



# Rhode Island **NURSING ASSISTANT**

written (or oral) examination  
& skills evaluation

**CANDIDATE HANDBOOK**

January 2016

# QUICK REFERENCE

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## COMMUNITY COLLEGE OF RHODE ISLAND (CCRI) CENTER FOR WORKFORCE AND COMMUNITY EDUCATION

### Rhode Island NNAAP® Program

400 East Avenue  
Warwick, RI 02886  
(401) 333-7077  
Fax: (401) 333-7237

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

#### **Call CCRI to:**

- Obtain a Candidate Handbook
- Obtain an application for testing
- Obtain registration information
- Cancel and/or reschedule an examination
- Arrange special examination requests and services
- Change your current address or name *before* testing
- Request an excused absence

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## RHODE ISLAND

### Department of Health

Three Capitol Hill  
Room 105  
Providence, RI 02908  
(401) 222-5888  
Fax: (401) 222-3352

Web: [www.health.ri.gov](http://www.health.ri.gov)

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

#### **Call Rhode Island Department of Health to:**

- Obtain a Candidate Handbook
- Obtain information regarding requirements for initial licensing
- Obtain information regarding requirements for license renewal
- Change your current address or name.  
The Rhode Island Department of Health must have accurate information at all times

#### **For applications & licensing requirements, go to:**

[www.health.ri.gov/hsr/professions/n\\_assist.php](http://www.health.ri.gov/hsr/professions/n_assist.php)

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**PEARSON VUE®**

**Rhode Island NNAAP® Program**

PO Box 13785

Philadelphia, PA 19101-3785

(800) 274-2900

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

***Call Pearson VUE to:***

- Obtain information regarding your Score Report
- Change your current address or name
- Request a duplicate Score Report

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

***([www.pearsonvue.com](http://www.pearsonvue.com)) to:***

- Download a Candidate Handbook
- Download an Application
- View Regional Test Site testing dates
- Download a Nursing Assistant Practice Written Examination

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# INTRODUCTION

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

The Rhode Island Department of Health has contracted with Pearson VUE, a nationally recognized leading provider of assessment services to regulatory agencies and national associations. Pearson VUE will develop, score, and report the results of the NNAAP® Examination for the Rhode Island Nursing Assistant Registry. The Community College of Rhode Island (CCRI) will be working with Pearson VUE to schedule and administer the examination.

In order to be certified (licensed) in the state of Rhode Island as a nursing assistant, your nursing assistant training program will be required to complete and submit two applications. The **first application** is the *Application for Licensure As A Nursing Assistant*, which may be obtained from your nursing assistant training program. Your nursing assistant training program must submit a completed *Application for Licensure As A Nursing Assistant* to the Rhode Island Department of Health before you are scheduled to take the NNAAP examination. The **second application**, the *Application for Registration By Examination*, should be submitted to CCRI. Upon receipt of a completed examination application, CCRI will schedule qualified applicants to take the NNAAP examination. You may obtain a copy of the *Application for Registration By Examination* from your nursing assistant training program or download a copy from Pearson VUE's website at [www.pearsonvue.com](http://www.pearsonvue.com).

## NATIONAL NURSING ASSISTANT ASSESSMENT PROGRAM (NNAAP®)

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

The National Nurse Aide Assessment Program (NNAAP®) is an examination program designed to determine minimal competency to become a certified nursing assistant in your

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

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

## EXAM OVERVIEW

The two parts of the NNAAP Examination process, the Written (or Oral) Examination and the Skills Evaluation, will be administered on the same day. You must pass both parts in order to be certified and listed on the Rhode Island Nursing Assistant Registry. You must pass both the Written (or Oral) Examination and the Skills Evaluation in a twelve (12) month period in order to obtain your nursing assistant certification in Rhode Island.

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 and ten (10) multiple-choice reading comprehension questions provided on a cassette tape. You will be asked to listen to a cassette tape of the Oral Examination and follow along in the test booklet as the questions are read aloud on the tape. If you want to take the Oral Examination, you must request it when you submit your application.

At the Skills Evaluation you will be asked to perform five (5) randomly selected nursing assistant skills. You will be given twenty-five (25) minutes to complete the five (5) skills. You will be rated on these skills by a Nursing Assistant Evaluator. You must successfully demonstrate five (5) skills in order to pass the Skills Evaluation. 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.

# REQUIREMENTS FOR LICENSURE AS A NURSING ASSISTANT

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In order to be scheduled for examination as a nursing assistant in Rhode Island, your nursing assistant training program must first submit an application for licensure as a nursing assistant to the Rhode Island Department of Health. The application also requires a passport-type 2 x 3 inch photograph, taken within one (1) year. In addition, an original BCI (criminal background check) from the Rhode Island Attorney General's Office only, dated within four (4) months (2 months for applicants who were licensed as a Nursing Assistant in RI) of the application date, with stamp and seal is required. If you have a positive BCI, a detailed explanation of the charge must be provided. Incomplete applications will be returned.

## ELIGIBILITY

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### E-1 NURSING ASSISTANT

All nursing assistant candidates applying to take the NNAAP Examination in Rhode Island must have successfully completed a Rhode Island Department of Health-approved nursing assistant training program. You are allowed one (1) year from the date you began your nursing assistant training program to pass the nursing assistant examination. If you do not pass the NNAAP Examination within a one-year period, you will be required to re-train before you will be allowed to take the examination again.

### E-2 NURSING STUDENT

If you are actively matriculated in a nursing program and completed a minimum of two (2) clinical courses you may apply to take the nursing assistant examination. You must submit an official transcript to the Rhode Island Department of Health as verification.

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## LAPSED NURSING ASSISTANTS

If your Rhode Island nursing assistant license has lapsed *more than 24 months*, you are required to re-train and re-take the NNAAP Examination. After completing your Rhode Island state-approved nursing assistant training program, you must apply as a Nursing Assistant under Eligibility Route E-1.

If your Rhode Island nursing assistant license has lapsed *less than 24 months*, you should contact the Rhode Island Department of Health. You must provide evidence of your work history as a nursing assistant of at least eight (8) hours in the prior twenty-four (24) months.

If you have questions regarding eligibility, please contact the Rhode Island Department of Health at (401) 222-5888.

## EXAM APPLICATION AND EXAM SCHEDULING

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### FILLING OUT AN APPLICATION

You may get an Application for Registration by Examination from your nursing assistant training program or by contacting CCRI. You may also download an application at the Pearson VUE website at [www.pearsonvue.com](http://www.pearsonvue.com).

- You are responsible for completing the appropriate sections of the application. You may ask someone from your nursing assistant training program or facility employer for assistance in completing the application.
- If you need help or have any questions about the application, please contact a CCRI Customer Service Representative at (401) 333-7077. You may also contact your nursing assistant training program for assistance with the application.
- Mail your completed application, a copy of your nursing assistant training program's certificate of completion, and appropriate fees **together in one envelope** to:

**Community College of Rhode Island**  
**Center for Workforce and Community Education**  
Rhode Island NNAAP®  
400 East Avenue  
Warwick, RI 02886

## EXAM FEES

The fees listed below have been established for the NNAAP Examination in Rhode Island.

Written Examination & Skills Evaluation	<i>(both)</i>	\$99
Oral Examination & Skills Evaluation	<i>(both)</i>	\$99
Written Examination <b>ONLY</b>	<i>(re-take)</i>	\$30
Oral Examination <b>ONLY</b>	<i>(re-take)</i>	\$30
Skills Evaluation <b>ONLY</b>	<i>(re-take)</i>	\$69

*The first time you test, you must schedule both the Written (or Oral) Examination and the Skills Evaluation.*

**Payment must be made in the form of a money order, certified check, or company check made payable to “CCRI”.** Even if it is from your employer, the money order, certified check, or company check must display your name so it can be applied to your examination. If you are not currently employed in a nursing home, you may pay the fee yourself. Company checks may pay for more than one candidate. **Personal checks and cash will not be accepted.** Fees are non-refundable and non-transferable once submitted to CCRI because they cover the administrative costs of registration and testing.

Under federal and Rhode Island state laws, candidates employed as nursing assistants in nursing homes that participate in Medicaid/Medicare programs are prohibited from paying their examination fees. Employers must pay the examination fee and any ***re-test fee for those candidates in their employ as nursing assistants*** or candidates who have a written commitment or signed acceptance of employment on file in a Medicaid-certified nursing home. Candidates not employed as nursing assistants are permitted to pay their own examination fee.

## EXAM SCHEDULING

Once CCRI receives your application, required documents, and fees, they will schedule you for testing. You will not be scheduled to test until all required materials are received. CCRI will mail your Admission Ticket to you at the address listed on your application. The Rhode Island Department of Health must deem your *Application for Licensure as a Nursing Assistant* complete before CCRI can schedule your examination date.

## ADMISSION TICKETS

**Your Admission Ticket has important information about the examination. Call CCRI if you do not get your ticket within fifteen (15) business days after you have been assigned a temporary license by the DOH. CCRI is NOT responsible for lost, misdirected, or delayed mail.**

## TESTING LOCATIONS

The NNAAP Examination is given by CCRI at Regional Test Sites. Please visit **[www.pearsonvue.com](http://www.pearsonvue.com)** to see the test site schedule or call Pearson VUE at (800) 274-2900. When accessing Pearson VUE's website, select "Search the Nursing Assistant Registry" under "Quick Links" and select "RI Nursing Assistants" from the drop-down menu. Then select "Regional Test Sites and Test Schedules."

## SPECIAL EXAM REQUESTS AND SERVICES

Pearson VUE and CCRI 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 disabled candidates who need special arrangements to take the examination.

If you have a disability, you must ask for special arrangements for testing when you apply. All requests must be approved in advance by CCRI. Be sure to explain the specific type of help you need and enclose proof of the need (diagnosed disability) from your health care provider. Nursing Assistant Evaluators administering the Written (or Oral) Examination and the Skills Evaluation will be prepared to meet the needs of nursing assistant candidates who have disabling conditions.

# CANCELLATION AND RE-SCHEDULING

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If you are unable to attend your scheduled examination, you **MUST** call CCRI *at least five (5) 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 CCRI *at least five (5) business days* in advance of your examination date to re-schedule, and do not show up for your scheduled examination, your fee will **NOT** be refunded and cannot be transferred to a new examination date. You will be considered as an **ABSENT** candidate. You may not give your examination date to another person.

If you notify CCRI in time, there is no penalty and your fee may be transferred to your new examination date. If your employer paid for your examination fee, you should tell them about missing the examination. Let them know how you have handled re-scheduling and when you plan to re-test.

## REFUNDS

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

## ABSENCE POLICY

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

**Acceptable reasons for re-scheduling 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
- Weather emergency

Requests for excused absences must be made in writing and received *within ten (10) business days* following the scheduled examination. This request must include verification of your absence from an appropriate source. For example, if you had jury duty, you must supply a copy of your court notice.

*continued next page*

The decision of CCRI will be final regarding whether an absence is excused and whether you must pay the examination fee if you are absent.

## WEATHER EMERGENCIES

Examinations will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test center inaccessible or unsafe, the examination will be delayed or cancelled. If the examination has been cancelled, you will be re-scheduled for the next available examination at that site.

# EXAM DAY

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## CHECKING IN

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

## WHAT TO BRING

You must have the following items with you when you take the examination:

- Two (2) forms of proper identification
- Three (3) No. 2 pencils (sharpened)
- Eraser
- Your Social Security number
- Watch with a second hand

***No other materials will be allowed.***

## PROPER IDENTIFICATION

You are required to bring two (2) forms of official, signature-bearing identification to the test site (one of which must be a photo identification). All identification must be **current (not expired)** and no birth certificates will be accepted. 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.**

## SECURITY AND CHEATING

If you give help to or receive help from anyone during the examination, the examination will be stopped. The incident will be reported to the Rhode Island Department of Health for review and your examination will not be scored (see *Testing Policies*).

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

## TESTING POLICIES

The following policies are observed at each test center.

### 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 of your required materials, you will **NOT** be allowed to test and your examination fee will **NOT** be returned. If you are late for the Written (or Oral) Examination, but arrive on time for the Skills Evaluation, you **will** be allowed to take the Skills Evaluation.

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

### ELECTRONIC DEVICES

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

### STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books, or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Pearson VUE and CCRI are 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 the incident will be reported to the Rhode Island Department of Health. Decisions regarding disciplinary measures are the responsibility of Pearson VUE and the Rhode Island Department of Health.

### GUESTS/VISITORS

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

# THE WRITTEN (OR ORAL) EXAM

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## WRITTEN EXAM

The Nursing Assistant 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 remain in order to finish. Fill in only one (1) box on the answer sheet for each question. Markings in the test booklet will **NOT** be accepted as answers. Your answers must appear on the separate answer sheet. Sample questions for the Written Examination are located on page 14.

## ORAL EXAM

An Oral Examination may be taken in place of the Written Examination if you have difficulty reading English. You must request an Oral Examination when filling out your application. The Oral Examination is provided on an MP3 player. Earphones are provided at the test center. You will be asked to listen to a recording of the Oral Examination and follow along in the test booklet as the questions are read aloud on the MP3 player.

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

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

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

# 2016 WRITTEN (OR ORAL) EXAM CONTENT OUTLINE

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

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

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

# SAMPLE QUESTIONS

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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 nursing assistant 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 nursing assistant 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 nursing assistant 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

**Correct Answers**  
1. B   2. B   3. B   4. C   5. B   6. A

# SELF-ASSESSMENT READING TEST

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

## PART 1: VOCABULARY

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

*go to next page*

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

*go to next page*

# SELF-ASSESSMENT READING TEST

## PART 2: COMPREHENSION

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

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

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

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

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

*go to next page*

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

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

*This completes the  
Self-Assessment Reading Test.*

**Answers**

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

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

# THE SKILLS EVALUATION

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## 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 Nursing Assistant 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 nursing assistant 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 nursing assistant’s Skills Evaluation and play the role of a nursing home patient (client). The evaluator will give you verbal instructions that will describe how you should act in performing the role of the client.

### CANDIDATE DRESS REQUIREMENTS

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

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

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

## THE TASKS

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

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 Nursing Assistant 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 Nursing Assistant 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.

At least 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 will be asked to decontaminate your hands (with sanitizer) before proceeding from skills performed on a live client to skills that are not. This is for infection control purposes and will not affect the results of your evaluation.

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

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

## RECORDING A MEASUREMENT

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

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

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



# RECORDING SHEET FOR MEASUREMENT SKILLS

Date \_\_\_\_\_

Test Site ID \_\_\_\_\_

**CANDIDATE NAME** \_\_\_\_\_

**CANDIDATE ID** \_\_\_\_\_

EVALUATOR NAME \_\_\_\_\_

EVALUATOR ID \_\_\_\_\_

**SAMPLE**

<b>SKILL TESTED</b>	
<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

<b>CANDIDATE RESULTS</b>	<b>EVALUATOR RESULTS</b>



## TIPS FOR THE SKILLS EVALUATION

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

# SKILLS LISTING

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

## HAND HYGIENE (HAND WASHING)

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

## APPLIES ONE KNEE-HIGH ELASTIC STOCKING

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

*Skill continues*

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

## **ASSISTS TO AMBULATE USING TRANSFER BELT**

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

## **ASSISTS WITH USE OF BEDPAN**

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

## **CLEANS UPPER OR LOWER DENTURE**

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

*Skill continues*

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

## COUNTS AND RECORDS RADIAL PULSE

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

## COUNTS AND RECORDS RESPIRATIONS

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

## **DONNING AND REMOVING PPE (GOWN AND GLOVES)**

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

## **DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM**

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

*Skill continues*

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

## **FEEDS CLIENT WHO CANNOT FEED SELF**

- 1 Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding, looks at name card on tray and asks client to state name
- 3 Before feeding client, client is in an upright sitting position (75-90 degrees)**
- 4 Places tray where the food can be easily seen by client
- 5 Candidate cleans client's hands with hand wipe before beginning feeding
- 6 Candidate sits facing client during feeding
- 7 Tells client what foods are on tray and asks what client would like to eat first
- 8 Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
- 9 Offers beverage at least once during meal
- 10 Candidate asks client if they are ready for next bite of food or sip of beverage
- 11 At end of meal, candidate cleans client's mouth and hands with wipes
- 12 Removes food tray and places tray in designated dirty supply area
- 13 Signaling device is within client's reach
- 14 After completing skill, washes hands

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

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen, or door
- 3 Removes gown and places in soiled linen container, while avoiding overexposure of the client
- 4 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 5 Puts on clean gloves before washing client
- 6 Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
- 7 Dries face with towel
- 8 Exposes one arm and places towel underneath arm
- 9 Applies soap to wet washcloth
- 10 Washes arm, hand, and underarm keeping rest of body covered
- 11 Rinses and dries arm, hand, and underarm
- 12 Moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 13 Puts clean gown on client
- 14 Empties, rinses, and dries basin
- 15 After rinsing and drying basin, places basin in designated dirty supply area
- 16 Disposes of linen into soiled linen container
- 17 Avoids contact between candidate clothing and used linens
- 18 After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 19 Signaling device is within reach and bed is in low position

## MEASURES AND RECORDS BLOOD PRESSURE

- 1 Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
- 2 Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
- 3 Client's arm is positioned with palm up and upper arm is exposed
- 4 Feels for brachial artery on inner aspect of arm, at bend of elbow
- 5 Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
- 6 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 7 Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
- 8 Deflates cuff slowly and notes the **first** sound (systolic reading), and **last** sound (diastolic reading) (If rounding needed, measurements are rounded **UP** to the nearest 2 mm of mercury)
- 9 Removes cuff
- 10 Signaling device is within reach
- 11 Before recording, washes hands
- 12 **After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

## MEASURES AND RECORDS URINARY OUTPUT

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

## MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

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

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

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

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

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

## POSITIONS ON SIDE

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

## PROVIDES CATHETER CARE FOR FEMALE

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

## PROVIDES FOOT CARE ON ONE FOOT

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

## PROVIDES MOUTH CARE

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

## **PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE**

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

## TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

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

# SCORE REPORTING

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## EXAM RESULTS

The Nursing Assistant Evaluator may not answer questions about your Score Report. If you have questions about your Score Report, or the content of the examination, call Pearson VUE at (800) 274-2900. **Results will not be given over the telephone.**

## WRITTEN (OR ORAL) EXAM

After you finish the Written (or Oral) Examination, the Nursing Assistant Evaluator will fax your answer sheet for scoring. An official Score Report will be faxed to the evaluator. The Score Report will indicate whether you have passed or failed the Written (or Oral) Examination.

## SKILLS EVALUATION

After the Nursing Assistant Evaluator evaluates your performance, he or she will fax the Skills Evaluation answer sheet for scoring. An official Score Report will be faxed to the evaluator. The Score Report will indicate whether you have passed or failed the Skills Evaluation.

Occasionally, due to technical difficulties, Score Reports may not be received at the test center on the day of testing. If this happens your answer sheet will be mailed overnight to Pearson VUE for handscoring. Your Score Report will then be mailed out to you within 5-7 business days after testing. For questions regarding delayed Score Reports, please contact Pearson VUE at (800) 274-2900.

## FAILING

If you fail the Written (or Oral) Examination or the Skills Evaluation, your Score Report will provide you with information on how to re-take either or both parts. A new examination fee is required each time you re-take any part of the NNAAP Examination. To re-take either or both parts, you must submit your official Score Report, a copy of your nursing assistant training program's certificate of completion and a re-take fee to CCRI (see *Exam Fees*).

State and federal regulations allow you three (3) attempts to pass both the Skills Evaluation and the Written (or Oral) Examination. If you should fail either part or both parts three (3) times, you will be required to successfully complete a state-approved nursing assistant training program and re-take both parts. You must take and pass

both the Written (or Oral) Examination and the Skills Evaluation within a twelve (12) month period in order to be placed on the Rhode Island Nursing Assistant Registry.

## 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 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 5 skills in order to pass the Skills Evaluation.

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

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

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

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

*Sample of a Failing Score Report*

## PASSING

Once you have passed both the Written (or Oral) Examination and the Skills Evaluation, you may verify your Nursing Assistant license status with the Rhode Island Department of Health at [www.health.ri.gov/hsr/professions/license/php](http://www.health.ri.gov/hsr/professions/license/php). The Rhode Island Department of Health will mail your Nursing Assistant license to you. If you have not received your Nursing Assistant license within sixty (60) days of your examination date, contact the Rhode Island Department of Health at (401) 222-5888.

## DUPLICATE SCORE REPORT

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

# GRIEVANCE PROCESS

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## OVERVIEW

You have a right to file a grievance to complain or contest the results of your Nursing Assistant Exam. CCRI will follow-up on each grievance within thirty (30) days of receipt of your grievance letter.

No grievance will be investigated if it is not received in writing by CCRI.

## PROCESS

If you have a grievance you should call CCRI at (401) 333-7077. The staff will do their best to address your concerns. If you are not satisfied with the results of this conversation, the staff will request that you put your grievance in writing.

You must put your grievance in writing providing as much detail as possible and send it to CCRI, with a copy of your failing score report, within thirty (30) calendar days of your exam date.

After receipt of the grievance letter, the appropriate CCRI Coordinator will investigate the complaint. This investigation may include following up with the Evaluator that conducted the exam and with Pearson VUE for detailed results.

Once the investigation is complete, the CCRI Coordinator will draft a letter back to you informing you of the outcome of the investigation. If an error was made by the evaluator, CCRI, or Pearson VUE, you 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 state agency and to Pearson VUE.

## THE REGISTRY

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### CHANGE OF ADDRESS OR NAME

**The Rhode Island Department of Health must be kept informed of your current address and name so that you can receive timely notification of license information.**

Failure to inform the Rhode Island Department of Health of an address change may jeopardize your license status.

If your address or name changes at any time after you are placed on the Registry, you must send written notification of this change to the Rhode Island Department of Health. Use the *License Profile Change Form* found in the back of this handbook or found on the Rhode Island Department of Health's website.

Name changes **MUST** be accompanied by official documentation such as a notarized copy of a marriage certificate, divorce decree, or other official document. Your notification must include your previous name, current name, mailing address, phone number, and Social Security number.

### LICENSE RENEWAL

**Nursing Assistants on the Rhode Island Nursing Assistant Registry must renew their license through the Rhode Island Department of Health in order to stay active.** You must have worked as a nursing assistant for at least eight (8) hours in the prior twenty-four (24) months. Contact the Rhode Island Department of Health at (401) 222-5888 for more information.

## LAPSED LICENSE

Under federal requirements, licensure as a nursing assistant becomes invalid after a lapse of twenty-four (24) consecutive months or more in the performance of nursing-related services. It is critical to maintain a personal file of your past work history that can be validated by your prospective employer.

## LICENSURE BY ENDORSEMENT

Reciprocity is a process by which a certified nursing assistant from another state may qualify for licensure in Rhode Island. You are eligible for reciprocity if you are a nursing assistant in a state other than Rhode Island in accordance with the competency evaluation requirements of OBRA '87, and if you are currently listed on the other state's registry as active and in good standing.

Contact the Rhode Island Department of Health for additional information about applying for placement onto the Rhode Island Nursing Assistant Registry via endorsement.

## Rhode Island Nursing Assistant

## REQUEST FOR DUPLICATE SCORE REPORT OR HANDSCORED ANSWER SHEET

**DIRECTIONS:**

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

**Duplicate Score Report**

**Handscore**

**FEE:**

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

**SEND TO:**

Rhode Island Duplicate Score Report/Handscore Request  
**Pearson VUE Processing Center**  
PO Box 822749  
Philadelphia, PA 19182-2745

**AMOUNT ENCLOSED:**

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

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

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_ Pearson VUE Identification Number or Social Security Number \_\_\_\_\_

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

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tel. ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

**LICENSE PROFILE CHANGE**

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: \_\_\_\_\_

Current Name on Health License: \_\_\_\_\_

Changing Name on Health License to: \_\_\_\_\_

Date of Birth:

Place of Birth: \_\_\_\_\_

Social Security Number:

Rhode Island Department of Health License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Home Telephone Number: \_\_\_\_\_ Home Fax Number: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

Changes of address can be faxed to the Rhode Island Department of Health at (401) 222-1751, or mailed to:

Rhode Island Department of Health

Data Entry Unit

Room 105A

3 Capitol Hill

Providence, RI 02908-5097

If you are changing your name you must provide legal proof of the name change. (ie. marriage license)



