

**MINNESOTA
NURSING ASSISTANT/
HOME HEALTH AIDE
CANDIDATE
HANDBOOK**

January 2011

[QUICK REFERENCE](#)

[TABLE OF
CONTENTS](#)

[PRINT](#)

[SEARCH
DOCUMENT](#)



QUICK REFERENCE

MINNESOTA DEPARTMENT OF HEALTH

Nursing Assistant Registry

PO Box 64501

St. Paul, MN 55164-0501

(800) 397-6124 (in Minnesota)

(651) 215-8705

Hours of Operation 9:00 a.m. – 3:00 p.m.

(Central Time Zone)

Call the Minnesota Department of Health to:

- Obtain information on official regulations and guidelines for nursing assistants/home health aides
- Update your name or address on the Registry
- Update your employment information
- Obtain information regarding test sites and approved training programs

PEARSON VUE®

Minnesota Nursing Assistant/ Home Health Aide Program

PO Box 13785

Philadelphia, PA 19101-3785

(800) 274-0504

Hours of Operation

Monday through Friday 9:00 a.m. – 5:00 p.m.

(Eastern Time Zone)

Call Pearson VUE to:

- Change your current address or name prior to examination results being sent to the Registry
- Request a duplicate Score Report
- Obtain information regarding an examination

Go to Pearson VUE's website at

www.pearsonvue.com to:

- Download a Candidate Handbook
- View the Nurse Aide Practice Written Examination

TABLE OF CONTENTS

QUICK REFERENCE	inside font cover
INTRODUCTION	1
National Nurse Aide Assessment Program	1
NNAAP® Exam Overview.....	1
Nurse Aide/Home Health Aide Combined Program	2
Exam Overview	3
ELIGIBILITY	3
Eligibility Routes	3
APPLICATION AND SCHEDULING	4
Filling Out an Application	4
Exam Fees.....	5
Exam Scheduling.....	6
Walk-in Testing	6
Special Exam Requests and Services.....	7
Telecommunication Devices for the Deaf (TDD).....	7
CANCELLATION	7
Weather Emergencies.....	7
Refunds	7
EXAM DAY	8
Checking In.....	8
What to Bring	8
Proper Identification.....	9
Testing Policies	9
Lateness	9
Electronic Devices	9
Study Aids	9
Eating/Drinking/Smoking.....	10
Misconduct.....	10
Guests/Visitors.....	10
Use of Restrooms.....	10
Security and Cheating	10
THE WRITTEN (OR ORAL) EXAM	10
Written Exam	10
Oral Exam	11
NNAAP WRITTEN (OR ORAL) EXAM CONTENT OUTLINE	12
NA/HHA WRITTEN (OR ORAL) EXAM CONTENT OUTLINE	13

continued on next page

SAMPLE QUESTIONS	14
SELF-ASSESSMENT READING TEST	15-18
THE SKILLS EVALUATION	19
What to Expect	19
Setting	19
Who Will Act as a Client?	19
Candidate Volunteer Requirements	19
The Tasks	20
Recording a Measurement	21
Sample of Recording Sheet for Measurement Skills	22
Tips for the Skills Evaluation.....	23
SKILLS LISTING	24-39
SCORE REPORTING	40
Exam Results	40
Written (or Oral)	30
Skills Evaluation	40
Failing.....	40
How to Read a Failing Score Report	41
Sample of a Failing Score Report.....	41
Passing.....	42
Duplicate Score Report/Handscored Results.....	42
THE REGISTRY	42
Change of Address or Name.....	42
Change of Employment.....	43
Updating the Registry	43
Lost Certificate.....	44
Lapsed Certification	44

**MN NA/HHA
FREQUENTLY ASKED QUESTIONS.....** 45-50

APPENDIX

Appendix A: Request for Duplicate Score Report
or Handscored Answer Sheet Form

Appendix B: Request for Duplicate Certificate Form

Appendix C: Change of Address or Name Before
Receipt of Certificate Form

Appendix D: Nursing Assistant Registry Update Form

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

Copyright © 2011 Pearson Education, Inc., or its affiliates. All Rights Reserved.

NNAAP® Written Exam Content Outline and Practical Skills Listing
Copyright © 2010 National Council of State Boards of Nursing, Inc. (NCSBN®). All rights reserved.

INTRODUCTION

This handbook is designed for candidates seeking a nursing assistant or a nursing assistant/home health aide certification in Minnesota. It describes the process of applying for the National Nurse Aide Assessment Program (NNAAP®) or the Nurse Aide/Home Health Aide (NA/HHA) Combined Program and taking the NNAAP or the NA/HHA Examination. **It should be kept for future reference.**

The Minnesota 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 required for certification and placement on the Minnesota Nursing Assistant Registry.

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 nursing assistant in your state. The NNAAP was developed by the National Council of State Boards of Nursing, Inc., (NCSBN) to meet the nursing assistant evaluation requirement of federal and state laws and regulations. Pearson VUE is the authorized administrator of the NNAAP in your state.

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

The Minnesota Department of Health is responsible for establishing the content of the examination, determining the passing score for the examination, and deciding who is eligible to take the examination.

NNAAP EXAM OVERVIEW

The two (2) 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 receive a certificate and be listed on the Minnesota Nursing Assistant Registry.

The NNAAP 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. The Oral Examination consists of sixty (60) multiple-choice questions, and (10) multiple-choice reading comprehension questions provided on a cassette tape. You will be asked to listen to a cassette tape. of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape. To request an Oral Examination, you must complete *Part II: Examination Types and Fees* on your application as well as contact your Technical College to schedule an examination. Please note that the Oral Examination is available on a cassette tape.

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

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

NURSE AIDE/HOME HEALTH AIDE (NA/HHA) COMBINED PROGRAM

Together with the Minnesota Department of Health and subject matter experts from the state of Minnesota, Pearson VUE has developed a testing program called the NA/HHA Combined Program. This program provides a certificate as both a home health aide and a nursing assistant. The NA/HHA examination is a measure of home health aide and nursing assistant related knowledge, skills, and abilities.

The examination for the NA/HHA Combined Program consists of the NA/HHA Written Examination together with the NNAAP Skills Evaluation. In order to be eligible to take the NA/HHA Examination, you must have successfully completed a state-approved nursing assistant/home health aide training program.

As an alternative to taking the entire NA/HHA Examination, candidates who are currently on the Nursing Assistant Registry may achieve nursing assistant/home health aide certification by proving that they have:

- previously completed a seventy-five (75) hour state-approved nursing assistant training program,
- successfully passed both parts of the NNAAP Examination (see the description in the section *National Nurse Aide Assessment Program*),
- completed an approved home health aide training program, then taking and passing the NA/HHA Written Examination.

EXAM OVERVIEW

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

An Oral Examination may be substituted for the NA/HHA Written Examination. The Oral Examination consists of sixty (60) multiple-choice questions, and (10) multiple-choice reading comprehension questions. To request an Oral Examination, you must complete *Part II: Examination Types and Fees* on your application as well as contact your Technical College to schedule an examination. The Oral Examination is available on a cassette tape.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nursing assistant/home health aide skills. You will be rated on these skills by an Evaluator. A complete listing of the skills is shown on pages 24 to 39.

See *The Written (or Oral) Exam* and *The Skills Evaluation* sections of this handbook for more details about the parts of the examination for the NA/HHA Combined Program.

ELIGIBILITY

ELIGIBILITY ROUTES

You are eligible to apply to take the NNAAP Examination or the NA/HHA Examination for certification as a nursing assistant or a nursing assistant/home health aide in Minnesota if you qualify under one of the following routes:

1 NURSING ASSISTANT CANDIDATE

You have completed a state-approved nursing assistant training program within the past two (2) years. You must take the NNAAP Written (or Oral) Examination and the Skills Evaluation.

routes continue next page

2 NURSING ASSISTANT/ HOME HEALTH AIDE CANDIDATE

You have completed a state-approved nursing assistant/home health aide training program within the past two (2) years. You must take the NA/HHA Written (or Oral) Examination and the Skills Evaluation.

3 HOME HEALTH AIDE CANDIDATE

Prove you have previously completed a state-approved nursing assistant training program, have taken and passed the NNAAP Examination (both the Written (or Oral) Examination and the Skills Evaluation), are on the Minnesota Nursing Assistant Registry, and later completed an approved home health aide program and are now seeking home health aide certification. You are required to take only the NA/HHA Written (or Oral) Examination. (Home health aide candidates do **NOT** need to take the Skills Evaluation.)

4 TEST-OUT CANDIDATE

(applies to nursing assistant candidates only)

You are a candidate who does not meet any of the three (3) eligibility routes listed above. Examples are: 1) if you trained in another country; 2) if you have not taken a nursing assistant training program; 3) if you have not worked as a nursing assistant in the last two (2) years; 4) if you are from another state and do not qualify for reciprocity in Minnesota or are not in current status on transferring Registry; or 5) if you are a student nurse or graduate nurse candidate. For these candidates, the training program code for the application is 77777.

APPLICATION AND SCHEDULING

FILLING OUT AN APPLICATION

You must complete a Minnesota Nursing Assistant/Home Health Aide Application before taking the NNAAP or NA/HHA Examination.

- You may get an application from your nursing assistant/home health aide training program or test site.
- You are responsible for completing the application, however, you may ask someone from your nursing assistant/home health aide training program

continued next page

for assistance in completing the application. If you need additional help or have any questions about the application, please contact a Pearson VUE Customer Service Representative at (800) 274-0504.

- Minnesota requires you to provide your Social Security number on this application. Your Social Security number will become your nursing assistant certificate number and will be used for identification purposes. Your Social Security number will be kept private. Prospective employers who provide your Social Security number to the Registry receive verification of your status on the Registry. Failure to provide your Social Security number may result in mis-identification.
- You are also required by 42 CFR 483.156 to provide certain other identifying information on the application, such as your name, address, birth date, and telephone number. Your name and address are public. The other information, except for your Social Security number, will become public after you receive your Certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the Registry.
- Bring your completed application, required documents (see *What to Bring*), and appropriate fee together in one envelope to the test site on the day you are scheduled for testing. (**PLEASE NOTE:** Some test sites require fees and paperwork to be submitted **PRIOR** to the test date. Please contact your individual test site to determine when these items are required.)
- If your application is incomplete or incorrect, your score will be withheld until you supply Pearson VUE with the requested information.
- If you have any questions concerning the application, you may call Pearson VUE at (800) 274-0504.

EXAM FEES

You will be required to submit two (2) fees for testing:

1. Administrative Fee

You will be required to pay the Technical College a fee for administering the examination. Contact your local Technical College to determine how much this fee is and the method of payment.

2. NNAAP and NA/HHA Examination Fees

The fees listed below have been established for the NNAAP and NA/HHA Examinations in Minnesota.

EXAMINATION TYPE		FEES
NNAAP Written Examination & Skills Evaluation	<i>both</i>	\$59
NNAAP Oral Examination & Skills Evaluation	<i>both</i>	\$59
NA/HHA Written Examination & Skills Evaluation	<i>both</i>	\$59
NA/HHA Oral Examination & Skills Evaluation	<i>both</i>	\$59
Written (or Oral) Examination ONLY NNAAP <i>or</i> NA/HHA	<i>re-test</i>	\$40
Skills Evaluation ONLY	<i>re-test</i>	\$19

You must pay for both the Written (or Oral) Examination and the Skills Evaluation the first time you take either the NNAAP or the NA/HHA Examination.

Under federal laws and Medicare/Medicaid nursing facility regulations, nursing homes are required to pay the National Nurse Aide Assessment Program fee and the college fee for their nursing assistant employees, including individuals required to re-test.

Payment must be made in the form of a money order or certified check, a check issued by a Technical College, or a state-approved voucher made payable to “Pearson VUE Processing Center”. Even if it is from your employer, the payment 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 and cash will not be accepted.** Fees are non-refundable and non-transferable once submitted to Pearson VUE because they cover the administrative costs of registration and testing.

EXAM SCHEDULING

WALK-IN TESTING

Walk-in testing is NOT available at all test sites. Contact your individual test site to determine if walk-in testing is available at that test site.

To take the NNAAP or NA/HHA Examination, you must arrive at the test site with appropriate fees, proper identification, and required documents and materials (see *What to Bring*).

SPECIAL EXAM REQUESTS AND SERVICES

The Minnesota Department of Health and Pearson VUE certify that they comply with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 *et seq.*). If you have a disability, you may ask for special arrangements for testing when you apply. All requests must be approved in advance by the Technical College. Be sure to explain the specific type of help you need. You may also enclose proof of the need (diagnosed disability) from your health care provider. Evaluators administering the Skills Evaluation will be prepared to meet the needs of nursing assistant/home health aide candidates who have disabling conditions.

Any candidate requesting special testing arrangements may be required to submit documentation of the disability to the Technical College. Contact your Technical College for more information concerning special examination requests and services.

TELECOMMUNICATION DEVICES FOR THE DEAF (TDD)

Pearson VUE is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available during all Pearson VUE hours through a special toll-free number, (866) 274-4777. This TDD phone option is for the express use of individuals equipped with compatible TDD machinery.

CANCELLATION

WEATHER EMERGENCIES

The examination will be delayed or cancelled only in the case of severe weather or a natural disaster. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled.

REFUNDS

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

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 either the NNAAP Examination or the NA/HHA Examination. **Please check with your individual testing site for required materials:**

- A completed application (*for new candidates*).
- Failing Score Report from the Written (or Oral) Examination.
- Proof of completion of a nursing assistant and/or home health aide training program approved by the Minnesota Department of Health (**for Eligibility Routes 1, 2, and 3 only**).
- Two (2) forms of official, signature-bearing identification (one form of which must be photo-bearing), such as Driver's License, Passport, State-issued identification card. **Photocopies of identification will NOT be accepted.**
- Three (3) No. 2 pencils (sharpened).
- Watch with a second hand.
- Eraser.
- Your Social Security number*.
- Examination fees (made payable to "Pearson VUE Processing Center").
- Test site fees (as required by the Technical College).

No other materials will be allowed.

*Minnesota requires you to provide your Social Security number. Your Social Security number will become your nursing assistant certificate number and is used for identification purposes. Your Social Security number will be kept private. Prospective employers who provide your Social Security num-

list continues top of page 9

ber to the Registry receive verification of your status on the Registry. Failure to provide your Social Security number may result in mis-identification.

You are also required by 42 CFR 483.156 to provide certain identifying information on the application, such as your name, address, birth date, and telephone number. Your name and address are public. The other identifying information, except for your Social Security number, will become public after you receive your Certificate. If you do not supply adequate identifying information, you may not be eligible for placement on the Registry.

PROPER IDENTIFICATION

Candidates are required to bring two (2) forms of current, not expired, official signature bearing identification to the test site. One form of identification must be photo bearing. Photo copies will NOT be accepted. Examples of proper identification include current, not expired:

- Driver's license
- Passport
- State-issued identification card
- Alien registration card
- Signed Social Security Card
- Credit Card

TESTING POLICIES

The following policies are observed at each test site.

LATENESS

If you arrive late for your examination, you will **NOT** be admitted to the examination room and you will be responsible for the entire examination fee.

ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing, 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 your state licensing agency. Decisions regarding disciplinary measures are the responsibility of this agency.

GUESTS/VISITORS

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

USE OF RESTROOMS

You must ask permission to use the restroom during testing. The Evaluator will collect your answer sheet and test booklet. The time out and time in will be noted. No additional testing time will be granted.

SECURITY AND CHEATING

If you give help or receive help during any examination, the examination will be stopped. The incident will be reported to the Minnesota Department of Health for review, and your examination will not be scored.

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of, or licensed to Pearson VUE. Consequently, any distribution of the examination content or materials through any form of reproduction, or through oral or written communication, is strictly prohibited and punishable by law. *Anyone who removes or tries to remove examination materials or information from the test site will be prosecuted.*

THE WRITTEN (OR ORAL) EXAM

WRITTEN EXAM

After all candidates have been registered, the Evaluator will hand out materials and give instructions for taking the Written Examination. The NNAAP and NA/HHA Written Examinations have sixty (70) multiple-choice questions a piece. You will have two (2) hours to complete either examination. You will be told when fifteen (15)

minutes are left to finish. You will not be permitted to work beyond the time allotted for the examination.

Complete your answer sheet carefully by filling in only one (1) square 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 (or Oral) Examination are located on page 14.

ORAL EXAM

An Oral Examination is available upon request as an alternative to either the NNAAP Written Examination or the NA/HHA Written Examination. Both the NNAAP and NA/HHA Oral Examination consist of two (2) parts, and you must pass both parts to pass the Oral Examination. The first part of the Oral Examination has sixty (60) multiple choice questions. Each of these questions is read twice. As each question is read, you will be asked to choose the correct answer and mark it on your answer sheet.

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

The Oral Examination takes two (2) hours to complete. You will be told when fifteen (15) minutes remain. Fill in only one (1) square 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 Oral Examination are located on page 17.

Both oral examinations contain questions on the same subject matter found on the Written Examinations for which they are substituted.

To request an Oral Examination, you must complete *Part II: Examination Types and Fees* on your application as well as contact your Technical College to schedule an examination. Please note that the Oral Examination is available on a cassette tape.

2011 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 will go 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>
I. Physical Care Skills		
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		
II. Psychosocial Care Skills		
A. Emotional and Mental Health Needs	11%	6
B. Spiritual and Cultural Needs	2%	2
III. Role of the Nurse Aide		
A. Communication.....	8%	5
B. Client Rights	7%	4
C. Legal and Ethical Behavior.....	3%	2
D. Member of the Health Care Team	9%	5

NA/HHA WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

The NA/HHA Written Examination is comprised of seventy (70) multiple-choice questions. An Oral Examination may be substituted for the NA/HHA Written Examination. The NA/HHA Oral Examination is also comprised of seventy (70) multiple-choice questions.

	<i>% of the exam</i>
I. Physical Care Skills	
A. Activities of Daily Living.....	10%
1. Hygiene	
2. Dressing and Grooming	
3. Nutrition and Hydration	
4. Elimination	
5. Rest/Sleep/Comfort	
B. Basic Nursing Skills.....	27%
1. Infection Control	
2. Safety/Emergency	
3. Therapeutic/Technical Procedures	
4. Data Collection and Reporting	
C. Restorative Skills	7%
1. Prevention	
2. Self Care/Independence	
II. Psychosocial Care Skills	
A. Emotional and Mental Health Needs.....	7-8%
B. Spiritual and Cultural Needs.....	3%
III. Role of the Home Health Aide	
A. Communication	5%
B. Client Rights	5%
C. Legal and Ethical Behavior.....	3%
D. Member of the Health Care Team	7-8%
TOTAL	75%
IV. Unique Duties of the Home Health Aide	
A. Meal Planning and Preparation.....	5%
B. Care of Infants, Children, and Adolescents, Those With Special Needs	5%
C. Safety and Home Management.....	7%
D. Care of the Client in the Home.....	8%
TOTAL	25%

SAMPLE QUESTIONS

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

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

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

Correct Answers

SELF-ASSESSMENT READING TEST

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

PART 1: VOCABULARY

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

1. You go to a doctor when you _____.

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

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

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

3. You use a _____ to write.

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

4. To EXIT a room means to _____ it.

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

5. A wedding is a joyous _____.

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

6. To REQUIRE something means to _____ it.

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

go to next page

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

go to next page

SELF-ASSESSMENT READING TEST

PART 2: COMPREHENSION

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

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

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

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

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

go to next page

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

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

*This completes the
Self-Assessment Reading Test.*

Answers

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

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

THE SKILLS EVALUATION

WHAT TO EXPECT

SETTING

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

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

WHO WILL ACT AS A CLIENT?

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

CANDIDATE VOLUNTEER REQUIREMENTS

You will 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. You will be required to put a gown on over your clothing. In no case may candidates remove clothing down to undergarments.

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

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

THE TASKS

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

See pages 24-39 for the complete skills listing.

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

Before your Skills Evaluation begins, the Nurse Aide Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. 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.

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

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

Blood Pressure

Respirations

Urine Output

Radial Pulse

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 *Washes Hands* 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 24 skills that follow are arranged in alphabetical order, except for the *Washes Hands* skill. *Washes Hands* 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.

WASHES HANDS

- 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 15 (fifteen) seconds**
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 After lathering for at least 15 seconds, rinses all surfaces of wrists, hands, and fingers keeping hands lower than the elbows and the fingertips down
- 8 Uses clean, dry paper towel to dry all surfaces of hands, wrists, and fingers then disposes of paper towel into waste container
- 9 Uses clean, dry paper towel to turn off faucet then disposes of paper towel into waste container or uses knee/foot control to turn off faucet
- 10 Does not touch inside of sink at any time

APPLIES ONE KNEE-HIGH ELASTIC STOCKING

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

Skill continues

- 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 Washes hands

ASSISTS TO AMBULATE USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 **Before assisting to stand, candidate ensures 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 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 Washes hands

ASSISTS WITH USE OF BEDPAN

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

CLEANS UPPER OR LOWER DENTURE

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

Skill continues

- 10 Maintains clean technique with placement of toothbrush and denture
- 11 Sink liner is removed and disposed of appropriately and/or sink is drained
- 12 After rinsing equipment and disposing of sink liner, removes and disposes of gloves (without contaminating self) into waste container and washes hands

COUNTS AND RECORDS RADIAL PULSE*

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Places fingertips on thumb side of client's wrist to locate radial pulse
- 3 Count beats for one full minute
- 4 Signaling device is within reach
- 5 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**

* Count for one full minute.

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**

* Count for one full minute. For testing purposes you may explain to the client that you will be counting the respirations.

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

Skill continues

- 7 With one gloved hand, grasps the other glove at the palm, pulls glove off
- 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 Removes gown without touching outside of gown
- 12 While removing gown, holds gown away from body, turns gown inward and keeps it inside out
- 13 Disposes of gown in designated container without contaminating self
- 14 Washes hands

DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

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

FEEDS CLIENT WHO CANNOT FEED SELF

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding, candidate picks up name card from tray and asks client to state name
- 3 Before feeding client, client is in an upright sitting position (45-90 degrees)**
- 4 Places tray where it can be easily seen by client
- 5 Client's hands are cleaned 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 Makes sure client's mouth is empty before offering next bite of food or sip of beverage
- 11 At end of meal, client's mouth is wiped and hands are cleaned with hand wipe
- 12 Removes food tray and places tray in designated dirty supply area
- 13 Signaling device is within client's reach
- 14 Washes hands

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

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

Skill continues

- 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 basin, places basin in designated dirty supply area
- 16 Disposes of used gown and 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

MAKES AN OCCUPIED BED (CLIENT DOES NOT NEED ASSISTANCE TO TURN)

- 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 Lowers head of bed before moving client
- 4 Client is covered while linens are changed
- 5 Loosens top linen from the end of the bed
- 6 Raises side rail on side to which client will move and client moves toward raised side rail
- 7 Loosens bottom used linen on working side and moves bottom used linen toward center of bed
- 8 Places and tucks in clean bottom linen or fitted bottom sheet on working side and tucks under client
- 9 Before going to other side, client moves back onto clean bottom linen
- 10 Raises side rail then goes to other side of bed
- 11 Removes used bottom linen
- 12 Pulls and tucks in clean bottom linen, finishing with bottom sheet free of wrinkles
- 13 Client is covered with clean top sheet and bath blanket/used top sheet has been removed
- 14 Changes pillowcase

Skill continues

- 15 Linen is centered and tucked at foot of bed
- 16 Avoids contact between candidate's clothing and used linen
- 17 Disposes of used linen into soiled linen container and avoids putting linen on floor
- 18 Signaling device is within reach and bed is in low position
- 19 Washes hands

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 earpiece of stethoscope with alcohol
- 3 Client's arm is positioned at heart level and upper arm is exposed
- 4 Feels for brachial artery in inner curve of arm, at bend of elbow
- 5 Places blood pressure cuff snugly on client's upper arm, with cuff over brachial artery
- 6 Ear pieces of stethoscope are placed over diaphragm is over brachial artery
- 7 Candidate does one of the following: a. 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. OR b. Inflates cuff 30 mm Hg beyond where radial or brachial pulse was last heard or felt
- 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 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**

* This is a one-step blood pressure procedure. However, if a candidate correctly performs a two-step blood pressure procedure that includes step 7b, the candidate will not be penalized and will be given credit for step 7.

MEASURES AND RECORDS URINARY OUTPUT

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

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Candidate ensures client has shoes on before walking to scale
- 3 Sets scale to zero before weighing client
- 4 While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale, then determines 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 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)**
- 7 Washes hands

PERFORMS 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 nurse aide if pain is experienced during exercise

Skill continues

- 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 Washes hands

PERFORMS 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 nurse aide if pain is experienced during exercise
- 4 Supports client's arm at elbow and wrist 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 (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)
- 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)
- 7 While supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
- 8 Signaling device is within reach and bed is in low position
- 9 Washes hands

POSITIONS ON SIDE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before turning, lowers head of bed
- 4 Raises side rail on side to which body will be turned
- 5 Slowly rolls onto side as one unit toward raised side rail
- 6 Places or adjusts pillow under head for support
- 7 Client is positioned 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 Washes hands

PROVIDES CATHETER CARE FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before washing, secures water for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before rinsing
- 5 Places linen on a clean, designated area before washing
- 6 Holds a rolled-up cloth over the perineal area
- 7 Applies soap to wet washcloth
- 8 While holding catheter near meatus without tugging, cleans at least four inches of catheter nearest meatus, moving in only one direction, away from meatus, using a clean area of the cloth for each stroke**
- 9 While holding catheter near meatus without tugging, rinses at least four inches of catheter nearest meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke**
- 10 While holding catheter near meatus without tugging, dries four inches of catheter moving away from meatus

Skill continues

- 11 Empties, rinses, and dries basin
- 12 After rinsing basin, places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 14 Avoids contact between candidate clothing and used linen
- 15 After disposing of used linen and cleaning equipment, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Signaling device is within reach and bed is in low position

PROVIDES FINGERNAIL CARE ON ONE HAND

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before immersing fingernails, checks water temperature for safety and comfort and asks client to verify comfort of water
- 3 Basin is in a comfortable position for client
- 4 Puts on clean gloves before cleaning fingernails
- 5 Fingernails are immersed in basin of water
- 6 Cleans under each fingernail with orangewood stick
- 7 Wipes orangewood stick on towel after each nail
- 8 Dries fingernail area
- 9 Candidate feels each nail and files as needed
- 10 Disposes of orangewood stick and emery board into waste container (for testing purposes)
- 11 Empties, rinses, and dries basin
- 12 After rinsing basin, places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container
- 14 After cleaning nails and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 15 Signaling device is within reach

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 basin, places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container
- 16 After cleaning foot and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Signaling device is within reach

PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before providing mouth care, client is in upright sitting position (45-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places clothing protector across chest before providing mouth care
- 6 Moistens toothbrush
- 7 Applies toothpaste to toothbrush
- 8 Cleans mouth (including tongue and surfaces of teeth) using gentle motions**
- 9 Maintains clean technique with placement of toothbrush
- 10 Holds emesis basin to chin while client rinses mouth
- 11 Wipes mouth and removes clothing protector
- 12 Empties, rinses, and dries basin
- 13 Places used toothbrush in basin
- 14 After rinsing basin, places basin in designated dirty supply area
- 15 Disposes of clothing protector appropriately
- 16 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
- 17 Signaling device is within reach and bed is in low position

PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE

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

TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Before assisting to stand, wheelchair is positioned along side of bed, at head of bed, and facing the foot of the bed
- 4 Before assisting to stand, footrests are folded up or removed
- 5 Before assisting to stand, bed is at a safe level
- 6 Before assisting to stand, locks wheels on wheelchair**
- 7 Before assisting to stand, checks and/or locks bed wheels
- 8 Before assisting to stand, client is assisted to a sitting position with feet flat on the floor
- 9 Before assisting to stand, candidate ensures client is wearing shoes
- 10 Before assisting to stand, applies transfer belt securely 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 Washes hands

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. You will receive an official Score Report on that day. 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. You will receive an official Score Report on that day. The Score Report will indicate whether you have passed or failed the Skills Evaluation.

Due to infrequent technical difficulties, Score Reports may not be received at the test center on the day of testing. If this happens your answer sheet will be mailed overnight to Pearson VUE for handscoring. Your Score Report will then be mailed to you within 5-7 business days from the receipt of materials. For questions regarding delayed Score Reports, please contact Pearson VUE at (800) 274-0504.

FAILING

If you fail either the Skills Evaluation or the Written (or Oral) Examination, you must re-take only the part you failed. You must bring your failing Score Report and new examination fees made payable to “Pearson VUE Processing Center” to the test site on the day of testing. You should contact the Technical College to determine the amount of the administration fee.

If you fail either the Skills Evaluation or the Written (or Oral) Examination three (3) times, you **MUST** take or re-take a state-approved training program before you re-test. You will be required to complete a new application form, pay new examination and administration fees, and take the entire NNAAP or NA/HHA Examination again.

If you do not pass both the Skills Evaluation and the Written (or Oral) Examination and then you complete an approved training program, the testing process starts over. Both the Skills Evaluation and the Written (or Oral) Examination must be taken and passed after completion of the training program.

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 below, a candidate received a result of *Unsatisfactory* on the skill *Washes Hands*. 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 *Washes Hands* skill, and review all the steps, especially steps 1, 5, and 10.

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

A sample of a Failing Score Report

PASSING

Once you have passed both the Skills Evaluation and the Written (or Oral) Examination, you will receive a Certificate. Your name will be submitted to the Minnesota Department of Health for placement on the Minnesota Nursing Assistant Registry. You must successfully pass both parts within two (2) years of completing the training program in order to be eligible for certification. Pearson VUE will mail you your nursing assistant/ home health aide Certificate approximately ten (10) business days after you have successfully completed testing. If you do not receive your Certificate within thirty (30) days of testing, contact Pearson VUE at (800) 274-0504.

Your score is valid for twenty-four (24) months from the date of testing.

DUPLICATE SCORE REPORT/ HANDSCORED RESULTS

If you lose your Score Report or need a duplicate Score Report, or would like the handscored results of your Written (or Oral) Examination or Skills Evaluation, use the *Request for Duplicate Score Report or Handscored Answer Sheet Form* in the back of this handbook.

GRIEVANCE PROCESS

OVERVIEW

Each candidate has a right to file a grievance to complain or contest the results of their Nurse Aide Examination. No grievance will be investigated if it is not received in writing within thirty (30) days of testing.

PROCESS

All grievances **must** be in writing. The candidate must provide as much detail as possible in the grievance letter and forward it to the Minnesota Nurse Aide Registry within 30 days of their exam date.

After receipt of the grievance letter, Minnesota Nurse Aide Registry will review and follow up with each complaint. Information will be obtained from the test site and Pearson VUE. The Registry determinations are final; there is no appeal process.

THE REGISTRY

CHANGE OF ADDRESS OR NAME

If your address or name changes between the time you apply for the examination and the time you receive your Certificate, you must inform Pearson VUE so that you may receive your Score Report, your Certificate, and any other correspondences that may be relevant to the certification process. You may inform Pearson VUE by using the *Change of Address or Name Before Receipt of Certificate Form* found at the back of this handbook. Name changes must be accompanied by official documentation, such as a divorce decree, marriage certificate, or other official notice.

If you change your address or name *after* you have passed the examination and received your Certificate, please complete “Section A” of the *Nursing Assistant Registry Update Form* at the back of this handbook and mail it to the Minnesota Department of Health, Nursing Assistant Registry, or contact the Registry at (800) 397-6124 to obtain an update form.

CHANGE OF EMPLOYMENT

If your place of employment has changed, you must complete “Section A” of the *Nursing Assistant Registry Update Form* located in the back of this handbook. After you complete “Section A”, your new employer must complete “Section B” of the form and mail it to the Minnesota Department of Health, Nursing Assistant Registry.

Please note that if you work for a temporary agency, “Section B” **MUST** be completed by the certified nursing facility at which you work. This form **CANNOT** be completed by a temporary agency.

If a twenty-four (24) month period goes by in which you are not employed (part-time or full-time) as a nursing assistant, your status changes. You then have two (2) choices:

- a) You may re-take the NNAAP Examination. You have three (3) chances to pass it. If you pass the examination, you will again be eligible to have your name placed on the Nursing Assistant Registry. If you fail all three (3) times, you must enroll in a state-approved nursing assistant training program, complete the program, and register again for testing; or
- b) You may enroll in a state-approved nursing assistant training program, complete the program, and register again for testing.

It is your responsibility to keep the Registry informed of any changes in employment.

Any updates to the Registry or questions regarding your status must be sent to:

Minnesota Department of Health
Nursing Assistant Registry
PO Box 64501
St. Paul, MN 55164-0501

UPDATING THE REGISTRY

Once you receive your Certificate, you are responsible for providing the Registry with updated information (for example, changes in name, address, and place of employment). Please check your Social Security number, name, and address when you receive your Certificate from Pearson VUE to verify that the Registry has the correct information.

If you need to inform the Registry of a name or address change, or a change of employment see sections *Change of Address or Name* and/or *Change of Employment* for more information.

LOST CERTIFICATE

If you lose your Certificate, you may receive another copy by sending in the *Request for Duplicate Certificate Form* found in the back of this handbook and a \$15 certified check or money order payable to “Pearson VUE Processing Center”.

Do not make any changes to your Certificate. Any alteration to the Certificate will result in loss of certification.

LAPSED CERTIFICATION

Under federal requirements, certification as a nursing assistant becomes invalid after a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. It is critical to update your employment history. In addition, failure to inform the Registry of an address change may jeopardize your certification status.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>How do I become a Nursing Assistant?</p>	<ul style="list-style-type: none"> • You must successfully complete a state-approved nurse aide training program and pass both portions of the examination within two (2) years of training at an approved testing site. • You may also test without training if you trained in another country, if you have not taken a nursing assistant training program, if you have not worked as a nursing assistant in the last two (2) years; if you are from another state and do not qualify for reciprocity in Minnesota; or if you are a student nurse or graduate nurse candidate. Please check for eligibility requirements in the candidate handbook under “Eligibility”. • You must pass both the written and skills portions of the NNAAP examination. .
<p>May I Perform the Duties of a Nurse Aide Before I Am Certified?</p>	<ul style="list-style-type: none"> • If you are currently attending an approved training program and employed in a nursing home or certified boarding care home, you have 120 days in which to complete the training and become certified. During that period, a student may not perform any duty for which they have not been trained and checked by the instructor. • If you are not enrolled in an approved training course, you may not perform any nurse aide duties until you become certified.
<p>How Do I Arrange for Special Accommodations?</p>	<ul style="list-style-type: none"> • Special requests must be submitted and approved prior to testing. Documentation from your physician or other qualifying professional must be included with the request. Please refer to the Special Exam Requests and Services section of the candidate handbook for details.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
How do I decide which exam to take?	<ul style="list-style-type: none">• Initially, both the Written and Skills exams must be scheduled together.• An Oral Examination in English may be substituted for the Written examination.• Minnesota-approved curriculums offer Nursing Assistant and Nursing Assistant/Home Health Aide programs. If you completed an approved training program in Minnesota you must register for the correct written test. Taking the incorrect written test will cause you to retest. The skills test is the same for both.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>Is there a time limit in which I must pass both exams?</p>	<ul style="list-style-type: none"> • If you are currently working in a nursing home or certified board care home, you have four (4) months to complete all eligibility requirements and become certified. <p>If you are NOT working in a nursing home or certified board care home, you are allowed three (3) attempts within two (2) years after successfully completing a training program to pass both parts of the NNAAP Examination, to be eligible for placement on the Nursing Assistant Registry. If you do not pass the NNAAP Examination within a two (2) year period, you will be required to train / re-train and you must take both portions of the examination.</p> <ul style="list-style-type: none"> • If you are NOT working in a nursing home or certified board care home AND you did not complete a state approved training program you are allowed three (3) attempts within two (2) years after the initial examination date to pass both parts of the NNAAP Examination, to be eligible for placement on the Nursing Assistant Registry. If you do not pass the NNAAP Examination within a two (2) year period, you will be required to train / re-train and you must take both portions of the examination.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
Can I register for an exam or check my scores online?	<ul style="list-style-type: none"> • Registration cannot be done on-line. Please contact your testing location for specific guidelines. • Results are given to each candidate at the test site for each examination taken. • If you passed both parts of the examination, your name will be placed on the Minnesota Department of Health Nursing Assistant Registry.
What form of payment do you accept and may I take it to the test site?	<ul style="list-style-type: none"> • Some test sites require fees and paperwork to be submitted PRIOR to the test date. Please contact your individual test site to determine when these items are required.
What is the next test date?	<ul style="list-style-type: none"> • Please contact the Minnesota Department of Health for approved testing sites. Please contact your local site for a schedule of available dates. • A current listing of all training and testing sites is available on the Minnesota Department of Health website: http://www.health.state.mn.us/divs/fpc/directory/natrainingssites.cfm
How long will it take me to find out if I passed or failed?	<ul style="list-style-type: none"> • Pearson VUE Score Reports are provided the day of the examination. If the site experiences technical difficulties with faxing answer sheets, they will be sent to Pearson VUE for hand scoring and results will be mailed within 5-7 business days after testing.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
REGISTRY	
<p>How do I verify if I'm on the Nurse Aide Registry?</p>	<ul style="list-style-type: none"> • Contact the Minnesota Department of Health at 651.215.8705. Toll free, Greater Minnesota, 1.800.397.6124. The automated system is available 24/7, follow the prompts.
<p>How do I change my name and/or address?</p>	<ul style="list-style-type: none"> • Complete the form in the back of the handbook and mail it with appropriate documentation to the Minnesota Department of Health.
<p>How long will my name remain on the registry?</p>	<ul style="list-style-type: none"> • Once on the Nurse Aide Registry, your certification will remain current for twenty-four (24) months from the date you passed both parts of the NNAAP exam..
<p>My certification expired. How do I renew it or become certified again?</p>	<ul style="list-style-type: none"> • If your certificate expired, you may need to retest (under eligibility route 4) or train and re-test. • You may be eligible to update your certificate by providing previous employment. Please call Minnesota Nursing Assistant Registry at the numbers above.
<p>I'm moving to or from another state. May I perform nurse aide duties in that state?</p>	<ul style="list-style-type: none"> • If you are moving TO Minnesota, you may be eligible to transfer your certificate to Minnesota. Contact the Minnesota Nursing Assistant Registry at the numbers above for transfer information. . • If you are moving FROM Minnesota, you should contact that state Department of Health or Board of Nursing, to obtain state requirements.

MINNESOTA NA/HHA CERTIFICATION — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
How do I maintain current status on the Minnesota Nursing Assistant Registry?	<ul style="list-style-type: none">• You must work at least eight (8) hours performing nursing assistant tasks for a licensed healthcare provider. Nursing assistant tasks must be performed independently; this does not include orientation or facility training.• This employment must be submitted by a MN NA Registry Update form which is sent about three (3) months before Registry status is to expire.

Minnesota Nursing Assistant

REQUEST FOR DUPLICATE SCORE REPORT OR HANDSCORED ANSWER SHEET

DIRECTIONS:

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

Duplicate Score Report

Handscore

FEE:

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

SEND TO:

Attn: MN NNAAP® and NA/HHA
Pearson VUE Processing Center
PO Box 13785
Philadelphia, PA 19101-3785

AMOUNT ENCLOSED:

\$ _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

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

Name _____

Street _____

City _____ State _____ Zip _____

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

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

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

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

Your Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Minnesota Nursing Assistant

REQUEST FOR DUPLICATE CERTIFICATE

DIRECTIONS:

You may use this form to request Pearson VUE to send a duplicate copy of your Certificate. Please print or type all information on the reverse side of this form and include correct fees, or your request will be returned.

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:

Attn: MN NNAAP® and NA/HHA
Pearson VUE Processing Center
PO Box 13785
Philadelphia, PA 19101-3785

PLEASE COMPLETE BOTH SIDES OF THIS FORM

AMOUNT ENCLOSED:

\$ _____

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 Certificate.

Your Signature _____ Date _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Minnesota Nursing Assistant

CHANGE OF ADDRESS OR NAME BEFORE RECEIPT OF CERTIFICATE

DIRECTIONS:

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

For name changes you must also provide written documentation of your name change (for example, a divorce decree, marriage certificate, etc.).

SEND TO:

MN NNAAP and NA/HHA — Reports
Pearson VUE
PO Box 13785
Philadelphia, PA 19101-3785

NOTE:

If you have received your Certificate and need to update the Registry, please complete the Nursing Assistant Registry Update Form.

PLEASE COMPLETE OTHER SIDE OF THIS FORM

PRINT YOUR NEW NAME AND ADDRESS BELOW.

Name _____

Street _____

City _____ State _____ Zip _____

Tel. (_____) _____

PLEASE PRINT YOUR OLD NAME AND ADDRESS BELOW.

Name _____

Street _____

City _____ State _____ Zip _____

Social Security Number _____ Nurse Aide Certification Number _____

YOUR SIGNATURE _____ Date _____

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

Minnesota Nursing Assistant

NURSING ASSISTANT REGISTRY UPDATE

DIRECTIONS: If you are reporting only a *name and/or address change*, complete “Section A” and sign this form on the reverse side at the bottom. Proof of your name change, such as a photocopy of your marriage certificate or divorce decree, must be attached.

If you are reporting a *change in place of employment*, you must complete “Section A” of this form and sign the reverse side at the bottom. After you complete “Section A” and sign this form, your new employer must complete “Section B” to verify your employment. Employment must have been within the past twenty-four (24) months and must have been in a Minnesota facility/agency. Attach a copy of your job description from your employer if you are not working at a nursing home or certified home health agency. **WE WILL RETURN YOUR FORM UNPROCESSED IF THIS IS NOT ATTACHED.**

Please note that if you work for a temporary agency, “Section B” **MUST** be completed by the certified nursing facility at which you work. This form **CANNOT** be completed by a temporary agency.

NURSING ASSISTANT/HOME HEALTH AIDE INFORMATION “SECTION A”

Social Security Number	Legal Name (Last, First, Middle) (No initials)
Current Address	City, State, Zip Code
Check if appropriate: The information provided above reflects a change in: <input type="checkbox"/> NAME <input type="checkbox"/> ADDRESS	
Phone Number () -	

