

PENNSYLVANIA

NURSE AIDE CANDIDATE HANDBOOK

April 2010

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QUICK REFERENCE

AMERICAN RED CROSS (ARC)

Competency Evaluation Program

PO Box 5875

Harrisburg, PA 17110

(800) 795-2350

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

The American Red Cross is responsible for registration, scheduling and 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
- Change your current address or name prior to examination results being sent to the Registry
- Obtain information regarding the examination

PENNSYLVANIA DEPARTMENT OF HEALTH (DIVISION OF NURSING CARE FACILITIES)

(717) 787-1816

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

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

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 Standard Time)*

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

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.

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

Call the Pennsylvania Department of Education to:

- Obtain information regarding training requirements
- Obtain a list of approved training programs
- Applications for student nurses, professional nurses, foreign-trained nurses, and individuals trained in another state who might be eligible to take the State competency examination go to www.education.state.pa.us

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

Office of Long-Term Living

Bureau of Provider Support

6th Floor, Forum Place Building

555 Walnut Street

Harrisburg, PA 17101

(717) 783-7377

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

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

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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 Aging has contracted with Pearson VUE (*formerly Promissor*), 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 will be working with Pearson VUE to schedule and administer the examination.

NATIONAL NURSE AIDE ASSESSMENT PROGRAM (NNAAP™)

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

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

EXAM OVERVIEW

The two parts of the 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.

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

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; **or**

E-1

You are a student nurse with an approved application of eligibility from the Pennsylvania Department of Education (www.education.state.pa.us); **or**

E-2

You were trained out of state within the last twenty-four (24) month and have received approval to test from the Pennsylvania Department of Education.

E-3

Your Pennsylvania nurse aide registration has lapsed because you have not worked providing nursing-related services for twenty-four (24) months or more, you must re-test.

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 for a minimum of one documented day for pay in an approved facility type during the past twenty-

four (24) months. You must take the Pennsylvania test and have one opportunity to pass it.

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

FILLING OUT A REGISTRATION FORM

- You may get a registration form from your nursing facility employer or your nurse aide training program, 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.

NOTE: *Student nurses and applicants trained out of state MUST submit the Pennsylvania Department of Education approved application with their Registration Form.*

- 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.

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- If you need help or have any questions about the registration form, please contact an American Red Cross Customer Service Representative at (800) 795-2350.
- Mail your completed registration form, required documents, and appropriate fee **together in one envelope** to:

American Red Cross
Competency Evaluation Program
PO Box 5875
Harrisburg, PA 17110

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>	\$112
Written Examination ONLY	<i>re-test exam</i>	\$41
Skills Evaluation ONLY	<i>re-test exam</i>	\$61
Oral Examination ONLY	<i>re-test exam</i>	\$51

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, certified check, or company purchase order made payable to the “American Red Cross”. Even if it is from your employer, the money order, certified check, or company purchase order 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 the American Red Cross 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 the American Red Cross 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. The American Red Cross 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 the American Red Cross at (800) 795-2350. The American Red Cross is **NOT** responsible for lost, misdirected, or delayed mail.

TESTING LOCATIONS

The NNAAP Examination is provided at Regional Test Site (RTS) locations throughout Pennsylvania. ARC administers the NNAAP examination at the locations listed below on a set schedule. You will be scheduled for the first available date at the testing location indicated by you on your application.

PERMANENT TEST SITES	
TEST SITE NAME	TEST SITE CODE
Southern Alleghenies Chapter , Altoona	RTS396024
ABO Haven , Philadelphia	RTS390036
ARC Clearfield-Jefferson Chapter 1100 South 2 nd St, Clearfield, PA 16830	RTS396029
ARC Danville Area Chapter 346 Mill St., Danville, PA 17821	RTS396021
ARC Indiana County , Indiana, PA	RTS390035
Clinical Pathways , Phila, PA	RTS390037
Greater Erie Chapter 4861 Pittsburgh Ave., Erie, PA 16509	RTS396002
Health Technology Institute , Phila, PA	RTS390033
Peter Becker Community 800 Maple Ave., Harleysville, PA 19438	RTS396026
Susquehanna Valley Chapter Harrisburg	RTS396007
Hiram G. Andrews Center 727 Goucher St., Johnstown, PA 15905	RTS396012
Susquehanna Valley Chapter , Lancaster	RTS396017
Chestnut Ridge Chapter 1816 Lincoln Ave., Latrobe, PA 15650	RTS396022
P and A Nursing 141 E. Hunting Park Ave., Philadelphia, PA 19124	RTS396028
Southwestern Penna. Chapter 225 Blvd. of the Allies, Pittsburgh, PA 15222	RTS396003
Berks County Chapter , Reading	RTS396006
Allegheny Region Chapter , Reno	RTS396001
Wyoming Valley Chapter 256 N. Sherman St. Wilkes-Barre, PA 18702	RTS396005
York County Chapter 724 S. George St., York, PA 17403	RTS396008

*Availability of testing is subject to change.
Additional information about testing locations
may be obtained by calling (800) 795-2350.*

SPECIAL EXAM REQUESTS AND SERVICES

Pearson VUE certifies that it shall comply with the provisions of the Americans with Disabilities Act (42 U.S.C. § 12101 *et seq.*) and Title VII of the Civil Rights Act, as amended (42 U.S.C. § 2000e *et seq.*), in accommodating candidates who, because of a disability, need special arrangements to enable them to take the examination. If you need special arrangements for testing because of a disabling condition, you may ask for special testing services. All test sites have access for candidates with disabilities.

To request special testing arrangements due to impaired sensory, manual, or speaking skills, or other disability, you must submit a written request that includes your name, address, and Social Security number, the testing location, and a description of the special requirement(s).

This letter must be received by the American Red Cross along with your registration materials and must include:

- proof of your disability from your health provider, and
- a statement of the type of help you need.

Nurse Evaluators administering the Skills Evaluation will be prepared to meet the needs of nurse aides who have disabling conditions.

The request for special services must also include supporting documentation from a physician or other qualified professional reflecting a diagnosis of the condition and an explanation of the need for testing aids or modifications. Pearson VUE will provide auxiliary aids and services, except where it may fundamentally alter the examination or results, or result in an undue burden. The examination will be scheduled upon submission of all necessary information to the American Red Cross at the address listed on the inside front cover.

Pearson VUE recommends, due to the unique nature of each request for special services and the types of variables involved with testing (testing frequencies as permitted by state licensing agencies and individual test site capabilities), that a candidate requesting special services do so as much in advance of his or her desired examination date as possible. Concerted attempts to offer reasonable accommodations will be made.

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) 274-2777. This TDD phone option is for the express use of individuals equipped with compatible TDD machinery.

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.

CANCELLATION

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 the American Red Cross 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 the American Red Cross 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.

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 may be asked to provide evidence of the situation. If your cancellation request is valid, your fees will be refunded **minus a \$15 processing fee** for each part of the NNAAP Examination (\$30 for both the Skills Evaluation and the Written (or Oral) Examination).

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.

The American Red Cross'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

PROPER IDENTIFICATION

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

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

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

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

WHAT TO BRING

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

- Two (2) forms of official, signature-bearing identification, one of which must be photo identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number
- Watch with a second hand

No other materials will be allowed.

SECURITY

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 Aging 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 about 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 Aging. 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 with advance notice. You or your employer must notify the American Red Cross when you fill out 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.

2010 WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

The revised NNAAP Content Outline is based on the findings from the *2005 Job Analysis of Nurse Aides*, published by the National Council of State Boards of Nursing (NCSBN) in May 2006. The examination content outline will be effective January 2010.

The NNAAP Written Examination is comprised of seventy (70) multiple-choice questions. Ten (10) of these questions are pre-test (non-scored) questions on which statistical information will be collected.

The NNAAP Oral Examination is comprised of sixty (60) multiple-choice questions and ten (10) reading comprehension (word recognition) questions.

	<i>% of the exam</i>	<i># of questions in the exam</i>
I. Physical Care Skills		
A. Activities of Daily Living.....	13%	8
1. Hygiene		
2. Dressing and Grooming		
3. Nutrition and Hydration		
4. Elimination		
5. Rest/Sleep/Comfort		
B. Basic Nursing Skills.....	40%	24
1. Infection Control		
2. Safety/Emergency		
3. Therapeutic/Technical Procedures		
4. Data Collection and Reporting		
C. Restorative Skills.....	8%	5
1. Prevention		
2. Self Care/Independence		
II. Psychosocial Care Skills		
A. Emotional and Mental Health Needs	13%	8
B. Spiritual and Cultural Needs	2%	1
III. Role of the Nurse Aide		
A. Communication.....	8%	5
B. Client Rights	5%	3
C. Legal and Ethical Behavior.....	3%	1
D. Member of the Health Care Team	8%	5

SAMPLE QUESTIONS

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

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

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

Correct Answers

SELF-ASSESSMENT READING TEST

The two (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 (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

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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.

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 *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 positioning client, 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 Signaling device 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
- 15 Linen is centered and tucked at foot of bed

Skill continues

- 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 (TWO-STEP PROCEDURE)

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before using stethoscope, wipes 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 (Evaluator: If candidate states he/she cannot feel brachial artery, have client hyperextend arm and tell candidate to try again; if candidate still unable to feel artery, tell candidate to place stethoscope at appropriate location and proceed)
- 6 Locates radial pulse with fingertips
- 7 Inflates the cuff to no more than 30 mm Hg beyond where pulse is last felt
- 8 Deflates cuff
- 9 Locates brachial pulse with fingertips
- 10 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 11 Inflates the cuff to no more than 30 mm Hg beyond where pulse was last felt
- 12 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.)
- 13 Removes cuff
- 14 Signaling device is within reach
- 15 Washes hands
- 16 After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

MEASURES AND RECORDS URINARY OUTPUT

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

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

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

Skill continues

- 3 Instructs client to inform nurse aide 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 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 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 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

Skill continues

- 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

Skill continues

- 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

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.

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. An original completed registration form must be submitted at the time of reapplication.

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.

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 *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.

Pennsylvania 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
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 of the Susquehanna valley (ARCSV) 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 of the Susquehanna Valley customer service center. 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.

The candidate must complete the grievance form in its entirety providing as much detail as possible and return it to the ARCSV 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 PearsonVUE 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, ARCSV, or PearsonVUE, 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, the entire process will be turned over to American Red Cross Office of General Council located 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 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?	<p>State Police Background check required for all nurse aides who have been PA residents for at least two years prior to the submission of the request; otherwise, a FBI background check must be obtained.</p> <p><i>Act 169</i> <i>35 P.S. §10225.502(a)(1) & (2)</i></p>
2. How much do background checks cost?	<p>State: \$10.00 FBI: \$30.25</p> <p><i>Act 169</i> <i>35 P.S. §10225.502(b)</i></p>
3. Can a nurse aide work for any period of time while awaiting a criminal background check clearance?	<p>A CHRI from the State Police or FBI must be on file prior to the first day of the Nurse Aide Training & Testing program course.</p> <p><i>P.L.169 22 PA Code Ch.701</i></p> <p>In-state residents may work for 30 days while awaiting PA background clearance.</p> <p><i>Act 169 of 1996</i> <i>35 P.S. §10225.506</i></p> <p>Out-of-state residents may work for 90 days while awaiting a FBI background clearance.</p> <p>(provided 5 specified conditions are met)</p>
4. What are the requirements for renewal of a nurse aide registry?	<p>A nurse aide must work 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 registration.</p> <p><i>42 CFR §483.75(e)(7)</i> <i>F496</i></p>

Table continues

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
5. How many hours of training are required for registration?	PA is a 80 hour state – 16 of which must be supervised practical training; however, PA Policy requires 37.5 hours. <i>42CFR§4842CFR§483.152(a)(1)</i>
6. How much can a nurse aide be charged for registration?	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 obtaining her or his registration?	A nurse aide may work for four (4) months or 120 days while participating in a nurse aide training and/or testing 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.
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>

Table continues

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
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)
<p>13. What yearly training topics must be provided to nurse aides?</p>	<p>Nursing home administrations must conduct yearly in-service training on the following topics: Infection Prevention and Control, Fire Prevention & 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: http://www.pacode.com/secure/data/028/chapter201/s201.20.html <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>
<p>14. If a nurse aide was annotated in another state, can she or he work in PA?</p>	<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 style="text-align: center;">Division of Nursing Care Facilities Room #526, H & W Building 625 Forster Street Harrisburg, PA 17120-0701</p> <p>or send an email request to c-ncomplai@state.pa.us. The list will be sent electronically. Specify if you want the list as a compressed e-mail file or on CD-ROM. If you want the file sent by e-mail, provide the e-mail address where you want the file sent.</p>
16. Can I get a NAR list of only certain counties?	There is an option to sort the master list by county.
17. Who do I contact if my facility is not reimbursing me for my NATCEP training / testing?	The PA Department of Public Welfare has authority over reimbursement for nurse aide training & testing. Call (717) 783-7377.
18. How can I have my prior education and training reviewed for exemption from NATCEP training?	The PA Department of Education is responsible for reviewing and evaluation of prior education & training associated with NATCEP exemptions. Contact (717) 772-0814 or go to www.education.state.pa.us

Table continues

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
<p>19. I was sent home because an allegation of abuse, neglect or misappropriation of property was made against me. What does this mean?</p>	<p>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. If not, a letter indicating that an allegation has been made, an investigation conducted, and no further action will be taken at this time. The latter means you are still in good standing on the Registry and prospective employers will see nothing more than that when reviewing your Registry status.</p>
<p>20. I have a prior conviction on record. Will it prevent me from being able to work in nursing homes?</p>	<p>Identify what the conviction was for and the gravity of it. Compare the information to the Prohibitive Offense List associated with Act 169 (http://www.aging.state.pa.us/psolinetraining/cwp/view.asp?a=3&Q=242763), 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></p>

Table continues

PA NURSE AIDE REGISTRY — FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER AND REFERENCE (WHERE APPLICABLE)
21. 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.
22. If I completed NATCEP training but failed the test three (3) times, can I retrain and test again?	<p>If an individual fails the state competency examination three times, they may re-train and have another three opportunities.</p> <p>Some facilities will re-train if the individual is a good employee. However, the individual may re-train at any approved program.</p> <p>It is three opportunities the individual has to test, not three tries. If the individual does not show up for a scheduled test date, they lost an opportunity.</p>
23. 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)
24. 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.
25. 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.
26. 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.

Pennsylvania Nurse Aide

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 handscore 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 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: 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

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

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

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.*

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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

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