



# Pennsylvania **NURSE AIDE**

written (or oral) examination  
& skills evaluation

**CANDIDATE HANDBOOK**

May 2014

# QUICK REFERENCE

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## AMERICAN RED CROSS

### Competency Evaluation Program

1804 North Sixth Street

Harrisburg, PA 17102

(800) 795-2350

*Hours of Operation 8:30 a.m. – 4:30 p.m., Mon. – Fri.  
(Eastern Time Zone)*

**The American Red Cross is responsible for processing applications, scheduling examinations, and the administration of the NNAAP® Examination.**

#### ***Call the American Red Cross to:***

- Obtain a Candidate Handbook
- Obtain or complete a registration form
- Register for the examination
- Cancel a scheduled examination
- Arrange special testing accommodations
- Change your current address or name prior to testing
- Obtain information regarding the examination

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## PENNSYLVANIA DEPARTMENT OF HEALTH (DIVISION OF NURSING CARE FACILITIES)

(717) 787-1816

*Hours of Operation 8:00 a.m. – 4:30 p.m.  
(Eastern Time Zone)*

**The Pennsylvania Department of Health administers the Commonwealth contract to provide nurse aide registry services.**

#### ***Call the Pennsylvania Department of Health to:***

- Inquire about the annotation of nurse aide registrations

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## PENNSYLVANIA DEPARTMENT OF HEALTH NURSE AIDE REGISTRY

### Managed by Pearson VUE

PO Box 13785

Philadelphia, PA 19101-3785

(800) 852-0518

*Hours of Operation 8:00 a.m. – 5:00 p.m.  
(Eastern Time Zone)*

#### ***Call Pearson VUE to:***

- Clarify information about the Registry
- Change your current address or name once you are on the Registry
- Obtain instructions to change your name or social security number once you are on the registry
- Obtain information regarding reciprocity
- Obtain information on continued enrollment on the Registry
- Obtain a Recertification Test Registration Form
- Obtain a Duplicate Score Report
- Obtain information regarding your Score Report

#### ***Go to Pearson VUE's website at***

#### ***www.pearsonvue.com to:***

- Download a Candidate Handbook
- Download a Registration Application
- Download a Reciprocity Application
- View the Nurse Aide Practice Written Examination
- Submit a change of name or address
- Verify your status on the Registry

#### ***Go to Pearson VUE's PULSE (Pearson VUE Uniform Licensing Solution for E-Government) website at***

#### ***https://pulseportal.com to:***

- Renew nurse aide registration  
*(Note: Name and social security numbers may be changed on-line ONLY at time of registration renewal, as they require legal documentation)*
- Update address
- Facilities may update employment history for individuals who are newly hired or terminated

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## PENNSYLVANIA DEPARTMENT OF EDUCATION

### Bureau of Career and Technical Education

333 Market Street

11th Floor

Harrisburg, PA 17126-0333

(717) 772-0814

*Hours of Operation 8:30 a.m. – 5:00 p.m.*

*(Eastern Time Zone)*

**The Pennsylvania Department of Education approves Pennsylvania nurse aide training programs.**

**Visit the Pennsylvania Department of Education at [www.education.state.pa.us/nurseaide](http://www.education.state.pa.us/nurseaide) for:**

- General information regarding nurse aide training requirements
- A list of state-approved nurse aide training programs

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## PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

### Office of Long-Term Living

### Bureau of Quality & Provider Management

6th Floor, Forum Place Building

555 Walnut Street

Harrisburg, PA 17101

(717) 772-2570

*Hours of Operation 8:00 a.m. – 4:30 p.m.*

*(Eastern Time Zone)*

**Call the Department of Public Welfare to:**

- Obtain information/assistance regarding federal regulations for reimbursement from Nursing Facilities to employed nurse aides
- Acquire help with any discrepancies in eligibility for reimbursement

## WHOM TO CALL, WHEN TO CALL, AND WHY?

### BEFORE THE EXAM DATE

#### American Red Cross

**1-800-795-2350**

**Call the American Red Cross for questions about:**

- Exam application process
- Application deficiencies
- Exam scheduling date and/or status
- Test sites and availability
- Name and address changes
- Obtaining an exam application
- Obtaining candidate handbooks

*Hours of Operation*

*8:30 a.m. – 4:30 p.m., Mon. – Fri.*

*(Eastern Time Zone)*

### AFTER THE EXAM DATE

#### Pearson VUE Phone

**1-800-852-0518**

**Call Pearson VUE for questions about:**

- Duplicate score report requests
- Name and address changes AFTER being placed on the Pennsylvania registry
- The exam content

*Hours of Operation 8:00 a.m. – 5:00 p.m., Mon. – Fri.*

*(Eastern Time Zone)*

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# INTRODUCTION

This handbook is designed for candidates seeking enrollment on the Pennsylvania Nurse Aide Registry. It describes the process of applying for the National Nurse Aide Assessment Program (NNAAP®) and taking the NNAAP® Examination. **It should be kept for future reference.**

The Pennsylvania Department of Health 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 competency examination for the Pennsylvania Nurse Aide Registry. The American Red Cross (ARC) will process applications, schedule examinations and administer the examinations.

## NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP®)

The Nursing Home Reform Act, adopted by Congress as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA '87), was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nurse aides who work in such facilities. Each state is responsible for following the terms of this federal law.

The National Nurse Aide Assessment Program (NNAAP®) is an examination program designed to determine minimal competency to become a certified nurse aide in your state. The NNAAP was developed by the National Council of State Boards of Nursing, Inc., (NCSBN) to meet the nurse aide evaluation requirement of federal and state laws and regulations. Pearson VUE is the authorized administrator of the NNAAP in your state.

The NNAAP Examination is an evaluation of nurse aide-related knowledge, skills, and abilities. The NNAAP Examination is made up of both a Written (or Oral) Examination and a Skills Evaluation. The purpose of the NNAAP Examination is to test that you understand and can safely perform the job of an entry-level nurse aide.

## EXAM OVERVIEW

The two parts of the NNAAP Examination, 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 listed on the Pennsylvania Nurse Aide Registry.

*continued*

The Written Examination consists of seventy (70) multiple-choice questions written in English. Sample examination questions are provided in this handbook. An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. The Oral Examination consists of sixty (60) multiple-choice questions plus ten (10) reading comprehension/word recognition questions. If you want to take the Oral Examination, you must request it when you submit your registration form.

For the Skills Evaluation you will be asked to perform five (5) randomly selected nurse aide skills. You will be rated on these skills by a Nurse Evaluator. A complete listing of the skills is shown on pages 24 to 39.

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

## ELIGIBILITY

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### ELIGIBILITY BY EXAMINATION

*Please note that in order to be eligible for employment as a nurse aide in Pennsylvania, you **MUST** be sixteen (16) years of age or older. You **MUST** also submit to a criminal background check and you **MUST NOT** have any exclusionary convictions on record or have substantiated findings on any other state registry or licensing board.*

**You are eligible for testing if:**

#### E-0

**You have completed a nurse aide training program,** approved by the Pennsylvania Department of Education, within the last twenty-four (24) months.

#### E-1

**You are a student nurse.** You must have been approved to test by the Pennsylvania Department of Education and you must enclose a copy of that authorization to test letter with your application.

#### E-3

**Your Pennsylvania nurse aide registration has lapsed because you have not worked providing nursing-related services for at least 24 consecutive months.** An E-3 candidate has one (1) opportunity to successfully pass the NNAAP Examination. If the examination is failed, the candidate must complete nurse aide training again and reapply under eligibility route E-0.

#### E-4

**You are a certified nurse aide on another state's nurse aide registry but your certification has lapsed because you have not worked providing nursing-related services for at least 24 consecutive months.** An E-4 candidate has one (1) opportunity to successfully pass the NNAAP Examination. If the examination is failed, the candidate must complete nurse aide training again and reapply under eligibility route E-0.

### ELIGIBILITY BY RECIPROCITY

If you are a nurse aide currently listed on another state's nurse aide (or equivalent) registry as active and in good standing (according to federal nursing home nurse aide statutes), and you are seeking enrollment on the Pennsylvania Nurse Aide Registry, you should contact Pearson VUE at the address listed on the inside front cover of this handbook for a Reciprocity Application.

**Note:** Consistent with 42 CFR 483.75(e)(2), nursing home administrations may employ a non-registered individual as a nurse aide for up to 120 days while the individual works to achieve registration in PA either through the nurse aide training and testing program, or by way of reciprocity from another state.

## REGISTRATION AND SCHEDULING

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### FILLING OUT A REGISTRATION FORM

- You may get a registration form from your nursing facility employer, your nurse aide training program, at [www.pearsonvue.com](http://www.pearsonvue.com), or by calling the American Red Cross.
- Complete the registration form with the assistance of your training program provider, director of nursing, facility administrator, or other employer. Include a copy of your valid training certificate and payment for the examination fee.
- You are responsible for completing the registration form. You may ask someone from your nurse aide training program or employer for assistance in completing the registration form.
- If you want to take the Oral Examination, you must check "Oral" in box #2 on your registration form.

*continued on page 4*

- If you need help or have any questions about the registration form, please contact the American Red Cross at (800) 795-2350.
- The first time an examination form is submitted you **MUST** include the total fee for the Written (or Oral) and Skills exam, \$102.00.
- Mail your completed registration form, required documents, and appropriate fee **together in one envelope** to:

**American Red Cross**  
**1804 North Sixth Street**  
**Harrisburg, PA 17102**

## EXAM FEES

The fees listed below have been established for the National Nurse Aide Assessment Program in Pennsylvania:

Written Examination & Skills Evaluation	<i>both exams</i>	\$102
Oral Examination & Skills Evaluation	<i>both exams</i>	\$102
Written Examination <b>ONLY</b>	<i>re-test exam</i>	\$32
Skills Evaluation <b>ONLY</b>	<i>re-test exam</i>	\$70
Oral Examination <b>ONLY</b>	<i>re-test exam</i>	\$32

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

Under federal and Pennsylvania laws, nursing homes are required to pay the NNAAP fees for their nurse aide employees, including individuals required to re-test.

Payment must be made in the form of a money order or certified check made payable to “American Red Cross”. Even if it is from your employer, the money order or certified check must display your name so it can be applied to your examination.

If you are not currently employed at a nursing home, you may pay the fee yourself. **Personal checks, cash or credit cards will not be accepted.** Acceptable forms of payment are: money order, company check, or cashier’s check. Fees are non-refundable and nontransferable once submitted to ARC because they cover the administrative costs of registration and testing.

## REIMBURSEMENT FOR TRAINING AND TESTING

**Federal law prohibits these charges from being imposed on the nurse aide.** Nursing Care Facilities (Medicare and Medicaid) are responsible for the full payment of training and testing costs for individuals employed or offered employment at the time the individual enters a Nurse Aide Training and Competency Evaluation Program (CEP). An individual who does not have an employment relationship with a facility at the time the individual enters a NATCEP or CEP, but becomes employed, or obtains an offer of employment within 12 months of completing the program, will be reimbursed for the costs of training and testing by the facility that employs or offers employment to this individual. This reimbursement will be made on a pro rata basis for the period during which the individual is employed as a nurse aide. The nurse aide will be reimbursed for half the costs of training and testing after the nurse aide has worked at the facility as a nurse aide for 130 hours and the remaining half of the training and testing costs after the nurse aide has worked an additional 130 hours. The hours start accruing when the individual has successfully tested and is listed on the registry. This verifies that the individual has completed the program and qualifies for the training and testing reimbursement.

## EXAM SCHEDULING

Testing is scheduled through the American Red Cross. Once ARC receives your registration form, required documents, and fees, they will schedule you for testing. You will not be scheduled to test until all required materials (registration form, documents, and fees) are received. ARC will mail your Confirmation Letter to the address listed on your registration form within two (2) to five (5) business days after they receive your required materials.

Your Confirmation Letter has important information about the NNAAP Examination. If you do not get your letter within ten (10) business days, call ARC at (800) 795-2350. ARC is **NOT** responsible for lost, misdirected, or delayed mail.



## TESTING LOCATIONS

Please visit [www.pearsonvue.com](http://www.pearsonvue.com) or call 800-795-2350 to determine the schedule of the test site most convenient to you. Under Quick Links, select “Search Nurse Aide Registry” and then Pennsylvania from the drop-down box. Then select “Regional Test Sites and Test Schedules.”

## ACCOMMODATIONS

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

Test accommodations may include things such as:

- A separate testing room
- Extra testing time
- A Reader or Recorder, for individuals with mobility or vision impairments and cannot read or write on their own

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

- Supporting documentation from the professional who diagnosed the condition, including the credentials that qualify the professional to make this diagnosis
- A description of past accommodations the candidate has received

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](mailto:accommodationspearsonvue@pearson.com).

## LIGHT DUTY

Federal law prohibits any individual from taking the Skills Evaluation if he/she is on *restricted activity or light duty* due to medical reasons. Candidates must be able to complete all required skills included in the Skills Evaluation. **THERE ARE NO EXCEPTIONS TO THIS RULE.** Candidates who are on light duty are not permitted to take the Skills Evaluation; however, light duty does not prevent a candidate from taking the Written Examination. Appropriate medical documentation stating a return to full, unrestricted duty is required to reschedule the skills exam.



## CANCELLATION

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If you are unable to attend your examination, ***you MUST call the American Red Cross at least three (3) 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 ARC at least three (3) business days in advance of your examination date to re-schedule, and do not show up for your scheduled examination, you will be responsible for the examination fee. Your fee will not be refunded and cannot be transferred to a new examination date, and you may not give your examination date to another person.

- If you do notify ARC in time, there is no penalty, and your fee may be transferred to your new examination date. If your employer paid your examination fee, you should tell them about missing the examination or re-scheduling. Let them know how you have handled re-scheduling and when you plan to re-test.
- If you do not report to the testing location on the day of your scheduled examination, you will be considered a “no-show” and fees paid will be forfeited.

## RE-SCHEDULING

To re-schedule your examination, please call the American Red Cross at (800) 795-2350.

## REFUNDS

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

## ABSENCE POLICY

Since unexpected situations sometimes occur, the American Red Cross will consider excusing an absence for a serious illness or an emergency. A request for an excused absence must be submitted at least two (2) business days prior to, or within one (1) day after, the scheduled examination. You will be asked to provide evidence of the situation.

**Acceptable reasons for an excused absence are as follows:**

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

With proper notification, there is no fee for re-scheduling an examination; however, you are only permitted to re-schedule one time.

ARC’s decision regarding whether an absence is excused 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.

# EXAM DAY

## CHECKING IN

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

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

## WHAT TO BRING

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

- Two (2) forms of official (**current, not expired**), legible, signature-bearing identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Watch with a second hand

*No other materials will be allowed.*

## PROPER IDENTIFICATION

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

- Driver's license
- Your 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 center.

**If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded. This absence will count as one of your 3 opportunities to test because you were not prepared with the correct forms of identification.**

## SECURITY AND CHEATING

If you give help to or receive help from anyone during the NNAAP Examination, the examination will be stopped. The incident will be reported to the Pennsylvania Department of Health 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 material or information from the test site will be prosecuted.***

## TESTING POLICIES

The following policies are observed at each test site.

### LATENESS

Plan to arrive thirty (30) minutes before the examination starts. If you are late for your scheduled examination, or do not bring all your required materials, you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

### ELECTRONIC DEVICES

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

### STUDY AIDS

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

### EATING/DRINKING/SMOKING

You are not permitted to eat, drink, or smoke during the examination.

### MISCONDUCT

If you 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 Department of Health. Decisions regarding disciplinary measures are the responsibility of that agency.

## GUESTS/VISITORS

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

# THE WRITTEN (OR ORAL) EXAM

## WRITTEN EXAM

The Nurse Evaluator will hand out materials and give instructions for taking the Written Examination. The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish. Fill in only one (1) oval on the answer sheet for each question. Markings in the test booklet will not be accepted as answers. Your answers must appear on the separate answer sheet. Sample questions for the Written Examination are located on page 14.

## ORAL EXAM

The Oral Examination is available by selecting it on your registration form. The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions and is given on audio cassette. Each of the sixty (60) multiple-choice questions will be repeated two (2) times, after which you mark your answer in an answer booklet. The reading comprehension questions test your knowledge of and familiarity with common, job-related words. Each of these words is repeated three (3) times. You have two (2) hours to complete the entire Oral Examination. You must pass both the multiple-choice and reading comprehension sections in order to pass the Oral Examination.

## 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.

# WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

The revised 2011 NNAAP® Examination Content Outline is based on the findings from the *2009 Job Analysis of Nurse Aides* published by NCSBN in spring 2010. The examination content outline went into effect January 2011.

The NNAAP written examination is comprised of 70 multiple-choice items; 10 are pretest items (non-scored) 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>
<b>I. Physical Care Skills</b>		
A. Activities of Daily Living.....	14%	8
1. Hygiene		
2. Dressing and Grooming		
3. Nutrition and Hydration		
4. Elimination		
5. Rest/Sleep/Comfort		
B. Basic Nursing Skills.....	39%	24
1. Infection Control		
2. Safety/Emergency		
3. Therapeutic/Technical Procedures		
4. Data Collection and Reporting		
C. Restorative Skills.....	7%	4
1. Prevention		
2. Self Care/Independence		
<b>II. Psychosocial Care Skills</b>		
A. Emotional and Mental Health Needs .....	11%	6
B. Spiritual and Cultural Needs ....	2%	2
<b>III. Role of the Nurse Aide</b>		
A. Communication.....	8%	5
B. Client Rights .....	7%	4
C. Legal and Ethical Behavior.....	3%	2
D. Member of the Health Care Team .....	9%	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 (2)-part Self-Assessment Reading Test that appears below will help you decide if you should consider taking the Oral Examination instead of the Written Examination. To complete the reading test, follow the instructions provided below and select the answer to each question. When you have completed the reading test, you will be able to determine the number of questions you answered correctly.

### PART 1: VOCABULARY

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

**1. You go to a doctor when you \_\_\_\_\_.**

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

**2. A person who flies an airplane is its \_\_\_\_\_.**

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

**3. You use a \_\_\_\_\_ to write.**

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

**4. To EXIT a room means to \_\_\_\_\_ it.**

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

**5. A wedding is a joyous \_\_\_\_\_.**

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

**6. To REQUIRE something means to \_\_\_\_\_ it.**

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

*go to next page*

# 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.

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*

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.**

*See pages 24-39 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.

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

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

*You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation. You will have 30 minutes to demonstrate all 5 skills. When 25 minutes have elapsed the nurse aide evaluator will advise you that you have 5 minutes left.*

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

# SKILLS LISTING

The 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.

## 1. HAND HYGIENE (HAND WASHING)

- 1 Address client by name and introduces self to client by name
- 2 Turns on water at sink
- 3 Wets hands and wrists thoroughly
- 4 Applies soap to hands
- 5 **Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
- 8 Uses clean, dry paper towel/towels to dry all surfaces of 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

## 2. APPLIES ONE KNEE-HIGH ELASTIC STOCKING

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

## 3. 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

*Skill continues*

#### 4. ASSISTS WITH USE OF BEDPAN

- 1 Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy device with a curtain, screen, or door
- 3 Before beginning procedure, places signaling device within reach
- 4 Puts on clean gloves before handling bedpan
- 5 **Places bedpan to receive urine into client's buttocks**
- 6 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 7 Places signaling device within reach and removes 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

#### 5. CLEANS UPPER OR LOWER DENTURE

- 1 Puts on clean gloves before handling denture
- 2 Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
- 3 Rinses denture in moderate temperature running water before brushing them
- 4 Applies 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

- 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

#### 6. COUNTS AND RECORDS RADIAL PULSE

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

#### 7. COUNTS AND RECORDS RESPIRATIONS

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

*Skill continues*

## 8. DONNING AND REMOVING PPE (GOWN AND GLOVES)

- 1 Picks up gown and unfolds
- 2 Facing the back opening of the gown places arms through each sleeve
- 3 Fastens the neck opening
- 4 Secures gown at waist making sure that back of clothing is covered by gown (as much as possible)
- 5 Puts on gloves
- 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

## 9. DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

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

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

## 10. FEEDS CLIENT WHO CANNOT FEED SELF

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding, looks at name card on tray and asks client to state name
- 3 **Before feeding client, client is in an upright sitting position (75-90 degrees)**
- 4 Places tray where the food can be easily seen by client
- 5 Candidate cleans client's hands 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

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

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Removes gown and places 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

## 12. 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**

### **13. MEASURES AND RECORDS URINARY OUTPUT**

- 1 Puts on clean gloves before handling bedpan
- 2 Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
- 3 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**

### **14. MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Client has 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)**

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

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 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



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

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Instructs client to inform candidate if pain experienced during exercise
- 4 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

## 17. POSITIONS ON SIDE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before turning, lowers head of bed
- 4 Raises side rail on side to which body will be turned
- 5 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

## 18. PROVIDES CATHETER CARE FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing
- 5 Places linen protector under perineal area 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

*Skill continues*

- 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

## 19. PROVIDES FOOT CARE ON ONE FOOT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Basin is in a comfortable position for client and on protective barrier
- 5 Puts on clean gloves before washing foot
- 6 Client's bare foot is placed into the water
- 7 Applies soap to wet washcloth
- 8 Lifts foot from water and washes foot (including between the toes)
- 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

## 20. PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before providing mouth care, client is in upright sitting position (75-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places 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

## 21. PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing perineal area
- 5 Places pad/ linen protector under perineal area before washing

*Skill continues*

- 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

## **22. TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT**

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before assisting to stand, wheelchair is positioned 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

*Skill continues*

- 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

**While a formal nurse aide "scope of practice" does not exist, these skills addressed as part of the NATCEP program constitute the range of acceptable duties that may be assigned to a nurse aide and that a nurse aide will be deemed competent to perform. Duties inherent to another professional scope of practice, such as those associated with a Licensed Practical Nurse or Registered Nurse, are deemed inappropriate for a nurse aide to perform.**

# SCORE REPORTING

## EXAM RESULTS

### 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. **Results will not be given over the phone.**

### 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.

Although technical difficulties are infrequent, Score Reports occasionally 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 to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Pearson VUE at (800) 852-0518.

## 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. To re-test, mail either a copy of your failing score report or a new completed application, along with appropriate fees to the American Red Cross. That address can be found on the inside front cover of this handbook.

If you fail either part of the NNAAP Examination three (3) times, you will need to complete another training program and re-take **BOTH** parts of the NNAAP Examination, not just the part that was failed. In addition, if you were scheduled to take the exam 3 times and did not become certified — either as a result of failing the exam or absence(s) — you will need to re-train.

If you are either an E3 or an E4 candidate (*see page 2*), you have **ONLY ONE** attempt to pass the examination. If you fail, you **MUST** re-train and re-apply under eligibility route E0.

See *Registration and Scheduling* for more details.

## 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.

Pennsylvania 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
Assists Client to Ambulate using transfer belt	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 placed on the Pennsylvania Nurse Aide Registry. A Registry Card (also known as a Notice of Enrollment) 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. You must show this card to your employer.

***Do not make any changes to your Registry Card. Any changes to the Registry Card could affect your status as a nurse aide.***

You must successfully pass both parts of the NNAAP Examination within two (2) years of your training program completion date in order to be eligible for placement on the Pennsylvania Nurse Aide Registry.

**Note:** Although you were required to submit to a background check in order to participate in the nurse aide training and testing program, employers must conduct routine background checks at the time of employment to ensure your eligibility to work in their facility (<http://www.aging.state.pa.us/psolinetraining/cwp/view.asp?a=3&Q=242763>). Consistent with 35 PS §10225.506, facilities may employ you on a provisional basis for a single period not to exceed thirty (30) days for candidates who have resided in Pennsylvania for two years immediately preceding the date of the application for employment; and, for applicants who have not been a resident of Pennsylvania for two years immediately preceding the date of the application for employment, a period of ninety (90) days, if all the following conditions are met:

- 1) The applicant has applied for the information required under the Act and the applicant provides a copy of the appropriate completed request forms to the administrator.
- 2) The facility has no knowledge of information pertaining to the applicant which would disqualify applicant from employment pursuant to the Act, subject to 18 Pa. C.S. § 4911 (relating to tampering with public records or information).
- 3) The applicant swears or affirms in writing that applicant is not disqualified from employment under the Act.

## GRIEVANCE PROCESS

### OVERVIEW

Each candidate has a right to file a grievance to complain or contest the results of their Nurse Aide Exam. The American Red Cross (ARC) will follow-up on each grievance within thirty (30) days of the receipt of the candidate grievance letter.

No grievance will be investigated if it is not received in writing by the American Red Cross.

### PROCESS

All candidates with a grievance should call the American Red Cross at (800) 795-2350. The customer service representatives will do their best to address the concerns of the candidate. If the candidate is not satisfied with the results of this conversation, the customer service representative will offer to mail a grievance form to the candidate. Grievance forms should be mailed to:

American Red Cross - CEP  
c/o PA In-State Coordinator  
1804 N 6th Street  
Harrisburg, PA 17102

The candidate must complete the grievance form in its entirety providing as much detail as possible and return it to the ARC within 30 days of their exam date.

After receipt of the completed grievance form, the appropriate In-State RN Coordinator will investigate the complaint on the form. This coordinator will lead the investigation into the complaint. This investigation may include following up with the Evaluator that conducted the exam and with Pearson VUE for detailed test results.

Once the investigation is complete, the In-State Coordinator will draft a letter back to the candidate informing him/her of the outcome of the investigation. If an error was made by the evaluator, ARC, or Pearson VUE, the candidate will be allowed to retest at no additional cost.

A copy of the original grievance letter along with the results of the investigation will be forwarded to the appropriate agency and to PearsonVUE.

### LEGAL ACTION

If the candidate wants to take or threatens to take any legal action regarding testing, the entire process will be turned over to American Red Cross Office of General Council locat-

*continues next page*



ed in Washington, DC. The customer service representatives are instructed not to answer questions from candidates, facilities, or training programs once the notice of possible legal action is given. From that point on, all communication will run through our legal council and will always be in writing.

## THE REGISTRY

### REGISTRY RENEWAL

Once you are listed on the Registry, Pearson VUE will mail a notification of continued enrollment to your home address (as listed on the Registry) approximately ninety (90) days prior to expiration of your enrollment. To be eligible for continued enrollment, you are required to work as a nurse aide at least **one documented day (i.e. 8 consecutive hours) for pay in an approved facility** (such as a nursing home, personal care home, hospital, home health setting or intermediate care facility) during the previous twenty-four (24) months. *Self-employment, private-duty, or employment in doctors' offices are not acceptable forms of work experience for continued enrollment.*

*Note: 42 CFR 483.75(e)(8) requires that facilities provide at least 12 hours of training to their nurse aides based on needs identified in yearly performance reviews. PA State Code 201.20 outlines a list of required yearly in-service topics that must be provided to facility personnel including: Infection Prevention and Control; Fire Prevention and Safety; Accident Prevention; Disaster Preparedness; Resident Confidential Information; Resident Psychosocial Needs; Restorative Nursing Techniques; Resident Rights, including Property Rights; Privacy; Preservation of Dignity; Abuse Prevention; and Reporting of Abuse. While these are requirements associated with State and Federal Long-Term Care regulations, they are not requirements inherent to the Nurse Aide Registry and have no impact on registry renewal.*

Upon successfully renewing your status on the Registry, you will be mailed a new Registry Card (also known as a Notice of Enrollment), which will be valid for the next twenty-four (24) months. It is important that your current address is always listed on the Nurse Aide Registry to ensure that you get important documentation regarding your enrollment.

### PULSE

#### PEARSON VUE UNIFORM LICENSING SOLUTION FOR E-GOVERNMENT

The Pearson VUE Uniform Licensing Solution for E-Government, or PULSE, allows for an on-line registration renewal process. PULSE allows individuals to:

- Renew their nurse aide registration
- Update their address (during and outside the renewal registration process)
- Initiate name and social security number changes

**Name and Social Security number changes** may be initiated at time of registration renewal (these changes require written documentation such as a copy of a marriage certificate, a divorce decree or other official document). Individuals may make **address updates** independently of the renewal process. PULSE also allows facilities to update employment history for individuals who are newly hired or terminated. Contact Pearson VUE to request **duplicate registration cards**.

To use PULSE, go to <https://pulseportal.com>.

### CHANGE OF ADDRESS OR NAME

*The Registry must be kept informed of your current address and name.*

If you change your address or your name at any time after you are placed on the Registry, you **MUST** inform the Registry in order to keep your enrollment information up to date. Please use the *Change of Address or Name Form* in the back of this handbook (or go to <https://pulseportal.com> for address changes ONLY).

If you have changed your name, you must submit written documentation (copy of a marriage certificate, a divorce decree, or another official document) along with the *Change of Address or Name Form*.

If you do not have a *Change of Address or Name Form*, you may send a letter and supporting documentation 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 (also known as a Notice of Enrollment) 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.

## LOST REGISTRY CARDS

If you lose your Registry Card (also known as a Notice of Enrollment), you may receive another copy by sending the *Duplicate Registry Card Request Form* in the back of this handbook to Pearson VUE. There is no charge for this service.

## RE-ACTIVATING INACTIVE STATUS

Under federal requirements, enrollment on the Registry is no longer valid for any individual who has had a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. It is important to update your employment history on the Pennsylvania Nurse Aide Registry. You will receive notification regarding continued enrollment at your home address listed on the Registry. Failure to inform the Registry of a change in employment may jeopardize your enrollment status.

If you were previously on the Registry but you have not worked (providing nursing-related services) for a period of twenty-four (24) consecutive months or more, you become “inactive” and are assigned a “denial of renewal” status. As a formerly active member of the Registry, you have one opportunity to take and successfully complete (pass) the NNAAP Examination. Contact Pearson VUE at (800) 852-0518 to request a Recertification Test Registration Form. If you successfully complete (pass) the NNAAP Examination, your status will change to “renewed” on the Nurse Aide Registry. If you are unsuccessful in passing the examination, you are required to re-train before re-testing. You may not be employed as a nurse aide until you have official notification of enrollment or a renewed active status. Employers are **NOT** required to pay the “renewal” examination fee; however, employers **MUST** pay when a reimbursement letter is presented.

## RECIPROCITY

If you are a nurse aide currently listed on another state’s nurse aide (or equivalent) registry as active and in good standing (according to federal nursing home nurse aide statutes), and you are seeking enrollment on the Pennsylvania Nurse Aide Registry, you should contact the Registry at (800) 852-0518 for a Reciprocity Application.

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS	
QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
1. What types of background checks are required for nurse aide training?	A PA State Police Criminal History Record Information (CHRI) report is required for all nurse aides who have been PA residents for at least two consecutive years and a PA-CHRI and FBI report for students who have not resided in PA for the last 2 consecutive years. All reports must be submitted PRIOR to enrollment in a training class. <i>Act 169</i> <i>35 P.S. §10225.502(a)(1) &amp; (2)</i>
2. How much do background checks cost?	State: \$10.00 FBI: \$28.75 (subject to change). Check <a href="http://www.cogentid.com">www.cogentid.com</a> <i>Act 169</i> <i>35 P.S. §10225.502(b)</i>
3. Can a nurse aide work for any period of time while awaiting a criminal background check clearance?	<b>In-state residents</b> may work for 30 days while awaiting PA background clearance but may not enter a training class until the background check is completed. <i>Act 169 of 1996</i> <i>35 P.S. §10225.506</i> <b>Out-of-state residents</b> may work for 90 days while awaiting a FBI background clearance but may not enter a training class until all background checks are completed. (provided 5 specified conditions are met)
4. What are the requirements for renewal of a nurse aide registry?	A nurse aide must work as a nurse aide for a minimum of one documented day (i.e. 8 consecutive hours) for pay in an approved facility type during each twenty-four (24)-month period covered by the registry. <i>42 CFR §483.75(e)(7)</i> <i>F496</i>

*Table continues*



PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS	
QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
5. How many hours of training are required for eligibility to take the competency exam?	PA is an 80-hour state of which 37.5 hours must be supervised clinical experience. <i>42CFR§484.42CFR§483.152(a)(1)</i>
6. How much can a nurse aide be charged for nurse aide training and competency evaluation program?	Nothing if employed or has an offer of employment on start date of program. <i>42CFR§483.152(c)(1)</i>  If a nurse aide gains employment or offer of employment within 12 months of completing a program, the nursing facility must reimburse on a pro-rated basis for the period the individual is employed as a nurse aide. <i>42CFR§483.152(c)(2)</i>
7. How long can a nurse aide work in a facility prior to enrollment on the nurse aide registry?	A nurse aide may work for four (4) months or 120 days while participating in a nurse aide training and/or competency evaluation program. <i>42CFR§483.75(e)(5)(i) and (ii)</i>
8. What is considered an acceptable work setting for renewal of my nurse aide registry?	Employment of at least one documented day (i.e. 8 consecutive hours) for pay in nursing homes, personal care homes, hospitals, nursing agencies or intermediate care facilities are appropriate for renewal. Private duty, self-employment, and employment in doctor's offices is not sufficient for renewal credit.

*Table continues*

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS	
QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
9. If I was annotated on the Registry, how can I be reinstated?	Only those annotated for “neglect” may request reinstatement considerations after one (1) full year from the date of annotation on the Registry. The only other consideration will be given to those that a court of law overturned the Department’s decision. <i>42 U.S.C. 1396r §1919(g)(1)(D)</i>
10. How do I bring my registry up to date if I lapsed?	Nurse aides have one opportunity to re-test to update a lapsed registry or they may provide proof of employment for pay of at least one documented day (i.e. 8 consecutive hours) during each 24-month registry period. If you are lapsed on another state registry, you have to be updated on your original state registry to be eligible for reciprocity.
11. What duties fall under a nurse aide’s scope of practice?	Nurse aides do not have a formal “scope of practice”; however, they should only be performing those duties learned during their NA training & testing program. Duties covered under a “professional scope of practice” should only be performed by a licensed professional in that respective field. <i>42CFR§483.75(e)</i>
12. How many training hours must I have annually to renew my registry?	There are no “training requirements” to renew your registry. Rather, the nursing homes administration is required to provide nurse aides a minimum of twelve (12) hours of in-service education each year based on the results of yearly performance evaluations. <i>42CFR§483.75(e)(8)</i> <i>F497</i>

*Table continues*

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS	
QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
13. What yearly training topics must be provided to nurse aides?	<p>Nursing home administrations must conduct yearly in-service training on the following topics: Infection Prevention and Control, Fire Prevention &amp; Safety, Accident Prevention, Disaster Preparedness, Resident Confidential Information, Resident Psychosocial Needs, Restorative Nursing Techniques, Resident Rights, including Property Rights, Privacy, Preservation of Dignity, Abuse Prevention, Reporting of Resident Abuse. This list of required topics may be accessed via the following link:  <a href="http://www.pacode.com/secure/data/028/chapter201/s201.20.html">http://www.pacode.com/secure/data/028/chapter201/s201.20.html</a>  <i>28 PA Code §201.20</i></p> <p>Additional yearly training must address areas of weakness as determined in the nurse aides performance review.  <i>42CFR483.75(e)(7)(ii)</i></p>
14. If a nurse aide was annotated in another state, can she or he work in PA?	<p>Facilities are required to verify that nurse aides are in good standing on all other state registries prior to allowing them to work in that capacity.  <i>42CFR§483.75(e)(6)</i>  <i>F496</i></p>

*Table continues*

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS	
QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
15. How do I obtain a copy of the NAR list?	<p>Send a request for the information to:</p> <p><b>Pearson VUE  Nurse Aide Operations  Attn: PA Program Manager  3 Bala Plaza West – Suite 300  Bala Cynwyd, PA 19004</b></p> <p>or call 800-852-0518. The list will be sent electronically.</p>
16. Can I get a NAR list of only certain counties?	<p>There is an option to sort the master list by county.</p>
17. Who do I contact if my facility is not reimbursing me for my NATCEP training / testing?	<p>The PA Department of Public Welfare has authority over reimbursement for nurse aide training &amp; testing. Call (717) 783-7377.</p>

*Table continues*

## PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
18. I was sent home because an allegation of abuse, neglect or misappropriation of property was made against me. What does this mean?	Any time an allegation of abuse, neglect, or misappropriation of resident property is made, the facility is legally responsible to investigate and take whatever personnel action they deem necessary consistent with their local policy. However, only the Department of Health can take action against the nurse aide's Registry; therefore, the facility investigation must be forwarded to the DOH for review and action as appropriate. If the DOH initiates action, an Order to Show Cause will be issued. An Annotation Letter will be sent after due process is provided and a final decision made. If no action is taken, the nurse aide remains in good standing on the Registry and prospective employers will see nothing more than that when reviewing your Registry status.
19. I have a prior conviction on record. Will it prevent me from being able to work in nursing homes?	Identify what the conviction was for and the gravity of it. Compare the information to the Prohibitive Offense List associated with Act 169 ( <a href="http://www.aging.state.pa.us/psolinetraining/cwp/view.asp?a=3&amp;Q=242763">http://www.aging.state.pa.us/psolinetraining/cwp/view.asp?a=3&amp;Q=242763</a> ), as well as Neglect of a Care Dependent Person. Pay close attention to the requirements for # of misdemeanor or felony grade convictions. Remember that "two or more" misdemeanors can be of different charge categories (i.e. Misdemeanor convictions for Theft By Deception & Retail Theft will satisfy the "two misdemeanor" rule.) <i>42CFR483.13(c)(1)(iii) and Act 169</i>

*Table continues*

## PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
20. Does it make a difference re: reimbursement if a facility is Medicare/Medicaid or dually certified?	The Registry regulations clearly specify that a nurse aide is not to bear the expense of NATCEP participation if employment requirements are met.
21. If I completed NATCEP training but failed the test three (3) times, can I retrain and test again?	If an individual fails the state competency examination three times, they may re-train and have another three opportunities.  Some facilities will re-train if the individual is a good employee. However, the individual may re-train at any approved program.
22. If I worked in a facility 60 days while in a NATCEP program and got fired, how many days can I work in another facility while working toward Registry status?	Nurse aide trainees have two (2) years after completion of nurse aide training to take the state competency examination. The 120 days start over every time the nurse aide trainee changes employers.

*Table continues*

## PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
23. I have been on active duty in the military and have not been able to work the required eight (8) consecutive hours for pay during the two year registration period. Will my military service count for renewal?	Service in the military may count if you performed the duties inherent in the intent of the regulation. For military service time to count toward renewal, you must have performed duties associated with helping a care dependent population with activities of daily living in a supervised setting. This must be able to be officially verified in writing thru your Commanding Officer.
24. My address changed and I did not receive my renewal application through the mail. Can I still renew my registration on-line?	If you have not yet lapsed, you may contact Pearson VUE's office at (800) 852-0518 and request a renewal application be re-mailed to your new address. You may then use the log-in information to update your registry on-line. However, if your registration has already lapsed, you will not be able to renew on-line.
25. I lost my renewal ID or password, what should I do?	You must contact Pearson VUE's office at (800) 852-0518 to request a new renewal application be mailed to you. Renewal ID's and password information will not be able to be provided via telephone.

## REQUEST FOR DUPLICATE SCORE REPORT OR HANDSCORED ANSWER SHEET

### Pennsylvania Nurse Aide

**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. You may also request a duplicate score report at <https://pulseportal.com>. (See page 45 of this handbook or details.)

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
- Hand score

**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:** Pennsylvania Duplicate Score Report/Handscore Request  
**Pearson VUE Processing Center**  
 PO Box 13785  
 Philadelphia, PA 19101-3785

**AMOUNT ENCLOSED:**

\$ \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

## Pennsylvania 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.

You may also change your address at <https://pulseportal.com>. You may only use PULSE to initiate a name change at the time of registration renewal. Address may be changed at any time. *(See page 45 of this handbook for details.)*

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

#### SEND TO:

PA Nurse Aide Registry  
**Pearson VUE**  
 PO Box 13785  
 Philadelphia, PA 19101-3785

**PLEASE COMPLETE OTHER SIDE 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 hand-scored results of my Written (or Oral) Examination or Skills Evaluation.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**Pennsylvania  
Nurse Aide**

**DUPLICATE REGISTRY CARD REQUEST**

**DIRECTIONS:** You may use this form to request Pearson VUE to send a duplicate copy of your Registry Card (also known as a Notice of Enrollment) to you if you have lost your copy or if you want your Registry Card to reflect a name or address change. If your name has changed, you **MUST** provide supporting documentation, such as a copy of a marriage certificate, a divorce decree, or another official document. Please print or type all information on the reverse side of this form, or your request will be returned.

**SEND TO:** PA 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 \_\_\_\_\_

Social Security Number \_\_\_\_\_ Nurse Aide Registration Number \_\_\_\_\_

**YOUR SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

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

**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. ( \_\_\_\_\_ ) \_\_\_\_\_ 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 Registry Card.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**