



# Massachusetts Nurse Aide Candidate Handbook

*EFFECTIVE: August 2022*

Version 1

# Massachusetts Nurse Aide Candidate Handbook

## Contact Information

|  |   |  |
|--|---|--|
| <p><b>Questions regarding:</b> testing process • test scheduling • eligibility to test ..... <b>(888) 401-0462</b></p> <p><b>Questions regarding:</b> Nurse Aide Registry, obtaining information on official regulations and guidelines for nurse aides • obtaining information regarding approved training programs • updating your name, address or requesting a duplicate CNA certificate • verification of current nurse aide certification • renewal, reciprocity and equivalency information ..... <b>(617) 753-8144</b></p> |   |  |
| <p><b>D&amp;S Diversified Technologies (D&amp;SDT), LLP-Headmaster, LLP</b><br/>                 PO Box 6609<br/>                 Helena, MT 59604</p> <p>Email: <a href="mailto:massachusetts@hdmaster.com">massachusetts@hdmaster.com</a><br/>                 Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a></p>  | <p style="text-align: center;"><i>Monday through Friday</i><br/>                 8:00AM – 8:00PM<br/>                 Eastern Standard Time (EST)</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">Massachusetts TMU© Webpage:<br/> <a href="http://mc.tmutest.com">http://mc.tmutest.com</a></p> | <p>Phone #: (888) 401-0462</p> <p>Phone #: (888) 401-0465</p> <p>Fax #: (406) 442-3357</p> |
| <p><b>Massachusetts Department of Health (DPH) Division of Health Care Facility Licensure and Certification – Nurse Aide Registry</b><br/>                 67 Forest Street<br/>                 Marlborough, MA 01752</p> <p>Email: <a href="mailto:nars@mass.gov">nars@mass.gov</a><br/>                 Massachusetts Nurse Aide Web Site:<br/> <a href="https://www.mass.gov/nurse-aide-registry-program">https://www.mass.gov/nurse-aide-registry-program</a></p>   | <p style="text-align: center;"><i>Monday through Friday</i><br/>                 8:00AM – 5:00PM<br/>                 Eastern Standard Time (EST)</p>   | <p>Phone #: (617) 753-8144</p>   |

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# Massachusetts Nurse Aide Candidate Handbook

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## Introduction

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

As defined in the OBRA regulations, a Nurse Aide Competency Evaluation program provides specific standards for nurse aide related knowledge and skills. The purpose of a nurse aide competency evaluation program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the process of taking the nurse aide competency examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge test and a skill test. Candidates must pass both parts of the nurse aide competency exam to be identified and listed on the Massachusetts Nurse Aide Registry.

The Massachusetts Department of Public Health (DPH) approved D&S Diversified Technologies, LLP (D&SDT)-Headmaster, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (888)401-0462 or go to D&SDT-Headmaster's [Massachusetts Nurse Aide \(NA\) webpage](#) or at [www.hdmaster.com](http://www.hdmaster.com) and click on 'Massachusetts CNA'. The information in this handbook will help you prepare for your examination.

## Massachusetts Nurse Aide Registry Requirements

The Massachusetts Nurse Aide Registry (MANAR) lists the name of nurse aides who, through training, testing and experience meet federal and/or state requirements to work as a nurse aide in Massachusetts. The Registry includes substantiated findings of nurse aide abuse, neglect, misappropriation of resident property, or exploitation involving a nurse aide at a Massachusetts Department of Public Health (DPH) regulated facility.

A nurse aide candidate, upon successful completion of training, passing both the knowledge and skills portions of the competency exam, and meeting federal and/or state requirements will be listed on the MANAR. Review the Nurse Aide Competency Exam section below to help prepare for the exam.

## Registry Renewal

To maintain eligibility to work you must renew your eligibility every 24 months. To be eligible to renew, you must work for pay as a nurse aide performing nursing or nursing-related services at least eight (8) consecutive hours during the previous 24 months. Nurse aides with misconduct restrictions on the Registry are not eligible for renewal.

## Registry Reciprocity

This information is for applicants who want to be entered on the MANAR through the Massachusetts Reciprocity/Out-of-State registry placement process.

## Massachusetts Nurse Aide Candidate Handbook

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### Out-of-State Reciprocity Process

If you are a certified nurse aide and meet certain requirements, you may apply for Reciprocity. In order to be eligible for Reciprocity, you must be a CNA:

- Who is certified in another state
- Whose certification is current and in good standing
- Who has never been certified in Massachusetts

The Reciprocity application and additional information are available at the following link: [Reciprocity Information](#)

### Waiver of the Certified Nurse Aide Training Requirement

Specific waiver provisions are available for applicants that can verify they meet the qualifications listed under [105 CMR 156.100 of the Nurse Aide Registry Laws and Regulations](#).

The application and information to request a Nurse Aide Training Waiver to take the Massachusetts Nurse Aide Competency Evaluation is available at the following link: [Waiver Information and Application](#)

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Massachusetts Department of Public Health (DPH) and D&SDT-Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. Accommodations must be approved by D&SDT-HEADMASTER in advance of examination. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) and clicking on the PDF Fillable [ADA Accommodation Form 1404](#). This form must be electronically submitted to D&SDT-HEADMASTER with required documentation listed on the second page of the ADA application in order to be reviewed for an accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

**Please allow additional time for your request to be approved.** If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (888)401-0462.

# Massachusetts Nurse Aide Candidate Handbook

## The Massachusetts Nurse Aide Competency Exam

### Payment Information

| Exam Description  | Price   |
|---|---------|
| <b>KNOWLEDGE TEST</b><br>-or- Knowledge Retake<br>2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Attempt(s) Retake           | \$40.00 |
| <b>ORAL KNOWLEDGE TEST</b><br>-or- Oral Knowledge Retake<br>2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> Attempt(s) Retake | \$50.00 |
| <b>SKILL TEST</b><br>-or- Skill Retake<br>2 <sup>nd</sup> & 3 <sup>rd</sup> Attempt(s) Retake                                     | \$70.00 |

### Complete your Initial Login

Your initial registration information will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to the [Massachusetts CNA TMU© \(http://mc.tmutest.com\)](http://mc.tmutest.com) using your secure Email or Username and Password and complete your demographic information.

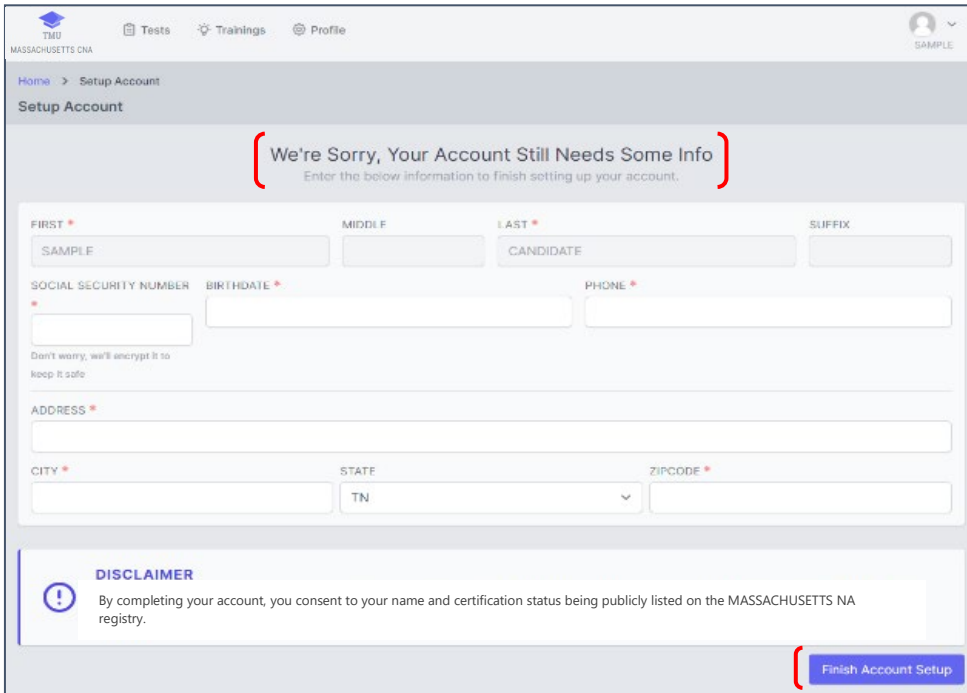
- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your record has been created, that you sign in to your record, update your password and complete your demographic information.

If you do not know your Email or Username and Password, enter your email address and click on “Forgot Your Password?” You will be asked to re-enter your email and a ‘reset password link’ will be sent to your email ([see instructions under ‘Forgot your Password and Recover your Account’](#)). If you are unable to sign in for any reason, contact D&SDT-Headmaster at (888)401-0462.

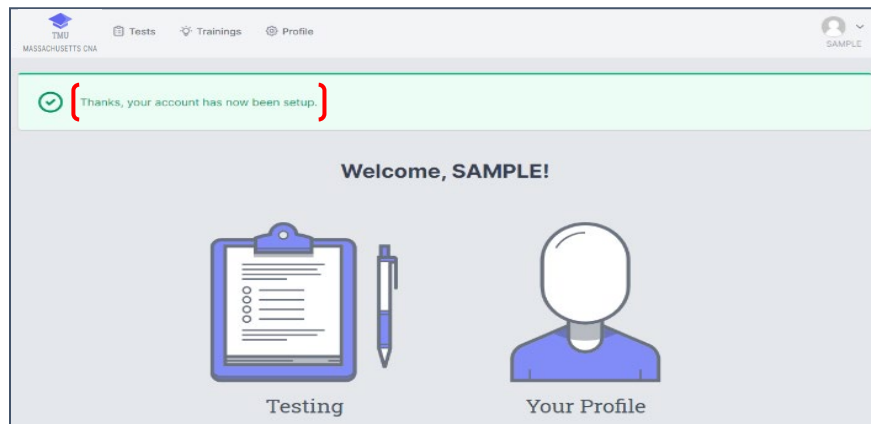
*Continued on the next page.*

## Massachusetts Nurse Aide Candidate Handbook

Screen you will see the first time you sign in to your TMU© record with the demographic information you need to enter to complete your record:



Enter the blank \* fields and then click on-  
Finish Account Setup



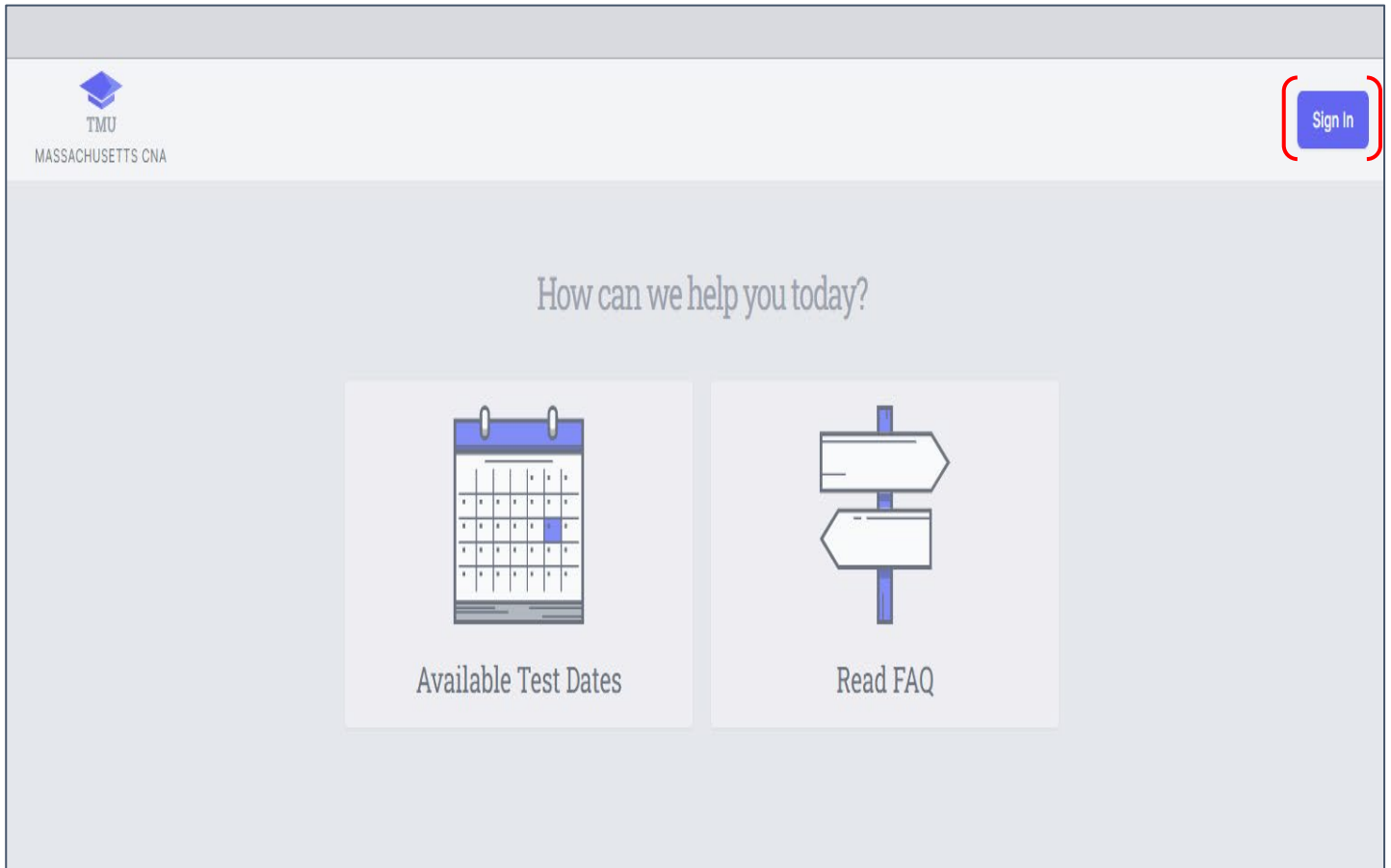
### Schedule/Reschedule an Exam Date

Once your completed record is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Massachusetts TMU© webpage, <http://mc.tmutest.com>, using your Email or Username and Password (instructions with screen shots on the next page). If you are unable to sign in with your email, please call D&SDT-Headmaster for assistance at (888)401-0462.

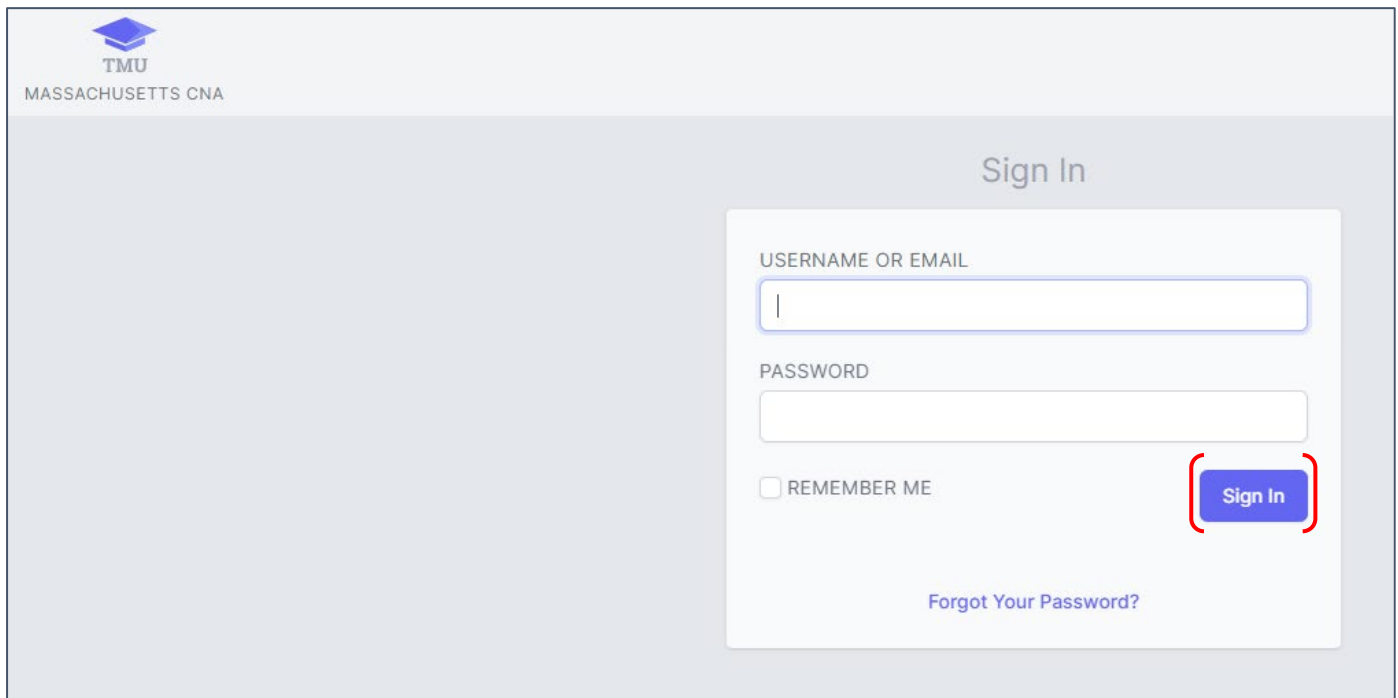
Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying your testing fees, you will be able to schedule and/or reschedule up to one full business day prior to a scheduled test date of your choice. You will receive your test confirmation notification by email, text or by signing in to your account. You may login with any Internet connected device. To schedule or reschedule your test date, sign in to the Massachusetts TMU© webpage at: <http://mc.tmutest.com> with your Email or Username and Password. If you are unable to schedule/reschedule on-line, please call D&SDT-Headmaster at (888)401-0462 for assistance.

# Massachusetts Nurse Aide Candidate Handbook

This is the Massachusetts CNA TMU© main page <http://mc.tmutest.com>:



This is the screen you see after you click on Sign In where you will enter your Username/Email and Password:





# Massachusetts Nurse Aide Candidate Handbook

## Forgot Your Password and Recover your Account

If you do not remember your password, follow the 'Forgot Your Password and Recover Your Account' screenshots below:

Type in your **Email Address**

Click on –  
**Recover Account**

An email with the reset link will be emailed to you.

Click on the reset link in your email to reset your password.  
**-OR-**

You can type in the requested data under **Using other Information**

Click on -  
**Recover Account**

# Massachusetts Nurse Aide Candidate Handbook

TMU  
MASSACHUSETTS CNA

Sign In

## Recover Your Account

( We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered. )

Using your Email Address

E-MAIL ADDRESS \*

Recover Account

OR

Using other Information

LAST 4 OF SSN \*

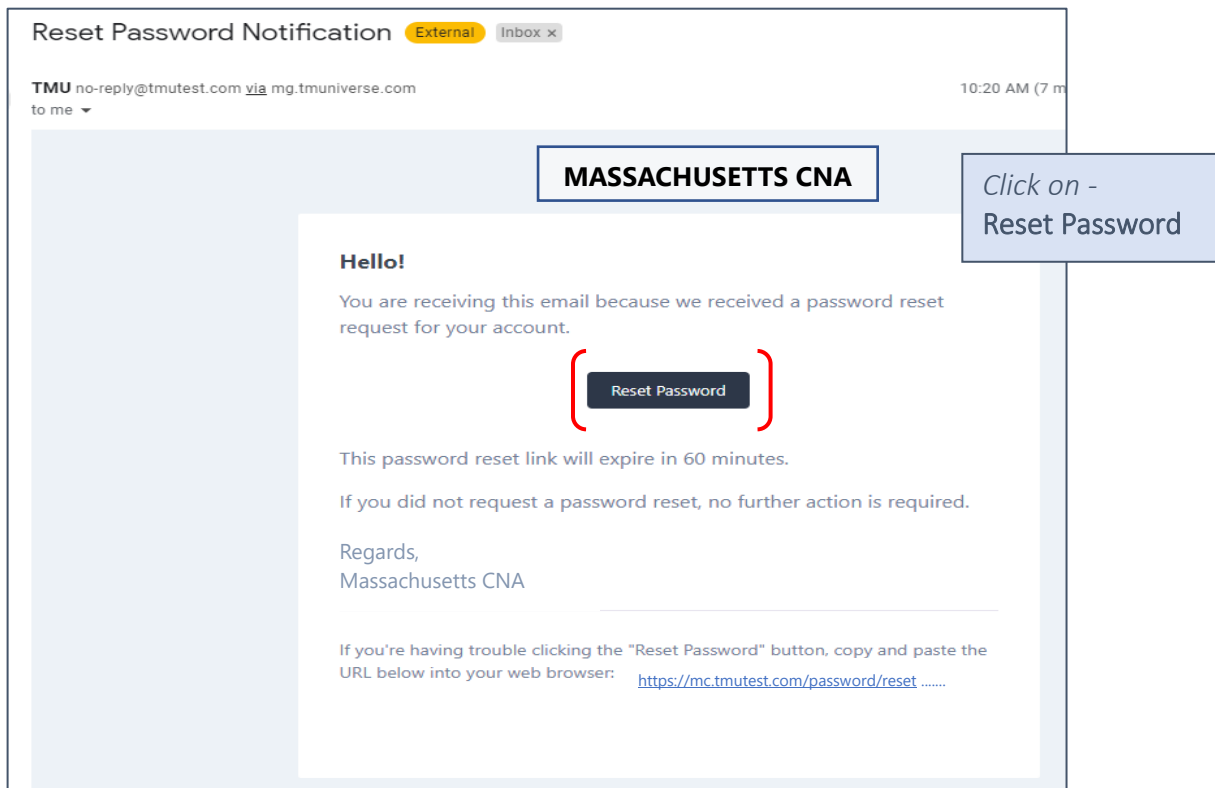
DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account

This is what the email will look like:



# Massachusetts Nurse Aide Candidate Handbook

## Reset Your Password

Type in your Password and Confirm Password, then click on – Reset Password

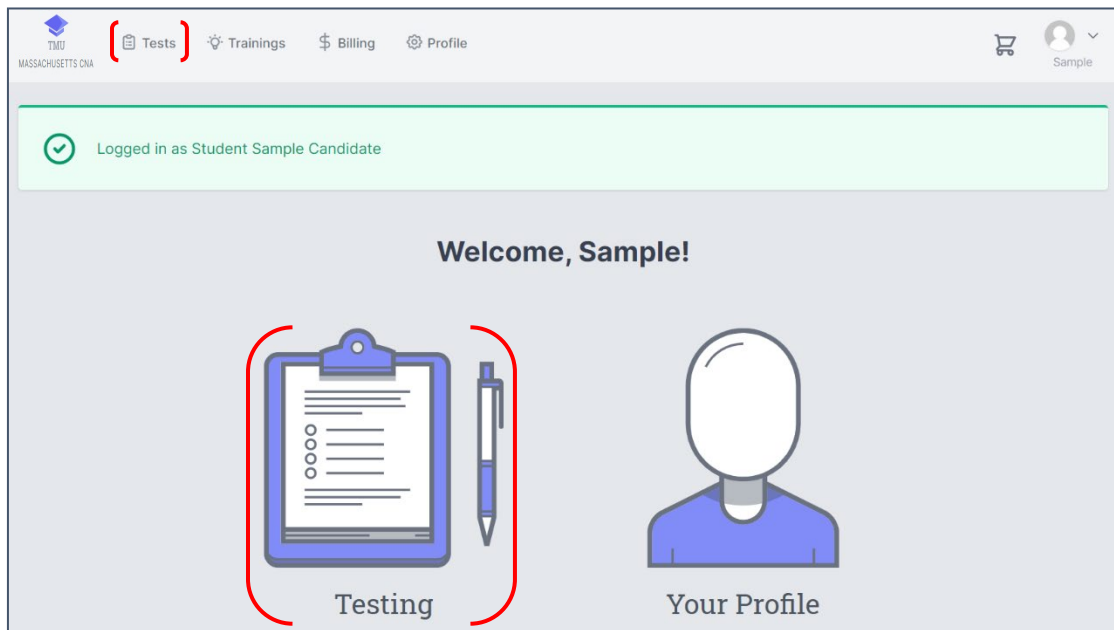
E-MAIL ADDRESS  
sample@sampleemail.com

PASSWORD

CONFIRM PASSWORD

Reset Password

This is the home screen you will see once you have signed in:



TMU MASSACHUSETTS CNA Tests Trainings Billing Profile Sample

Logged in as Student Sample Candidate

### Welcome, Sample!

Testing Your Profile

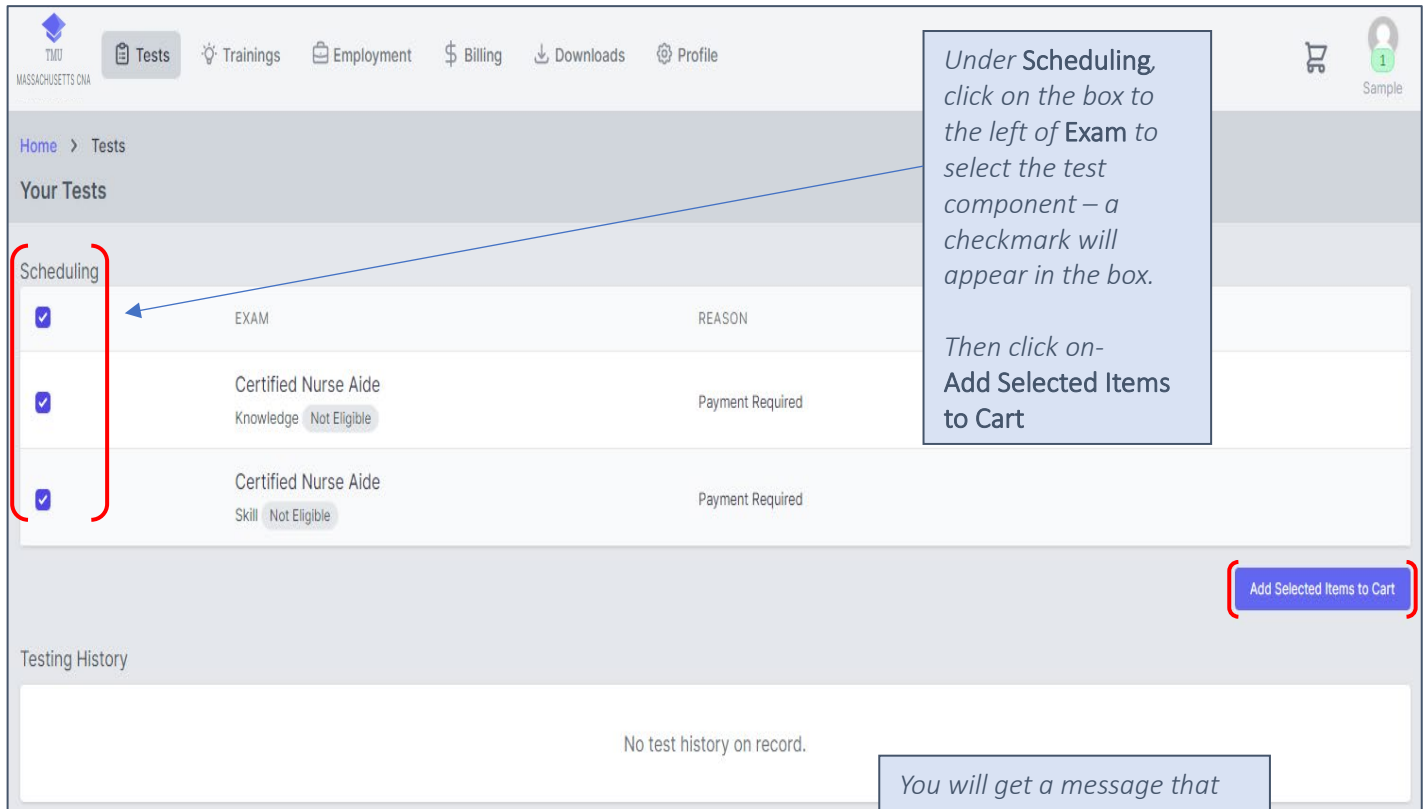
Click on – Testing  
-or-  
Click on the Tests tab at the top of the page

## Massachusetts Nurse Aide Candidate Handbook

### Self-Pay of Testing Fees in TMU@

Testing fees will need to be paid *before* you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

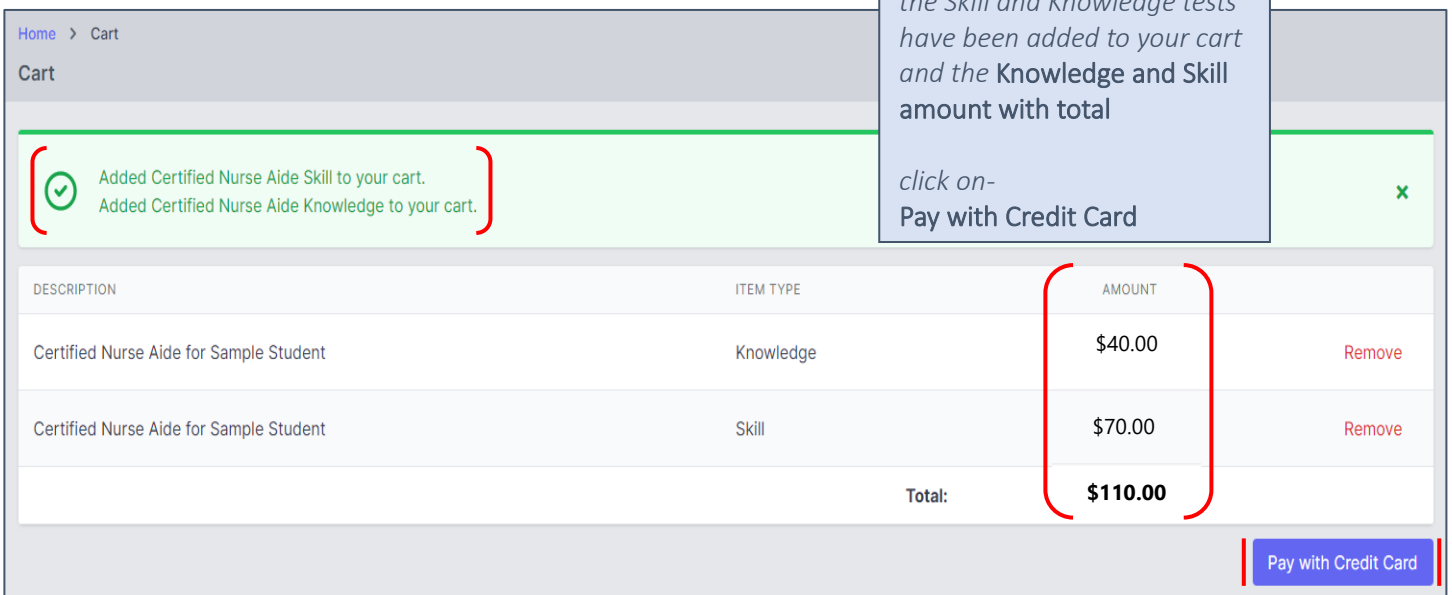
Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.



*Under Scheduling, click on the box to the left of Exam to select the test component – a checkmark will appear in the box. Then click on- Add Selected Items to Cart*

| EXAM   | REASON           |
|--|------------------|
| <input checked="" type="checkbox"/> Certified Nurse Aide Knowledge <span>Not Eligible</span> | Payment Required |
| <input checked="" type="checkbox"/> Certified Nurse Aide Skill <span>Not Eligible</span>     | Payment Required |

[Add Selected Items to Cart](#)



*You will get a message that the Skill and Knowledge tests have been added to your cart and the Knowledge and Skill amount with total click on- Pay with Credit Card*

| DESCRIPTION                             | ITEM TYPE | AMOUNT          |                        |
|---|-----------|-----------------|------------------------|
| Certified Nurse Aide for Sample Student | Knowledge | \$40.00         | <a href="#">Remove</a> |
| Certified Nurse Aide for Sample Student | Skill     | \$70.00         | <a href="#">Remove</a> |
| <b>Total:</b>                           |           | <b>\$110.00</b> |                        |

[Pay with Credit Card](#)

## Massachusetts Nurse Aide Candidate Handbook

Home > Prepay

**Prepay to Schedule**

*Enter the Credit Card information and then click on- Submit Payment*

*You will receive a receipt of the transaction.*

| What You're Paying For                  |                 |
|---|-----------------|
| DESCRIPTION                             | COST            |
| Certified Nurse Aide for Sample Student | \$40.00         |
| Certified Nurse Aide for Sample Student | \$70.00         |
| <b>Total:</b>                           | <b>\$110.00</b> |

Pay with a Card

CARDHOLDER NAME

CARD NUMBER

EXP MONTH

Select Month ▼

EXP YEAR

Select a year ▼

SECURITY CODE

CARDHOLDER ADDRESS

CITY

STATE

Select State ▼

ZIP CODE

Submit Payment

You may also pay your testing fees by requesting a paper Candidate Payment Form 1402CND-MA. The 1402CND-MA payment form can be submitted to D&SDT-Headmaster, along with your payment (money order, cashier's check, facility check, Visa or MasterCard), by emailing (credit card payment only), [accounting@hdmaster.com](mailto:accounting@hdmaster.com), mailing (money order, cashier's check or facility check) P.O. Box 6609, Helena, MT 59604, or faxing (credit card payment only), (406)442-3357 (a \$5.00 fax fee applies). No personal checks or cash are accepted. **Please make money orders or cashier checks out to D&SDT.**

**NOTE:** Forms with missing information, payment or signatures will not be processed and for credit card payments, will be shredded. Payment forms with a money order, cashier's check or facility check will be returned to the candidate.

Once we receive your payment form and process your payment, you will be notified via email and text message that you are eligible to schedule into a test event. If you do not receive an email or text message within 5 days of submitting your payment form, please call D&SDT-Headmaster to check on the status at (888)401-0462. You will then need to sign in to your TMU© record (<http://mc.tmutest.com>) using your Email or Username and Password. Please see instructions under '**Schedule/Reschedule into a Test Event**'. All D&SDT-Headmaster forms can be found on D&SDT-Headmaster's [Massachusetts NA webpage](#).

Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule into a test event.

# Massachusetts Nurse Aide Candidate Handbook

## Schedule/Reschedule into a Test Event

TMU MASSACHUSETTS CNA Tests Trainings Profile

Home > Tests

**Your Tests**

Scheduling

| EXAM                                    | REASON |
|---|--------|
| Certified Nurse Aide Knowledge Eligible |        |
| Certified Nurse Aide Skill Eligible     |        |

Testing History

No test history on record.

1 SAMPLE

*All **eligible** test events will appear in this format.*

*To select a test, click on - **Schedule** next to the corresponding test component, knowledge and/or skills.*

TMU MASSACHUSETTS CNA Tests Trainings Employment Billing Downloads Profile

Home > Tests > Find Event

**Find Event CERTIFIED NURSING ASSISTANT**

| TEST DATE                 | TEST SITE   | SCHEDULING FOR         |
|---------------------------|---|------------------------|
| 03/14/2022<br>8:00 AM EST | VIRTUAL KNOWLEDGE TESTING SITE (TS)<br>Virtual City, MA | K Certified Nurse Aide |
| 03/15/2022<br>9:00 AM EST | FRIENDSHIP VILLAGES SUNSET HILLS (TS)<br>Worcester, MA  | K Certified Nurse Aide |

1 SAMPLE

*To select a test site and test date for your knowledge exam, click on - **Schedule***

mc.tmutest.com says

**Schedule into this Event on 03/15/2022 for Certified Nurse Aide Knowledge . Are you sure?**

**OK** Cancel

*To confirm this is the site and date you want to schedule into for your knowledge exam, click on - **OK***

# Massachusetts Nurse Aide Candidate Handbook

Home > Tests > Find Event

Find Event CERTIFIED NURSING ASSISTANT

| TEST DATE                  | TEST SITE  | SCHEDULING FOR                                  |
|----------------------------|--|---|
| 03/14/2022<br>11:50 AM EST | ST. FRANCOIS MANOR (TS)<br>Boston, MA                  | S Certified Nurse Aide <a href="#">Schedule</a> |
| 03/15/2022<br>10:30 AM EST | ST. FRANCOIS MANOR (TS)<br>Boston, MA                  | S Certified Nurse Aide <a href="#">Schedule</a> |
| 03/15/2022<br>9:00 AM EST  | FRIENDSHIP VILLAGES SUNSET HILLS (TS)<br>Worcester, MA | S Certified Nurse Aide <a href="#">Schedule</a> |

*To select a test site and test date for your skills exam, click on – Schedule*

mc.tmutest.com says

**Schedule into this Event on 03/15/2022 for Certified Nurse Aide Skill . Are you sure?**

[OK](#) [Cancel](#)

*To confirm this is the site and date you want to schedule into for your skills exam, click on – OK*

TMU MASSACHUSETTS CNA Tests Trainings Billing Profile

Home > Tests

Your Tests

[✔](#) Student CANDIDATE, SAMPLE scheduled into Skill for Certified Nurse Aide. Student CANDIDATE, SAMPLE scheduled into Knowledge for Certified Nurse Aide.

Scheduling

| EXAM   | REASON            |
|--|-------------------|
| Certified Nurse Aide Knowledge <b>Not Eligible</b> | Already Scheduled |
| Certified Nurse Aide Skill <b>Not Eligible</b>     | Already Scheduled |

Testing History

| TEST DATE                  | EXAM                           | TEST SITE                        | STATUS    |  |
|----------------------------|--------------------------------|----------------------------------|-----------|--|
| 07/15/2021<br>12:00 PM EST | Certified Nurse Aide Knowledge | Practice Test Site Worcester, MA | Scheduled | <a href="#">Test Confirmation Page</a> <a href="#">Get Map</a> |
| 07/15/2021<br>12:00 PM EST | Certified Nurse Aide Skill     | Practice Test Site Worcester, MA | Scheduled | <a href="#">Test Confirmation Page</a> <a href="#">Get Map</a> |

*This screen confirms you are scheduled into a test date to take your knowledge and skills exams. Your status shows Scheduled and a note at the top of your screen also shows you are scheduled. Click on- Test Confirmation Page to see your test confirmation with important reminders for testing.*

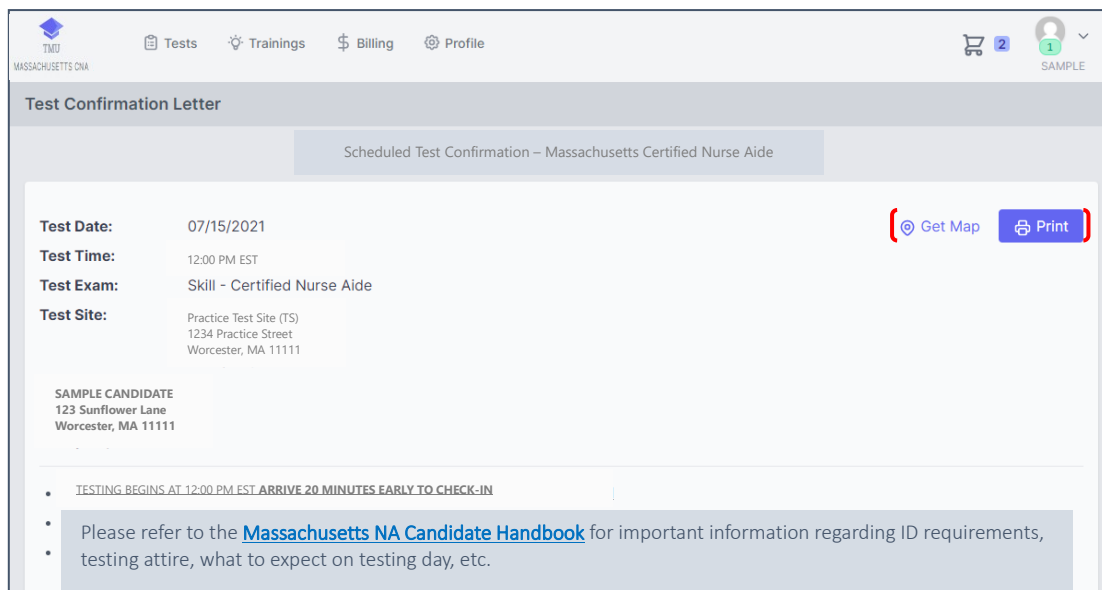
## Test Confirmation Letter

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

The body of the test confirmation letter will give you state specific instructions on what time to arrive by, ID requirements, policies, etc.

## Massachusetts Nurse Aide Candidate Handbook

***It is important you read this letter!***



**Test Confirmation Letter**

Scheduled Test Confirmation – Massachusetts Certified Nurse Aide

**Test Date:** 07/15/2021 [ Get Map ] [ Print ]  
**Test Time:** 12:00 PM EST  
**Test Exam:** Skill - Certified Nurse Aide  
**Test Site:** Practice Test Site (TS)  
 1234 Practice Street  
 Worcester, MA 11111

SAMPLE CANDIDATE  
 123 Sunflower Lane  
 Worcester, MA 11111

- TESTING BEGINS AT 12:00 PM EST ARRIVE 20 MINUTES EARLY TO CHECK-IN
- Please refer to the [Massachusetts NA Candidate Handbook](#) for important information regarding ID requirements, testing attire, what to expect on testing day, etc.

*Click on-  
Print  
to print your  
confirmation letter.*

*Click on-  
Get Map  
to get Google Maps  
directions to the test  
site.*

Please see the **‘Virtual Knowledge Exam Option’** under the Knowledge/Oral Test section if you are interested in taking your knowledge exam virtually from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (888)401-0462, Monday through Friday, excluding holidays, 8:00AM to 8:00PM EST.

**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

### Time Frame for Testing from Training Program Completion

Training does not expire. If you fail the knowledge component 4 times or the skills component 3 times, you must complete another Massachusetts Department of Public Health (DPH) approved training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled your test. Regional test seats are open to all candidates. Regional test dates are posted on the Massachusetts TMU© site at <http://mc.tmutest.com>.

If you have any questions regarding your test scheduling, call D&SDT-HEADMASTER at (888)401-0462, during regular business hours 8:00AM to 8:00PM EST Monday through Friday, excluding holidays.

### Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.) If you arrive late, you will not be allowed to test.

- If you are scheduled into a virtual knowledge exam, please see procedures/policies under **‘Virtual Knowledge Exam Option’** in the Knowledge/Oral Test section.



## Massachusetts Nurse Aide Candidate Handbook

### Testing Attire

There is not a mandatory testing attire requirement, however, it is recommended to wear clinical attire (as you would on the job) scrubs, close-toed shoes and have long hair pulled back:

- It is recommended to wear clinical attire (scrubs) and closed-toed shoes.
  - *Scrubs and shoes can be any color/design.*
- It is recommended that long hair be pulled back.



### Identification

You must bring **two forms of original (no photo copies), signature (\*or finger print) bearing, current (not expired) proper identification to test. At least one of the signature-bearing, non-expired IDs must be US government issued and contain your photograph.** Examples of the forms of accepted identification that are US government issued, current (not expired), photo bearing and include a signature are:

- State or other United States Government Issued Driver's License
- State-issued Identification Card (*non-expired from any state is acceptable*)
- US Passport (Foreign Passports and Passport Cards *are not acceptable*)
  - *Exception: A Foreign Passport that contains a US VISA is acceptable*
- Military Identification Card (*that meets all identification criteria*)
- Alien Registration Card (*that meets all identification requirements – \*may contain a fingerprint in place of a signature*)
- Tribal Identification Card (*that meets all identification criteria*)
- Work Authorization Card (*that meets all identification criteria*)

Examples of the forms of accepted second forms of identification that are current (not expired) and include a signature are:

- Social Security Card (there is not an expiration date, but must be signed to be acceptable)
- Credit or Debit Card (*that meets all identification criteria*)
- 1<sup>st</sup> Aid or CPR Card (*that meets all identification criteria*)
- School or high school ID (must be for the current year and contain your signature)

The **FIRST** and **LAST** names listed on your two forms of ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Massachusetts nurse aide TMU© database by your training program. You may call D&SDT-Headmaster at (888)401-0462 during regular business hours, 8:00AM to 8:00PM EST Monday through Friday, excluding holidays, to confirm that your name of record matches your two forms of acceptable ID, or sign in to your record in TMU© (<http://mc.tmutest.com>), using your Email or Username and Password, to check or change your demographic information.

### Note:

- **You will not be admitted for testing if you do not bring proper/valid identification.**
  - Be sure your US government issued, photo bearing and second acceptable form of identification are not expired and that they are signed.
  - Check to be positive that both your FIRST and LAST printed names on both forms of identification match your current name of record in TMU©.

## Massachusetts Nurse Aide Candidate Handbook

- A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID.
- In the cases where names do not match or your IDs are not proper/valid or has a hole punched in it, this is considered a NO SHOW and you will have to reschedule and pay for another test and date.

You will be required to re-present your photo ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your photo ID with you during the entire exam day.

### Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the knowledge test (in person and virtual versions) and skill test instruction links on the D&SDT-Headmaster's [Massachusetts NA webpage](http://www.hdmaster.com) at [www.hdmaster.com](http://www.hdmaster.com) under the 'Candidate' column.

These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

- If you are scheduled into a virtual knowledge exam, please see procedures/policies under '**Virtual Knowledge Exam Option**' in the Knowledge/Oral Test section for information and where the Virtual Knowledge Test Instructions can be found on the Massachusetts CNA webpage at [www.hdmaster.com](http://www.hdmaster.com), click on Massachusetts CNA.

### Testing Policies

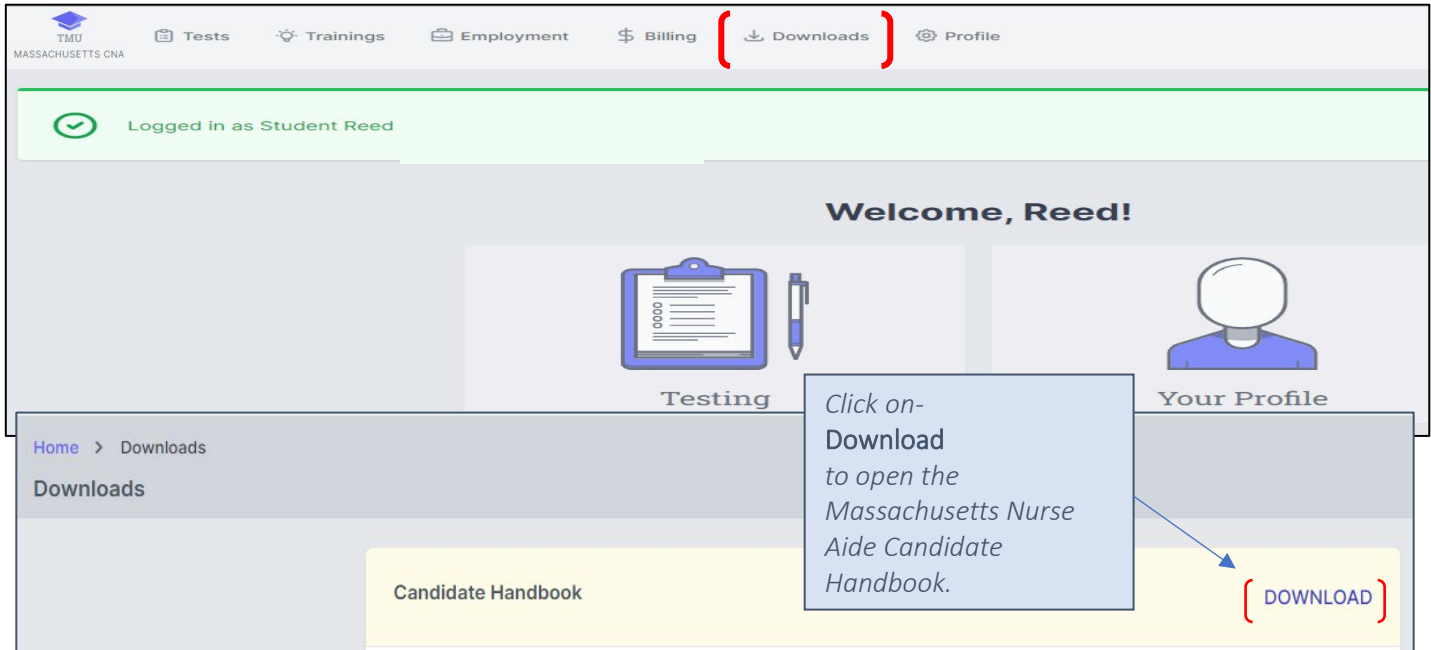
The following policies are observed at each test site:

- Make sure you have signed in to your TMU© record at <http://mc.tmutest.com> before your test date to update your password and complete your demographic information. Refer to the '**Complete Your Initial Sign In**' section of this handbook for instructions and information.
  - If you have not signed in and completed/updated your TMU© record when you arrive for your test, you may not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- Plan to be at the test site up to five (5) hours, in the worst-case scenario.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
  - If you are scheduled into a virtual knowledge exam, please see procedures/policies under '**Virtual Knowledge Exam Option**' in the Knowledge/Oral Test section.
- If you do not bring two forms of valid and appropriate ID (one ID must be a US government issued, non-expired, signed photo ID) you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
  - If the **FIRST** and **LAST** names listed on your ID's presented to the RN Test Observer during sign-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the Massachusetts nurse aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*.

## Massachusetts Nurse Aide Candidate Handbook

- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).
  - All electronic devices must be **turned off**. Smart watches, fitness monitors and Bluetooth-connected devices must be removed from your wrist/body.
  - If you are scheduled into a virtual knowledge exam, please see procedures/policies under ‘**Virtual Knowledge Exam Option**’ in the Knowledge/Oral Test section.
- Anyone caught using any type of electronic recording device during either component (knowledge or skills) of the exam will be dismissed from the exam and testing room(s), your test will be scored as a failed attempt, you will forfeit all testing fees and you will be reported to your training program and the Massachusetts Department of Public Health (DPH). You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- Foreign language paper word-for-word translation dictionaries are allowed and must be shown to the RN Test Observer at check-in (for both a virtual knowledge test and an on-site test event) and to the Knowledge Test Proctor when you enter the knowledge test room (on-site test event). If there is any writing or definitions, the translation dictionary will not be permitted to be used during testing. Electronic dictionaries are not allowed.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink or smoke (e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, you will forfeit all testing fees paid and you will be reported to your training program and the Massachusetts Department of Public Health (DPH).
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- No visitors, guests, pets (including companion animals) or children are allowed. Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA’s) that would prevent you from performing your duties as a nurse aide (examples: cast, arm/leg braces, crutches, etc.) Call D&SDT-Headmaster immediately during regular business hours, 8:00AM to 8:00PM EST, Monday through Friday, excluding holidays, if you are on doctor’s orders. You must fax, (406)442-3357 or email, [massachusetts@hdmaster.com](mailto:massachusetts@hdmaster.com), a signed doctor’s order **within 3 business days** of your scheduled exam day to qualify for a free reschedule.
- ***Please review this Massachusetts NA Candidate Handbook before your test day for any updates to testing and/or policies.***
- The Candidate Handbook can also be accessed within your TMU© record under your ‘Downloads’ tab.

## Massachusetts Nurse Aide Candidate Handbook



### Inclement Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff will make every effort to contact you using the contact information (email, text message, phone call) we have on file in your TMU© record to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you. See more information under 'No Show Exceptions'.

In the event of inclement weather, you will be expected to attend your schedule exam date unless:

- The county you reside in or the county of the testing site is placed on a weather or other emergency.
- The test site closes.
- The test observer cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:
  - Documentation from the Department of Transportation Services or a Police report is required within 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a NO SHOW status and any exam fees paid *will NOT be refunded*.

### Candidate Feedback – Exit Survey

Candidates are provided the opportunity to complete an exit survey via a link when checking their test results in their TMU© record. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

### Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees

## Massachusetts Nurse Aide Candidate Handbook

paid and a report of your behavior will be given to your training program and the Massachusetts Department of Public Health (DPH). You will not be allowed to retest for a minimum period of six (6) months.

If you remove or try to remove test material or take notes or information from the test site, you will be reported to your training program and DPH and are subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You may need to obtain permission from DPH in order to be eligible to test again.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and DPH and you may need to obtain permission from DPH in order to be eligible to test again.

### Reschedules

All candidates may reschedule to a new test date up until **one (1) business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date by signing in to your TMU© record at <http://mc.tmutest.com> using your Email or Username and Password. (See instructions with screen shots under ‘Schedule/Reschedule into a Test Event’.)

- ❖ *Example:* If you are scheduled to take your exam on a Friday, you would need to reschedule by close of business the Wednesday before your scheduled exam. D&SDT-Headmaster’s regular business hours are 8:00AM to 8:00PM EST, Monday through Friday, excluding holidays.

| Scheduled test date is on a: | Reschedule before 8:00PM EST the previous: |
|------------------------------|--|
| Monday                       | The previous Thursday                      |
| Tuesday                      | The previous Friday                        |
| Wednesday                    | The previous Monday                        |
| Thursday                     | The previous Tuesday                       |
| Friday                       | The previous Wednesday                     |
| Saturday                     | The previous Thursday                      |
| Sunday                       | The previous Thursday                      |

**Note:** Reschedules will not be granted less than one full business day prior to a scheduled test date.

### Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Massachusetts nurse aide certification exam at all.

### Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster’s main webpage at [www.hdmaster.com](http://www.hdmaster.com) at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and holidays). No phone calls will be accepted.

## Massachusetts Nurse Aide Candidate Handbook

- Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at [www.hdmaster.com](http://www.hdmaster.com) by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 8:00PM Eastern time, Monday through Friday, excluding holidays.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
  - 3) Refund requests must be made within thirty (30) days of payment of original testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster *will not be issued*.

### Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster *will not be issued*.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

### No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays and holidays, OR if you are turned away for lack of proper identification, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must sign into your TMU© record to repay or submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster's costs incurred for services requested and resulting work that is performed. If a reschedule or refund request is not done or received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays and holidays (see examples under Reschedules and Refunds of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

### No Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record providing **the required documentation is received within the appropriate time frames outlined below:**

- **Car breakdown or accident:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.

## Massachusetts Nurse Aide Candidate Handbook

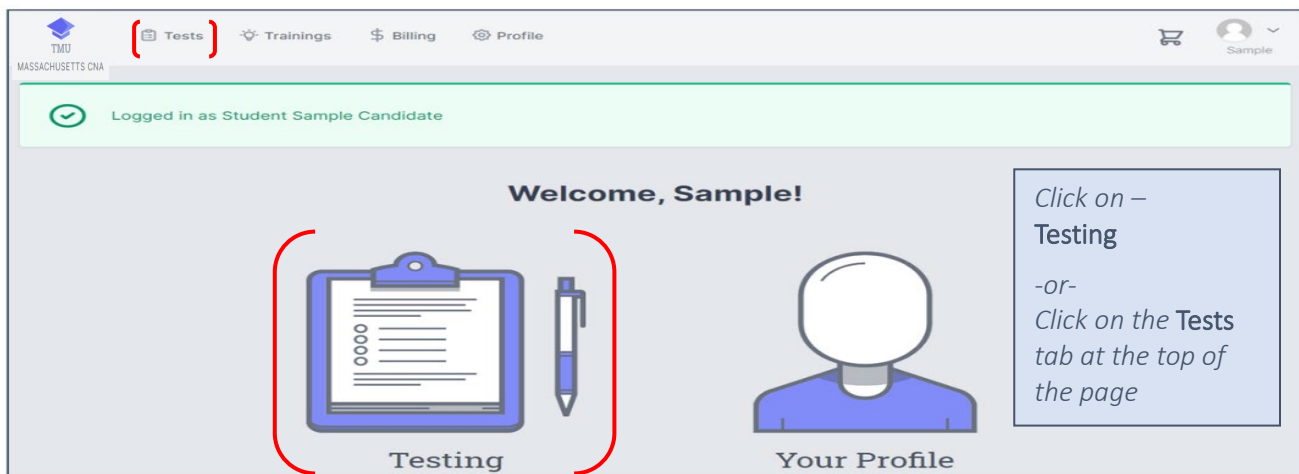
- **Weather or road condition related issue:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Medical emergency or illness:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family is parents, grand and great-grand parents, siblings, children, spouse or significant other.)
- **Virtual testing issues:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
  - **Internet outage or issue:** Documentation from Internet provider showing outage date and times.
  - **Computer or cell phone issue:** If computer or cell phone fail to work for any reason, documentation from a computer repair technician/shop or other appropriate documentation.

### Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked by D&SDT-Headmaster scoring teams. Official test results will be available by signing in to your TMU© record after 7:00PM (EST) the business day after your test event.

**Note:** *D&SDT-HEADMASTER does not send postal mail test results letters.*

To view your test results, sign in to your record in TMU© at <http://mc.tmutest.com>. (Refer to the screen shots that follow.)



# Massachusetts Nurse Aide Candidate Handbook

Home > Tests

### Your Tests

*Click on – Details to view your results.*

*Click on Print Test Results to print your results.*

*Click on Please take our satisfaction survey to complete the exit survey.*

Scheduling

| EXAM   | REASON                |
|--|-----------------------|
| Certified Nurse Aide Knowledge <span style="background-color: #ccc; border: 1px solid #ccc; border-radius: 3px; padding: 2px;">Not Eligible</span> | Current Certification |
| Certified Nurse Aide Skill <span style="background-color: #ccc; border: 1px solid #ccc; border-radius: 3px; padding: 2px;">Not Eligible</span>     | Current Certification |

Testing History Please take our satisfaction survey

| TEST DATE                  | EXAM                           | TEST SITE   | STATUS |  |
|----------------------------|--------------------------------|---|--------|--|
| 10/13/2021<br>6:10 PM EST  | Certified Nurse Aide Skill     | MEDS - MEDICAL EDUCATION DEVELOPMENT & SUPPORT, LLC (TS)<br>Worcester, MA | Passed | <a href="#">Details</a> <a href="#">Print Test Results</a> |
| 09/30/2021<br>10:30 AM EST | Certified Nurse Aide Skill     | MEDS - MEDICAL EDUCATION DEVELOPMENT & SUPPORT, LLC (TS)<br>Worcester, MA | Failed | <a href="#">Details</a> <a href="#">Print Test Results</a> |
| 09/20/2021<br>6:00 PM EST  | Certified Nurse Aide Knowledge | VIRTUAL KNOWLEDGE TESTING SITE (TS)<br>Virtual City, MA                   | Passed | <a href="#">Details</a> <a href="#">Print Test Results</a> |

### Skill Test Results:

[← Back](#) [Print](#)

**HEADMASTER, LLP**  
P.O. BOX 6609, HELENA, MT 59604-6609  
800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

Massachusetts Certified Nurse Aide Exam Results Report

**IMPORTANT TEST RESULTS**

TEST DATE: Thursday, September 30, 2021

Dear Makayla,

You have **failed** the skill portion of the Certified Nurse Aide exam.

**80%** or better on each skill task without missing any **Key Steps** to pass the skills test.

Any weaknesses indicated in your test results are listed below:

Skill Exam Incomplete Steps

**Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt**  
Properly places gait belt around residen...

**Manual Skill Task(s) Failed:** Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt



## Massachusetts Nurse Aide Candidate Handbook

### Knowledge Test Results:

← Back
Print

**HEADMASTER, LLP**  
 P.O. BOX 6609, HELENA, MT 59604-6609  
 800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

**Massachusetts Certified Nurse Aide Exam Results Report**

**IMPORTANT TEST RESULTS**  
 TEST DATE: Monday, September 20, 2021  
 Dear Makayla,  
 You have **passed** the knowledge portion of the Certified Nurse Aide exam.  
 Your overall knowledge test score is 78.67%.  
 Any weaknesses indicated in your test results are listed below:

**Knowledge Exam Results By Subject Area**

|                                    |      |
|------------------------------------|------|
| Safety                             | 88%  |
| Communication                      | 80%  |
| Infection Control                  | 56%  |
| Client Rights                      | 100% |
| Data Collection                    | 100% |
| Basic Nursing Skills               | 73%  |
| Role / Responsibility              | 86%  |
| Disease Process                    | 80%  |
| Mental Health                      | 100% |
| Personal Care                      | 63%  |
| Care Impaired                      | 67%  |
| Aging Process and Restorative Care | 80%  |

**Skill Exam Incomplete Steps**

**Vocabulary words to study:** pressure ulcer, perineal care, incontinence, tendons, decubitus ulcer, deeper tissue, infection control, infection control, fire safety, medications, elderly, fraud, catheter, shaving, transporting food, dehydration, isolation precautions, disease process, anti-embolitic stocking

### Test Attempts

You have **four (4) attempts** to pass the knowledge portion and **three (3) attempts** to pass the skill test portion of the exam. If you fail four attempts on the knowledge component or three attempts on the skills component, you must complete a new Massachusetts Department of Public Health (DPH) approved training program in order to become eligible to further attempt Massachusetts NA examinations.

**NOTE:** Federal and State regulations allow health care facilities to employ students for up to 120 days from the day employment and training is offered in an approved facility-based nurse aide training and competency evaluation program. However, if you fail four (4) attempts on the knowledge portion or three (3) attempts on the skills portion of the state competency exam, the facility is no longer allowed to employ you to perform nurse aide duties.

### Retaking the Nurse Aide Exam

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

You can schedule a test or re-test on-line by signing in your TMU© record with your Email or Username and Password at: <http://mc.tmutest.com>. (See instructions with screen shots under ‘Schedule/Reschedule into a Test Event’.)

You will need to pay with a Visa or Master Card before you are able to schedule.

## Massachusetts Nurse Aide Candidate Handbook

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If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours 8:00AM to 8:00PM EST Monday through Friday, excluding holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

### Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-Headmaster’s main webpage at [www.hdmaster.com](http://www.hdmaster.com) (before you get to the Massachusetts webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and holidays). Late requests will be returned and will not be considered.

**PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-Headmaster at (888)401-0462 and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a Massachusetts nurse aide is demonstration by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-Headmaster will pay your re-test fee. D&SDT-Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test disputes with the candidate or the candidate’s training program/instructor. D&SDT-Headmaster will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. D&SDT-Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address and to the Massachusetts Department of Public Health (DPH).

### The Knowledge/Oral Test

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of **60 minutes** to complete the **60 question** Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as “What does this question mean?”) The Knowledge Test Proctor will have scratch paper and a basic calculator available for use during your knowledge exam.

**You must have a score of 76% or better to pass the knowledge portion of the exam.**

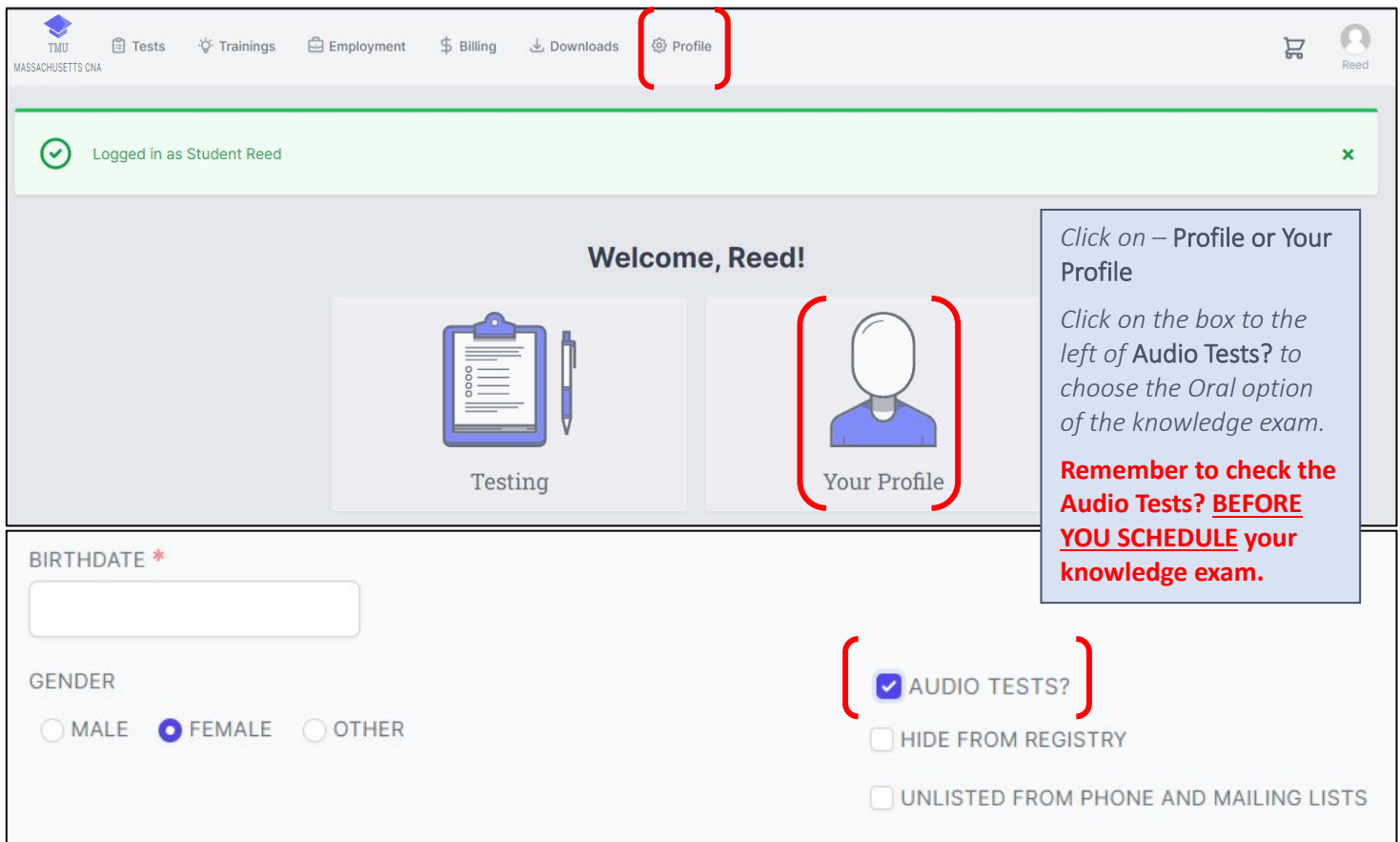
## Massachusetts Nurse Aide Candidate Handbook

Electronic TMU© testing using Internet connected computers is utilized at all test sites in Massachusetts. The Knowledge test portion of your exam will be displayed on a computer screen for you to read and key/tap or click on your answers.

**Note: You will need to know your Email or Username and Password to take the electronic TMU© Knowledge test.** Please see the information under **'Complete Your Initial Training'** to sign in to your record in TMU©.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional fee of \$10 (total for Knowledge ORAL is \$50) for an Oral version of the Knowledge test. To select the Oral version of the knowledge test, follow the instructions with screen shots that follow:

*Checking the Audio Tests to receive an Oral version of the Knowledge Exam:*



The screenshot shows the TMU© user interface. At the top, there is a navigation bar with icons for Tests, Trainings, Employment, Billing, Downloads, and Profile. The Profile icon is circled in red. Below the navigation bar, a green notification bar indicates the user is logged in as Student Reed. The main content area features a 'Welcome, Reed!' message and two buttons: 'Testing' (with a clipboard icon) and 'Your Profile' (with a person icon). The 'Your Profile' button is circled in red. To the right of the 'Your Profile' button, a blue callout box contains the following text: 'Click on – Profile or Your Profile', 'Click on the box to the left of Audio Tests? to choose the Oral option of the knowledge exam.', and 'Remember to check the Audio Tests? BEFORE YOU SCHEDULE your knowledge exam.' Below the 'Your Profile' button, there is a form with fields for BIRTHDATE, GENDER (with radio buttons for MALE, FEMALE, and OTHER), and a section for 'AUDIO TESTS?' with a checked checkbox, and two unchecked checkboxes: 'HIDE FROM REGISTRY' and 'UNLISTED FROM PHONE AND MAILING LISTS'. The 'AUDIO TESTS?' checkbox is circled in red.

The questions are read to you, in a neutral manner and can be heard through headphones/earbuds plugged into the computer. When taking an electronic Oral exam, the oral control buttons will be displayed on the computer screen enabling you to play, rewind or pause questions as needed.

The knowledge and/or oral knowledge test is in English. Foreign language paper word-for-word translation dictionaries are allowed and must be shown to the RN Test Observer at check-in (for both a virtual knowledge test and an on-site test event) and to the Knowledge Test Proctor when you enter the knowledge test room (on-site test event). If there is any writing or definitions, the translation dictionary will not be permitted to be used during testing. Electronic dictionaries are not allowed.

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All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Massachusetts Department of Public Health (DPH).

### Virtual Knowledge Exam Option

You will have the option to take the knowledge exam virtually. It is important that you read the [Virtual Knowledge Test Instructions](#) available on D&SDT-Headmaster's Massachusetts CNA webpage before you sign in to your virtual exam.

### Virtual Knowledge Test Candidate Requirements

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
  - *Internet Explorer is not supported by TMU©.*
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge test.
- **Your Email or Username and Password to take the virtual TMU© Knowledge test.**
- A smartphone to access the 'facetime app' that you will need to have downloaded.
  - D&SDT-Headmaster will provide you information of the 'facetime app' you will need before test day.
  - The night before your scheduled virtual knowledge exam, D&SDT-Headmaster will email you a reminder with the password protected link to join the test event.
- A distraction and interruption free area of your home, etc., where you will be testing.

### Virtual Knowledge Test Instructions

- Please remember to read the [Virtual Knowledge Test Instructions](#) available on D&SDT-Headmaster's Massachusetts CNA webpage at [www.hdmaster.com](http://www.hdmaster.com), click on Massachusetts CNA, then click on Virtual Knowledge Test Instructions.

### Scheduling a Virtual Knowledge Test

You will need to sign in to your TMU© record using your Username or Email and Password and follow the instructions to 'Schedule/Reschedule into a Test Event'. Please make sure you have met the 'Virtual Knowledge Test Candidate Requirements' listed above before scheduling a virtual knowledge exam.

- The test site location for a virtual knowledge exam will be "Virtual Knowledge Test Site".
- Once scheduled, a test confirmation will be sent via email and/or text message (see the 'Schedule/Reschedule into a Test Event' and the 'Test Confirmation Letter' section for information to access your test confirmation.)
- Instructions and the link to download the 'facetime app', including the meeting ID and Password for the virtual knowledge event you are scheduled for will be emailed to you.

### Virtual Knowledge Test Sign-In

You are required to be signed in to the virtual link for the sign in process with the test proctor **prior (10-20 minutes)** to the start time listed on your test confirmation. If you are not signed into your virtual exam prior to the time listed on your test confirmation, you will not be allowed to test, considered a No Show and forfeit your testing fees paid and have to pay for another test date.

- You will need to show your two forms of mandatory identification to the test proctor at sign in before starting your virtual knowledge exam. Please see the 'Identification' section for specifics.
- You will be required to show your surroundings to the test proctor during sign-in before starting your virtual knowledge exam.

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## Virtual Knowledge Test Policies

All ‘Testing Policies’ and ‘Security’ measures are adhered to during the virtual knowledge exam. Please refer to those sections for information.

- The ‘facetime app’ link must be maintained during the entire knowledge test.
- If the ‘facetime app’ connection is lost, you must immediately reconnect or be subject to being exited from the test by the test proctor and your test scored as a failed attempt.
- Please see virtual knowledge test issues information under the ‘No Show Exceptions’ section.

Please call D&SDT-Headmaster at (888)401-0462 if you have any questions, concerns or need assistance scheduling into a virtual knowledge exam.

## Knowledge Test Content

The Knowledge Test consists of 60 multiple-choice questions. Questions are selected from subject areas based on the Massachusetts Department of Public Health (DPH) approved Massachusetts test plan and include questions from all the required categories as defined in the federal regulations. The subject areas are as follows:

### Subject Areas

| SUBJECT AREA                       | NUMBER OF QUESTIONS | SUBJECT AREA            | NUMBER OF QUESTIONS |
|------------------------------------|---------------------|-------------------------|---------------------|
| Aging Process and Restorative Care | 2                   | Infection Control       | 4                   |
| Basic Nursing Skills               | 8                   | Mental Health           | 4                   |
| Care Impaired                      | 3                   | Personal Care           | 4                   |
| Communication                      | 5                   | Resident Rights         | 6                   |
| Data Collection                    | 2                   | Role and Responsibility | 9                   |
| Disease Process                    | 7                   | Safety                  | 6                   |

## Self-Assessment Reading Comprehension Exam

The following passages and corresponding questions will assess your reading comprehension required for the knowledge portion of the state competency evaluation. If you miss more than three (3) questions, you should consider utilizing the oral/audio option for the knowledge exam.

### PASSAGE 1

Paul and Ben are twins. They are identical in features, but opposite in personality. Paul likes to wear dark colors. Ben likes to wear bright colors. Paul likes to read quietly. Ben likes to attend football games with friends.

1. Paul can be classified as an
  - a. omnivert
  - b. extrovert
  - c. introvert
  - d. ambivert

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2. Ben can be classified as an
    - a. omnivert
    - b. extrovert
    - c. introvert
    - d. ambivert
  
  3. Paul and Ben have the same
    - a. nose
    - b. shoes
    - c. earrings
    - d. tattoos
- 

### PASSAGE 2

Amy is from the state of Montana. Amy lives in an apartment with her parents and her brother Nick. Tomorrow, Amy is flying to the state of Oregon. Amy is bringing three books of 3 different colors with her. Nick doesn't understand why she needs three books. The yellow one is a Spanish-English dictionary. The red one is a tourist guide to Oregon. The blue one is about horses, which Amy feels is the most important.

Amy will not need her United States of America passport because she won't be leaving the country.

1. Amy is from
  - a. Wisconsin
  - b. Montana
  - c. Oregon
  - d. Wyoming
  
2. Amy resides in a(n)
  - a. house
  - b. farm
  - c. condo
  - d. apartment
  
3. Amy lives in
  - a. Canada
  - b. America
  - c. Mexico
  - d. Peru
  
4. Amy lives with her
  - a. aunt
  - b. grandmother
  - c. father
  - d. sister

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5. Amy's brother's name is
    - a. Nick
    - b. Loren
    - c. Chad
    - d. Jared
  
  6. Tomorrow she is going to
    - a. Montana
    - b. Canada
    - c. Wisconsin
    - d. Oregon
  
  7. The type of book that is yellow is a(n)
    - a. dictionary
    - b. animal interest
    - c. tourist
    - d. guidebook
  
  8. Amy believes the book that is the most important is the color
    - a. red
    - b. black
    - c. yellow
    - d. blue
- 

### **PASSAGE 3**

Katherine did not like being called by her full name. Katherine preferred to be called Katie. Katherine's mother wanted her to understand why she was given that legal name. Her mother shared a story about a strong-willed woman that overcame adversities, and her name was Katherine. Katherine then embraced her given name.

1. Katherine is a
    - a. last name
    - b. middle name
    - c. legal name
    - d. nick name
  
  2. The purpose of Katherine's mother sharing the story with Katherine is to
    - a. entertain
    - b. persuade
    - c. inform
    - d. describe
- 

**Answers:** 1. C | 2. B | 3. A | 4. B | 5. D | 6. B | 7. C | 8. A | 9. D | 10. A | 11. D | 12. C | 13. C

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## Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at [www.hdmaster.com](http://www.hdmaster.com). Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test:

|   |
|---|
| <p><b>1. Clean linens that touch the floor should be:</b></p> <ul style="list-style-type: none"><li>(A) Picked up quickly and placed back on the clean linen cart</li><li>(B) Used immediately on the next resident bed</li><li>(C) Considered dirty and placed in the soiled linen hamper</li><li>(D) Used only in the room with the floor the linen fell on</li></ul> <p><b>2. When you are communicating with residents, you need to remember to:</b></p> <ul style="list-style-type: none"><li>(A) Face the resident and make eye contact</li><li>(B) Speak rapidly and loudly</li><li>(C) Look away when they make direct eye contact</li><li>(D) Finish all their sentences for them</li></ul> <p><b>3. A resident's psychological needs:</b></p> <ul style="list-style-type: none"><li>(A) Should be given minor consideration</li><li>(B) Make the resident withdrawn and secretive</li><li>(C) Are nurtured by doing everything for the resident</li><li>(D) Are nurtured when residents are treated like individuals</li></ul> <p style="text-align: right;">ANSWERS: 1-C   2-A   3-D</p> |
|---|

## The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating DPH approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty (30) minutes** to complete your three or four tasks. After fifteen (15) minutes have elapsed, you will be alerted when 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.



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- You must correctly perform all of the **key** steps (in **bold** font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are not order dependent, unless the words *BEFORE* or *AFTER* are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

### Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed on the next page if your skill test includes a skill task which requires recording a count or measurement.

RECORDING FORM →

|                                     |                             |
|-------------------------------------|-----------------------------|
| Candidate's Name: _____             |                             |
| PLEASE PRINT                        |                             |
| PULSE: _____ beats                  | RESPIRATIONS: _____ breaths |
| URINE OUTPUT: _____ ml              |                             |
| GLASS 1: _____                      |                             |
| GLASS 2: _____                      |                             |
| <b>TOTAL FLUID INTAKE:</b> _____ ml | <b>FOOD INTAKE:</b> _____ % |
| Candidate's Signature: _____        |                             |

### Skill Test Tasks

You will be assigned one of the following mandatory tasks with embedded hand washing using soap and water as your first task:

- Assisting Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female with Hand Washing
- Donning PPE (Gown and Gloves), Emptying a Urinary Drainage Bag, Measure and Record Urine Output and Remove PPE with Hand Washing
- Perineal Care for a Female with Hand Washing

**Note:** Hand washing with soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

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You will also receive an additional two (2) or three (3) randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty.

### Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a nurse aide candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks (the catheter care for a female and the perineal care for a female will be done on a manikin). You will be scored only on the steps listed.

**You must have a score of 80% on each task without missing any key steps (the bolded steps) to pass the skill component of your competency evaluation.**

If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be one of the first mandatory tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

**Note:** The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Massachusetts nurse aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

## APPLYING AN ANTI-EMBOLIC STOCKING TO ONE LEG

*-NOT PREVIOUSLY TESTED-*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Raise bed height.
4. Provide for resident's privacy.
5. Provide for resident's privacy by only exposing one leg.
6. Roll, gather or turn stocking down inside out to at least the heel.
7. Place foot of stocking over the resident's toes, foot, and heel.
8. Roll -or- pull top of stocking over resident's foot, heel and up the leg.
9. Check toes for possible pressure from stocking.
10. Adjust stocking as needed.
- 11. Leave resident with stocking that is smooth/wrinkle free.**
12. Lower bed.
13. Place call light or signaling device within easy reach of the resident.
14. Maintain respectful, courteous interpersonal interactions at all times.
15. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

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### ASSIST RESIDENT TO AMBULATE USING A GAIT BELT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Obtain a gait belt for the resident.
4. Assist resident to put on non-skid shoes/footwear.
5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
6. **Lock bed brakes to ensure resident's safety.**
7. **Lock wheelchair brakes to ensure resident's safety.**
8. Bring resident to a sitting position.
9. Place gait belt around resident's waist to stabilize trunk.
10. Tighten gait belt.
11. Check gait belt for tightness by slipping fingers between gait belt and resident.
12. Face the resident.
13. Grasp gait belt on both sides with an upward grasp.
14. Bring resident to standing position.
15. Stabilize the resident.
16. Ambulate resident at least 10 steps to the wheelchair.
17. Assist resident to pivot/turn and sit resident in the wheelchair in a controlled manner that ensures safety.
18. Use proper body mechanics at all times.
19. Remove gait belt.
20. Place call light or signaling device within easy reach of the resident.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### ASSISTING RESIDENT WITH THE USE OF A BEDPAN, MEASURE AND RECORD URINE OUTPUT WITH HAND WASHING

*(One of the possible first mandatory tasks.)*

-EMBEDDED HAND WASHING ADDED-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Put on gloves.
5. Position resident on bedpan/fracture pan safely and correctly. (Pan not upside down, is centered, etc.)
6. Raise head of bed to comfortable level.
7. Leave tissue within reach of resident.
8. Leave call light or signaling device within reach of resident.
9. Step behind privacy curtain to provide privacy for resident.

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10. When the RN Test Observer indicates, candidate returns.
11. Lower the head of the bed.
12. Gently remove the bedpan/fracture pan.
13. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into bedpan.
14. Place graduate on designated level flat surface.
15. Pour bedpan/fracture pan contents into graduate.
16. With graduate at eye level, measure output.
17. Empty equipment used into designated toilet/commode.
18. Rinse equipment used and empty rinse water into designated toilet/commode.
19. Return equipment to storage.
20. Wash/assist resident to wash and dry hands with soap and water.
21. Place soiled linen in designated laundry hamper.
22. Remove gloves turning inside out as they are removed and dispose in trash container.
23. Record output in ml's on the previously signed recording form.
- 24. Candidate's recorded measurement is within 25ml's of RN Test Observer's reading.**
25. Place call light or signaling device within easy reach of the resident.
26. Maintain respectful, courteous interpersonal interactions at all times.
27. Turn on water.
28. Wet hands and wrists thoroughly.
29. Apply soap to hands.
30. Rub hands together using friction with soap.
- 31. Scrub/wash hands together for at least twenty (20) seconds with soap.**
32. Scrub/wash with interlace fingers pointing downward with soap.
33. Wash all surfaces of hands with soap.
34. Wash wrists with soap.
35. Clean fingernails by rubbing fingertips against palm of the opposite hand.
36. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
37. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
38. Discard paper towel(s) to trash container as used.
39. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used.
- 40. Do not re-contaminate hands at any time during the hand washing procedure.** *(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)*

## CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

*(One of the possible first mandatory tasks.)*

*-EMBEDDED HAND WASHING ADDED-*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Fill basin with comfortably warm water.
5. Put on gloves.
6. Expose area surrounding catheter, only exposing the lower half of the resident's body.

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7. **Hold catheter where it exits the urethra with one hand.**
8. While holding catheter, clean at least 3-4 inches down the drainage tube.
9. **Clean with at least two strokes only away from the urethra.**
10. Use a clean portion of the washcloth for each stroke.
11. While holding catheter, rinse at least 3-4 inches down the drainage tube.
12. Rinse using strokes only away from the urethra.
13. Rinse using a clean portion of the washcloth for each stroke.
14. Pat dry.
15. **Do not allow the tube to be tugged/pulled at any time during the procedure.**
16. Replace top cover over resident.
17. Place soiled linen in designated laundry.
18. Empty, rinse, dry and return equipment to storage.
19. Remove gloves turning inside out as they are removed and dispose in trash container.
20. Place call light or signaling device within easy reach of the resident.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Turn on water.
23. Wet hands and wrists thoroughly.
24. Apply soap to hands.
25. Rub hands together using friction with soap.
26. **Scrub/wash hands together for at least twenty (20) seconds with soap.**
27. Scrub/wash with interlace fingers pointing downward with soap.
28. Wash all surfaces of hands with soap.
29. Wash wrists with soap.
30. Clean fingernails by rubbing fingertips against palm of the opposite hand.
31. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
32. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
33. Discard paper towel(s) to trash container as used.
34. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used.
35. **Do not re-contaminate hands at any time during the hand washing procedure.** (*Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.*)

## DENTURE CARE – CLEANING UPPER OR LOWER DENTURE

-WITHOUT MOUTH CARE-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. **Line the bottom of the sink with a protective lining that would help prevent damage to the dentures.** (*Towel, washcloth or paper towels are all acceptable.*)
4. Put on gloves.
5. Apply denture cleanser (paste) to denture brush (or toothbrush).
6. Remove denture from cup.
7. Handle denture carefully to avoid damage.
8. Rinse denture under cool running.
9. Thoroughly brush denture inner surfaces of upper or lower denture.

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10. Thoroughly brush denture outer surfaces of upper or lower denture.
11. Thoroughly brush denture chewing surfaces of upper or lower denture.
12. Rinse all surfaces of denture under cool running water.
13. Rinse denture cup and lid.
14. Place denture in rinsed cup.
15. Add cool clean water to denture cup and replace lid on denture cup.
16. Rinse equipment.
17. Return equipment to storage.
18. Discard sink protective lining in an appropriate container.
19. Remove gloves turning inside out as they are removed and dispose in trash container.
20. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
21. Place call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.

### **DONNING PPE (GOWN AND GLOVES), EMPTYING A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT AND REMOVE PPE WITH HAND WASHING**

*(One of the possible first mandatory tasks.)*

*-DONNING AND REMOVING PPE (GOWN & GLOVES) AND EMBEDDED HAND WASHING ADDED-*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Unfold the gown.
3. Face the back opening of the gown.
4. Place arms through each sleeve.
5. Secure the neck opening.
6. Secure gown at the waist, making sure that the back flaps cover clothing as completely as possible.
7. Put on gloves.
8. Cuffs of gloves overlap cuffs of gown.
9. Explain the procedure to the resident.
10. Provide for resident's privacy.
11. Place a barrier on the floor under the drainage bag.
12. Place the graduate on the previously placed barrier.
13. Open the drain to allow the urine to flow into the graduate until bag is completely empty.
14. Avoid touching the graduate with the tip of the tubing.
15. Close the drain.
16. Wipe the drain with an alcohol wipe AFTER emptying drainage bag.
17. Place graduate on a level flat surface.
18. With graduate at eye level, measure output.
19. Empty graduate into designated toilet/commode.
20. Rinse equipment emptying rinse water into designated toilet/commode.
21. Return equipment to storage.
22. Record the output in ml's on previously signed recording form.
- 23. Candidate's recorded measurement is within 25ml's of the RN Test Observer's measurement.**

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24. Place call light or signaling device within easy reach of resident.
25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Remove gloves BEFORE removing gown with one glove hand grasping the other glove at the palm to remove.**
- 27. Slip fingers from ungloved hand underneath cuff of remaining glove at the wrist and remove glove turning inside out as it is removed.**
28. Dispose of gloves in the trash container without contaminating self.
29. Unfasten gown at the waist.
30. Unfasten gown at the neck.
31. Remove gown without touching outside of the gown.
32. While removing gown, turns gown inward and keeps it inside out.
33. Disposes of gown in designated container without contaminating self.
34. Turn on water.
35. Wet hands and wrists thoroughly.
36. Apply soap to hands.
37. Rub hands together using friction with soap.
- 38. Scrub/wash hands together for at least twenty (20) seconds with soap.**
39. Scrub/wash with interlace fingers pointing downward with soap.
40. Wash all surfaces of hands with soap.
41. Wash wrists with soap.
42. Clean fingernails by rubbing fingertips against palm of the opposite hand.
43. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
44. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
45. Discard paper towel(s) to trash container as used.
46. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used.
- 47. Do not re-contaminate hands at any time during the hand washing procedure.** *(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)*

## DRESSING A RESIDENT WITH AN AFFECTED (WEAK) SIDE

### -SHIRT, PANTS AND SOCKS-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Keep resident covered while removing gown.
6. Remove gown from unaffected side first.
7. Place soiled gown in designated laundry hamper.
8. Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 9. When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
10. Assist the resident to raise their buttocks or turn the resident from side-to-side and draw the pants over the buttocks and up to the resident's waist.
- 11. When dressing the resident in pants, always dress the affected (weak) side leg first.**

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12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Leave the resident comfortably/properly dressed (pants pulled up to the waist front and back and shirt completely buttoned).
14. Lower bed.
15. Place call light or signaling device within easy reach of the resident.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### FEEDING A DEPENDENT RESIDENT

#### -WITH RESIDENT IN THE BED-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Ask resident to state name and verify name matches the name on the diet card.
- 4. Position the resident in an upright, sitting position BEFORE feeding. At least 75-90 degrees.**
5. Protect clothing from soiling by using napkin, clothing protector, or towel.
6. Provide hand hygiene for the resident BEFORE feeding. *(Candidate may use a disposable wipe and dispose of in trash can –or– wash resident's hands with soap and a wet washcloth –or– they may rub hand sanitizer over all surfaces of the resident's hands until dry.)*
7. Ensure resident's hands are dry BEFORE feeding. *(If a wet washcloth with soap was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, must make sure hands are dry.)*
8. Place soiled linen in designated laundry hamper, or dispose disposable wipe in trash container, if used.
9. Sit in a chair, facing the resident, while feeding the resident.
10. Describe the food and fluid being offered to the resident.
11. Offer each fluid frequently.
12. Offer small amounts of food at a reasonable rate.
13. Allow resident time to chew and swallow.
14. Wipe resident's hands and mouth AFTER the feeding the resident.
15. Remove clothing protector and place in designated laundry hamper. If napkin used, dispose of in trash container.
16. Leave resident sitting upright in bed with the head of the bed set up to at least 45 degrees.
17. Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 18. Candidate's calculation must be within 25 percentage points of the RN Test Observer's.**
19. Record estimated intake as the sum total fluid consumed in ml's on the previously signed recording form.
- 20. Candidate's calculation must be within 30ml's of the RN Test Observer's.**
21. Place call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.



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### FOOT CARE ONE FOOT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Fill basin with comfortably warm water.
4. Remove a sock from the resident's (right/left) foot. *(The scenario read to you will specify right or left.)*
5. Immerse resident's foot in warm water.
  - a. *Verbalize the 5 to 20 minutes soaking time after you begin soaking the foot.*
  - b. *Once the 5 to 20 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."*
6. Use water and a soapy washcloth.
7. Wash entire foot.
8. Wash between toes.
9. Rinse entire foot.
10. Rinse between toes.
11. Dry foot thoroughly.
- 12. Dry thoroughly between toes.**
13. Apply lotion to top and bottom of foot.
14. Avoid getting lotion between toes.
15. If any excess lotion on foot, wipe with a towel/washcloth.
16. Replace sock on resident's foot.
17. Empty, rinse, dry and return equipment to storage.
18. Place soiled linens in designated laundry hamper.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
20. Place call light or signaling device within easy reach of resident.
21. Maintain respectful, courteous interpersonal interactions at all times.

### MAKING AN OCCUPIED BED

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Gather linen and transport linen away from the body without touching uniform.
4. Place linen over the back of the chair, drape over the foot of the bed or on the overbed table.
5. Provide for resident's privacy.
6. Raise bed height.
7. Resident is to remain covered at all times.
8. Assist resident to roll onto side.
9. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
10. Place clean bottom sheet on mattress.
11. Secure two fitted corners.
12. Roll or fan fold clean linen against the resident's back.

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13. Assist the resident to roll onto side over the clean bottom linen.
14. Remove soiled linen without shaking.
15. Avoid placing soiled linen on the overbed table, chair or floor.
16. Avoid touching soiled linen to uniform.
17. Place soiled linen in designated laundry hamper.
18. Pull through and smooth out the clean bottom linen leaving it tight and free of wrinkles.
19. Secure the other two fitted corners.
20. Place resident on their back.
21. Ensure that the resident never touches the bare mattress at any time during the demonstration.
22. Place clean top linen over covered resident.
23. Place clean blanket or bedspread over covered resident
24. Remove soiled linen keeping resident unexposed at all times.
25. Place soiled linen in designated laundry hamper.
26. Tuck in clean top linen, blanket or bedspread at the foot of the bed while providing room for the resident's feet to move.
27. Apply clean pillow case with zippers and/or tags to the inside.
28. Gently lift resident's head while replacing the pillow.
29. Leave bed neatly and completely made.
30. Lower bed.
31. Place the call light or signaling device within easy reach of the resident.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### MODIFIED BED BATH- FACE AND ONE ARM, HAND AND UNDERARM

-WITHOUT BACK RUB-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Cover resident with a bath blanket.
6. Remove remaining top covers. Fold to bottom of bed or place aside.
7. Remove resident's gown without exposing resident and place soiled gown in designated laundry hamper.
8. Fill basin with comfortably warm water.
9. **Beginning with eyes, wash eyes WITHOUT SOAP using a clean portion of the washcloth for each stroke, washing inner aspect to outer aspect.**
10. Wash face WITHOUT SOAP.
11. Pat dry face.
12. Place towel under arm, exposing one arm.
13. Wash arm with soap.
14. Wash hand with soap.
15. Wash underarm with soap.
16. Rinse arm.

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17. Rinse hand.
18. Rinse underarm.
19. Pat dry arm.
20. Pat dry hand.
21. Pat dry underarm.
22. Assist resident to put on a clean gown.
23. Empty, rinse, dry and return equipment to storage.
24. Place soiled linen in designated laundry hamper.
25. Lower bed.
26. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
27. Place call light or signaling device within easy reach of the resident.
28. Maintain respectful, courteous interpersonal interactions at all times.

### MOUTH CARE—BRUSHING RESIDENT’S TEETH

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident’s privacy.
4. Drape resident’s chest with a towel to prevent soiling.
5. **Put on gloves BEFORE cleaning resident’s mouth.**
6. Wet toothbrush and apply a small amount of toothpaste.
7. Gently brush the inner surfaces of resident’s upper and lower teeth.
8. Gently brush the outer surfaces of resident’s upper and lower teeth.
9. Gently brush the chewing surfaces of resident’s upper and lower teeth.
10. Gently brush the resident's tongue.
11. Assist the resident in rinsing mouth.
12. Wipe resident's mouth.
13. Remove soiled linen.
14. Place soiled linen in the designated laundry hamper.
15. Empty container. (*Container may be an emesis basin or a disposable cup.*)
16. Rinse emesis basin, if used, or discard disposable items in trash can.
17. Dry emesis basin, if used.
18. Rinse toothbrush.
19. Return equipment to storage.
20. Remove gloves turning inside out as they are removed and dispose in trash container.
21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
22. Place call light or signaling device within easy reach of resident.
23. Maintain respectful, courteous interpersonal interactions at all times.

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### NAIL CARE ONE HAND

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Fill basin with warm water.
4. Immerse right/left hand nails in warm water. (*The scenario read to you will specify right or left.*)
  - a. Verbalize the 'at least 5 minutes' soaking time after you begin soaking the nails.
  - b. Once the at least 5 minutes soaking time is verbalized, the RN Test Observer will acknowledge the stated time and say, "You may continue with your demonstration now."
5. Dry hand thoroughly.
6. Specifically dry between the fingers.
7. Gently cleans under nails with an orange stick.
8. Gently pushes cuticles back with a towel or washcloth.
9. File each fingernail.
10. Empty, rinse, dry and return equipment to storage.
11. Place soiled linen in designated laundry hamper.
12. Place call light or signaling device within easy reach of the resident.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### PASSIVE RANGE OF MOTION EXERCISES FOR ONE HIP AND ONE KNEE

*-WITHOUT PROM OF THE ANKLE-*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
7. Gently move the resident's entire leg away from the body.
  - a. *Abduction*
8. Gently return resident's leg toward the body.
  - a. *Adduction*
9. Gently complete abduction and adduction of the hip at least three times.
10. Continue to correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
11. Gently bend the resident's knee and hip toward the resident's trunk.
  - a. *Flexion of hip and knee at the same time.*
12. Gently straighten the resident's knee and hip.
  - a. *Extension of hip and knee at the same time.*

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13. Gently complete flexion and extension of the knee and hip at least three times.
14. Do not force any joint beyond the point of free movement.
- 15. Candidate must ask at least once during the PROM exercise if there is/was any discomfort/pain.**
16. Lower bed.
17. Place call light or signaling device within easy reach of resident.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### PASSIVE RANGE OF MOTION EXERCISES FOR ONE SHOULDER

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's elbow or upper arm and the other hand under the resident's wrist.
7. Gently raise the resident's straightened arm up and over the resident's head to ear level.
  - a. *Flexion*
8. Gently bring the resident's arm back down to the side of the resident's body.
  - a. *Extension*
9. Gently complete flexion and extension of the shoulder at least three times.
10. Continue to correctly support shoulder joints by placing one hand under the resident's elbow or upper arm and the other hand under the resident's wrist.
11. Gently move the resident's entire arm away from the side of the resident's body to shoulder level.
  - a. *Abduction*
12. Gently return resident's arm to the side of the resident's body.
  - a. *Adduction*
13. Gently complete abduction and adduction of the shoulder at least three times.
14. Do not force any joint beyond the point of free movement.
- 15. Candidate must ask at least once during the PROM exercise if there is/was any discomfort/pain.**
16. Lower bed.
17. Place call light or signaling device within easy reach of resident.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

*(One of the possible first mandatory tasks.)*

~~EMBEDDED HAND WASHING ADDED~~

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Fill basin with comfortably warm water.
5. Raise bed height.
6. Put on gloves.
7. Turn resident or raise hips and place a waterproof pad under resident's buttocks.
8. Expose perineal area only.
9. Separate labia. *(It is helpful if you verbalize separating labia as you demonstrate separating labia.)*
10. Use water and soapy washcloth (no peri-wash or no rinse soap allowed).
11. Clean one side of labia from front to back.
12. Use a clean portion of the washcloth, clean the other side of the labia from front to back.
- 13. Use a clean portion of the washcloth, clean the vaginal area from front to back.**
14. Use a clean washcloth, rinse from one side of labia from front to back.
15. Use a clean portion of the washcloth, rinse the other side of the labia from front to back.
16. Use a clean portion of the washcloth, rinse the vaginal area from front to back.
17. Pat dry.
18. Assist resident (manikin) to turn onto side away from the candidate toward the center of the bed.
  - a. *RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.*
19. Use a clean washcloth with water and soap (no peri-wash or no rinse soap allowed).
- 20. Wash from vagina to rectal area.**
21. Use a clean portion of the washcloth with any stroke.
22. Use a clean washcloth, rinse rectal area from front to back.
23. Use a clean portion of the washcloth with any stroke.
24. Pat dry.
25. Safely remove waterproof pad from under resident's buttocks.
26. Position resident on her back.
27. Place soiled linen in designated laundry hamper.
28. Empty, rinse, dry and return equipment to storage.
29. Remove gloves turning inside out as they are removed and dispose in trash container.
30. Lower bed.
31. Place call light or signaling device within easy reach of resident.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Turn on water.
34. Wet hands and wrists thoroughly.
35. Apply soap to hands.
36. Rub hands together using friction with soap.
- 37. Scrub/wash hands together for at least twenty (20) seconds with soap.**
38. Scrub/wash with interlace fingers pointing downward with soap.

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39. Wash all surfaces of hands with soap.
40. Wash wrists with soap.
41. Clean fingernails by rubbing fingertips against palm of the opposite hand.
42. Rinse fingers, hands and wrists thoroughly under running water with fingers pointed downward.
43. Starting at the fingertips, dry fingers, hands and wrists on clean paper towel(s).
44. Discard paper towel(s) to trash container as used.
45. Turn off faucet with a clean, dry paper towel and discard paper towel to trash container as used.
46. **Do not re-contaminate hands at any time during the hand washing procedure.** *(Such as touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.)*

### POSITION A DEPENDENT RESIDENT IN BED ON SIDE

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Position bed flat.
5. Raise bed height.
6. **Directs RN Test Observer to stand on side of the bed opposite working side of the bed to provide safety.**
7. From the working side of bed – gently move resident's upper body toward self.
8. From the working side of the bed – gently move resident's hips toward self.
9. From the working side of the bed – gently move resident's legs toward self.
10. Gently assist/turn resident to slowly roll onto correct side that the RN Test Observer read to the candidate in the scenario at the start of the task.
11. Place or adjust pillow under resident's head for support.
12. Reposition resident's arm and shoulder so that the resident is not lying on arm.
13. Place support device under the resident's upside arm.
14. Place support device behind resident's back.
15. Place support device between resident's knees.
16. Lower bed.
17. Place call light or signaling device within easy reach of resident.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

### TRANSFER RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Obtain a gait belt for the resident.
5. Assist resident to put on non-skid shoes/footwear.

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6. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 7. Lock bed brakes to ensure resident's safety.**
- 8. Lock wheelchair brakes to ensure resident's safety.**
9. Bring resident to a sitting position.
10. Place gait belt around resident's waist to stabilize trunk.
11. Tighten gait belt.
12. Check gait belt for tightness by slipping fingers between gait belt and resident.
13. Position wheelchair arm/wheel touching the side of the bed.
14. Face the resident.
15. Grasp gait belt on both sides with an upward grasp.
16. Bring resident to standing position.
17. Assist resident to pivot in a controlled manner that ensures safety.
18. Lower resident into the wheelchair in a controlled manner that ensures safety.
19. Remove gait belt.
20. Place call light or signaling device within easy reach of the resident.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.

## VITAL SIGNS – COUNT AND RECORD RESIDENT'S RADIAL PULSE AND RESPIRATIONS

### -PULSE AND RESPIRATIONS COMBINED-

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
2. Explain the procedure to the resident.
3. Locate the resident's radial pulse by placing fingertips on thumb side of the resident's wrist.
4. Count resident's radial pulse for one full minute.
  - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
5. Record the resident's radial pulse rate reading on the previously signed recording form.
- 6. Candidate's recorded radial pulse rate is within 4 beats of RN Test Observer's recorded rate.**
7. Count resident's respirations for one full minute.
  - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
8. Record the resident's respirations reading on the previously signed recording form.
- 9. Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
10. Place call light or signaling device within easy reach of resident.
11. Maintain respectful, courteous interpersonal interactions at all times.
12. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.



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### Knowledge Test Vocabulary List

|                         |                        |                          |
|-------------------------|------------------------|--------------------------|
| abandonment             | bedrest                | circulatory system       |
| abdominal thrust        | behavior               | cleaning                 |
| abductor wedge          | behavioral care plan   | clear liquid diet        |
| abnormal vital signs    | beliefs                | clergy                   |
| absorption              | biohazard              | cognitively impaired     |
| abuse                   | bladder training       | cold pack                |
| accidents               | bleeding               | colostomy                |
| activities              | blindness              | colostomy care           |
| acute                   | blood pressure         | coma                     |
| adaptive                | body alignment         | combative resident       |
| ADL                     | body fluid             | communicable             |
| admission               | body language          | communication            |
| admitting resident      | body mechanics         | conduct                  |
| affected side           | body temperature       | confidentiality          |
| aging process           | bone loss              | conflict                 |
| agitation               | bowel program          | confused resident        |
| Alzheimer's             | brain stem             | congestive heart failure |
| ambulation              | breathing              | constipation             |
| angina                  | burnout                | contamination            |
| anterior                | call light             | contracture              |
| anti-embolitic stocking | cancer                 | converting measures      |
| anxiety                 | cardiac arrest         | COPD                     |
| aphasia                 | cardiovascular system  | coughing excessively     |
| arthritis               | care impaired          | CPR                      |
| aspiration              | care plan              | cultural                 |
| assault                 | care planning          | culture                  |
| assistive device        | cataract               | CVA                      |
| atrophy                 | catheter               | dangling                 |
| authorized duty         | catheter care          | de-escalation            |
| axillary temperature    | cc's in an ounce       | death and dying          |
| basic needs             | central nervous system | decubitus ulcer          |
| bath water temperature  | chain of command       | deeper tissue            |
| bathing                 | charge nurse           | dehydration              |
| bed cradle              | choking                | delegation               |
| bed height              | chronic                | demanding resident       |
| bed making              | circulation            | dementia                 |

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