighten
(D) estimate
(E) regulate

go to next page

SELF-ASSESSMENT READING TEST

PART 2: COMPREHENSION

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

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

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

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

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

go to next page

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

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

***This completes the
Self-Assessment Reading Test.***

Answers

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

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

THE SKILLS EVALUATION

WHAT TO EXPECT

SETTING

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

Please arrive 30 minutes early. Test times are approximate. Please plan to spend the day.

WHO WILL ACT AS A CLIENT?

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

CANDIDATE VOLUNTEER REQUIREMENTS

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

CANDIDATE DRESS REQUIREMENTS

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

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

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

THE TASKS

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

See pages 24-39 for the complete skills listing.

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

Before your Skills Evaluation begins, the Nurse Aide Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed, and there will always be and one (1) measurement skill (blood pressure, pulse, respiration, urinary output, or weight). The remaining three (3) skills are randomly chosen from the complete set of skills listings on pages 24 to 39 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).

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

You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation. You will have twenty-five (25) minutes to demonstrate all five (5) skills.

RECORDING A MEASUREMENT

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

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

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



RECORDING SHEET FOR MEASUREMENT SKILLS

Date _____

Test Site ID _____

CANDIDATE NAME _____

CANDIDATE ID _____

EVALUATOR NAME _____

EVALUATOR ID _____

SAMPLE

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

CANDIDATE RESULTS	EVALUATOR RESULTS



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. Before the exam begins, the evaluator will inform you that after performing the handwashing skill, in all other skills that require handwashing, you should tell him or her when you would wash your hands, rather than actually washing them for each skill. For all steps other than hand-washing, you must actually perform the skill in order to receive credit. You may not simply tell the evaluator what you would do for simulating a step. For example, you may not simply tell the evaluator that you would wash the client. You must actually demonstrate washing the client. You may not simply tell the evaluator that you would feed the client. You must actually demonstrate feeding the client.
- After you have introduced yourself to the client for the first time, it is not necessary for you to introduce yourself each time you begin a new skill.
- To receive full credit for a measurement skill, you must accurately make the required measurement and then write that measurement on the *Recording Sheet for Measurement Skills*. The evaluator will provide the Recording Sheet to you at the test site. A sample of the Recording Sheet is shown on page 22 of this handbook. You are encouraged to become familiar with the Recording Sheet before your scheduled test date.
- You must know how to operate both a standing and a non-digital bathroom scale and must know how to set both types of scales to zero.
- You **may not bring** any of your own equipment to the test site (i.e. transfer/gait belt).
- It is important for you to place the call signal within the client's reach whenever you leave the client.
- *Where the word "client" appears, it refers to the person receiving care.*

SKILLS LISTING

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

HAND HYGIENE (HAND WASHING)

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

APPLIES ONE KNEE-HIGH ELASTIC STOCKING

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

Skill continues

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

ASSISTS TO AMBULATE USING TRANSFER BELT

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

ASSISTS WITH USE OF BEDPAN

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

CLEANS UPPER OR LOWER DENTURE

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

Skill continues

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

COUNTS AND RECORDS RADIAL PULSE

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

COUNTS AND RECORDS RESPIRATIONS

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

DONNING AND REMOVING PPE (GOWN AND GLOVES)

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

DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

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

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 client's upper arm, with sensor/arrow over brachial artery site
- 6 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 7 Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
- 8 Deflates cuff slowly and notes the **first** sound (systolic reading), and **last** sound (diastolic reading) (If rounding needed, measurements are rounded **UP** to the nearest 2 mm of mercury)
- 9 Removes cuff
- 10 Signaling device is within reach
- 11 Before recording, washes hands
- 12 **After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

MEASURES AND RECORDS URINARY OUTPUT

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

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Client has shoes on before walking to scale
- 3 Before client steps on scale, candidate sets scale to zero
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale; then obtains client's weight
- 5 While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
- 6 Before recording, washes hands
- 7 Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading)**

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

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

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

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

POSITIONS ON SIDE

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

PROVIDES CATHETER CARE FOR FEMALE

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

PROVIDES FOOT CARE ON ONE FOOT

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

PROVIDES MOUTH CARE

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

PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE

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

TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

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

SCORE REPORTING

EXAM RESULTS

Nurse Aide Evaluator may not answer questions about your score report. If you have questions about your Score Report, or the content of the examination call Pearson VUE at (888) 252-8712. **Results will not be given over the telephone.** Testing pass/fail results can be viewed online. Please follow directions on page 42 under "Duplicate Score Report."

Effective May 1, 2017 score reports will no longer be given at test sites. Pass/Fail results are available for view online within 24 hours of testing. Details on failing scores are not available online. If you would like a score report mailed to you, please bring a self-addressed stamped envelope on the day of testing.

WRITTEN (OR ORAL) EXAM

After you finish the Written (or Oral) Examination, the Nurse Aide Evaluator will fax your answer sheet for scoring. After the answer sheet is faxed, it will be scored and you will receive an official Score Report. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

SKILLS EVALUATION

The Nurse Aide Evaluator will also fax your Skills Evaluation results for scoring. After the Nurse Aide Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. An official Score Report will be faxed back to the test center and will indicate whether you have passed or failed the Skills Evaluation.

Occasionally, due to technical difficulties, Score Reports may not be received at the test center on the day of testing. If this happens your answer sheet will be mailed overnight to Pearson VUE for handscoring. Your Score Report will then be mailed out to you within 5–7 business days after testing. If you do not receive your Score Report within 7 days, you can view your result online. Sign in to your account, then click on the HISTORY tab. Select the EXAM and click on "details." For questions regarding delayed Score Reports, please contact Pearson VUE at (888) 252-8712.

FAILING

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

State and federal regulations allow you four (4) attempts to pass both the Skills Evaluation and the Written (or Oral) Examination. If you should fail either part or both parts four (4) times, you will be required to successfully complete a state-approved training program and re-take both parts.

HOW TO READ A FAILING SCORE REPORT

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

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

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

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

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

A sample of a Failing Score Report

PASSING

Once you have passed **BOTH** the Written (or Oral) Examination and the Skills Evaluation, your name will be submitted to the OBRA Nursing Assistant Registry. You must contact the Washington State Department of Health to apply for your Nursing Assistant Certificate. See your official passing Score Report for contact information.

DUPLICATE SCORE REPORT

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

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

TESTING GRIEVANCE PROCESS

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

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

You can access the grievance form by logging into your account. Once you are in your account, go to Actions on the left side, and select Complete a Form. Under Other Forms you will select the Grievance Form. Please ensure you complete all information in the form and then Submit. You will receive a response within 30 days of receipt.

THE REGISTRY

CHANGE OF ADDRESS OR NAME

The OBRA Nursing Assistant Registry **MUST** be kept informed of your current name and address. If your address or name changes at any time after you are placed on the Registry, you must send written notification of this change to both the DSHS and the Washington State Department of Health. Use the *Change of Address or Name Form* found in the back of this handbook.

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

If you do not have a *Change of Address or Name Form*, you may send a letter to both the DSHS and the Washington State Department of Health stating your old name and address, your new name and address, your Social Security number, and your area code and telephone number.

NOTE: *Under federal requirements, certification is no longer valid for any nursing assistant working in a nursing home who has had a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. Your new employer must update your employment history by notifying the DSHS when you change jobs.*

NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>How do I become a Nursing Assistant Certified (NAC)?</p>	<ul style="list-style-type: none"> • You must successfully complete a state-approved nurse aide training program and pass both the written and skills portions of the NNAAP examination (see number of attempts and time limits at the top of page 45). • Application for an NAC certification with the Department of Health is required.
<p>May I perform the duties of a Nursing Asst. before I am certified?</p>	<ul style="list-style-type: none"> • See Information about State and Federal Laws section on page 47.
<p>How do I decide which exam to take?</p>	<ul style="list-style-type: none"> • Initially, both the Written and Skills exams must be scheduled together. • An Oral Examination in English or Spanish may be substituted for the Written examination if you have difficulty reading English. It contains ten (10) reading comprehension questions in which you must identify job-related words.
<p>How do I arrange for special accommodations?</p>	<ul style="list-style-type: none"> • 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.

NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Is there a time limit in which I must pass both exams?	<ul style="list-style-type: none"> • You are allowed four (4) attempts to pass both portions of the NNAAP Examination. If you should fail either part or both parts four (4) times, you will be required to successfully complete a state-approved training program and re-take both parts of the NNAAP examination. There is no time limit in which you can take your 4 attempts.
Can I register for an exam or check my scores online?	<ul style="list-style-type: none"> • Once you have been approved to test, you are required to complete the online registration process. • 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 forwarded to the OBRA Nursing Assistant Registry. You must contact the Washington State Department of Health (DOH) to apply for your Nursing Assistant Certification.
What form of payment do you accept and may I take it to the test site?	<ul style="list-style-type: none"> • All payments must be made at the time of scheduling your examination by credit card, pre-paid credit card or electronic voucher. NO form of payment will be accepted at the test site.
What is the next test date?	<ul style="list-style-type: none"> • Test dates at Regional Test Sites are listed on the Pearson VUE website (www.pearsonvue.com). Click on Health, Medicine & Nurse Aides, Washington Nurse Aides, Regional Test Sites & Test Schedule.

NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
How long will it take me to find out if I passed or failed?	<ul style="list-style-type: none"> • 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. You can also check the result in your testing record. See page 40 under SKILLS EVALUATION.
THE REGISTRY	
How do I verify if I'm on the Nursing Asst. Registry?	<ul style="list-style-type: none"> • You can verify your status on the Washington OBRA-NA Registry by calling (360) 725-2597.
How do I change my name and/or address?	<ul style="list-style-type: none"> • Complete the form in the back of the handbook and mail it with appropriate documentation to OBRA Nursing Assistant Registry and the Department of Health (DOH).
How long will my name remain on the registry?	<ul style="list-style-type: none"> • Once on the Nurse Aide Registry, your OBRA status will remain active for 24 months from the date you passed both parts of the NNAAP exam. To remain active on the OBRA Registry in Washington State, nursing assistants must never have a time period that exceeds 24 months when he or she does not work for compensation as a caregiver.
My certification expired. How do I renew it or become certified again?	<ul style="list-style-type: none"> • Your Nursing Assistant Certification must be renewed with DOH each year before your birthday. Please contact the DOH if your certification has expired to get instructions on renewing your certification.

NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>I'm moving to or from another state. May I perform nurse aide duties in that state?</p>	<ul style="list-style-type: none">• If you are moving TO Washington, you can obtain an Out-of-State Application at www.doh.wa.gov Click on Forms/Applications, Certified Nursing Assistant Endorsement.• If you are moving FROM Washington, contact the Board of Nursing or Department of Health for that state, to obtain state requirements.

NURSING ASSISTANT CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>Information About The Federal and State Laws.</p>	<ul style="list-style-type: none"> • If employed in a nursing facility, you must complete training and OBRA testing through DSHS and apply to become certified through DOH all within 4 months from the day you start work. Only individuals enrolled in a nursing assistant training program or waiting to take the NNAAP Examination qualify to work in a nursing facility under the 4-month rule. • Applicants must file an application with DOH as a Nursing Assistant Registered (NAR) within three (3) days of their employment. • If you're hired at a nursing home while you are in training, you cannot perform nursing skills on residents until you receive training on these skills. • Unprofessional conduct of any kind may result in temporary or permanent loss of a nursing assistant certification. • Loss of NA certification because of an action of abuse, neglect or misappropriation of funds or property makes a nursing assistant permanently ineligible to work in nursing facilities and/or with vulnerable adults and they are listed as ineligible in the DSHS OBRA - NA Registry.

Washington State Nursing Assistant

REQUEST FOR DUPLICATE SCORE REPORT OR HANDSCORED ANSWER SHEET

DIRECTIONS:

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

Duplicate Score Report

Handscore

FEE:

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

SEND TO:

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

AMOUNT ENCLOSED:

\$ _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PLEASE COMPLETE THE FOLLOWING FORM WITH YOUR CURRENT NAME AND ADDRESS. ALL INFORMATION MUST BE COMPLETE AND ACCURATE TO ENSURE PROPER PROCESSING.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____ Pearson VUE Identification Number or Social Security Number _____

IF THE ABOVE INFORMATION WAS DIFFERENT AT THE TIME YOU WERE TESTED, PLEASE INDICATE ORIGINAL INFORMATION.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

I hereby authorize Pearson VUE to send to me at the address above a duplicate copy of my Score Report or the handscored results of my Written (or Oral) Examination or Skills Evaluation.

Your Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Washington State Nursing Assistant

CHANGE OF ADDRESS OR NAME

DIRECTIONS:

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

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

SEND TO:

OBRA Nursing Assistant Registry
Aging and Disabilities Services Administration
PO Box 45600
Olympia, WA 98504-5600

AND:

Department of Health
Nursing Care Quality Assurance Commission
Nursing Assistant Program
PO Box 47877
Olympia, WA 98504-7877

PLEASE COMPLETE OTHER SIDE OF THIS FORM

PRINT YOUR NEW NAME AND ADDRESS BELOW.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

PLEASE PRINT YOUR OLD NAME AND ADDRESS BELOW.

Name _____

Street _____

City _____ State _____ Zip _____

Social Security Number _____ Nurse Aide Certification Number _____

YOUR SIGNATURE _____ Date _____

NOTE: *A copy of an official document (marriage certificate or other court order) verifying your name change must accompany this request if notifying the Department of Health and Aging Disabilities Services Administration of name change.*

C
H
A
N
G
E

