



**D&S Diversified Technologies LLP**  
**Headmaster LLP**

# Mississippi Nurse Aide Candidate Handbook

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Version 1.5

**Updates were made to the following section:**

Remotely Proctored Knowledge Exam (pages 32-35).

NO CHANGES WERE MADE TO THE SKILL TASKS OR VOCABULARY WORDS.

## Contact Information

|  |   |   |
|--|---|---|
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## Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and 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. This program aims to ensure that candidates 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 nurse aide competency examination process and is designed to help prepare candidates for testing. The examination has two parts: a multiple-choice knowledge test and a skill test. Candidates must pass both parts to be identified and listed on the Mississippi Nurse Aide Registry.

The Mississippi Department of Health (MSDH) has 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 [Mississippi Nurse Aide webpage](#) or at [www.hdmaster.com](http://www.hdmaster.com) and click on 'Mississippi CNA'. The information in this handbook will help you prepare for your examination.

## Mississippi Nurse Aide Registry Requirements

The Mississippi Nurse Aide Registry (MSNAR) lists the names of nurse aides who, through training, testing, and experience, meet federal and/or state requirements to work as a nurse aide in Mississippi. The Registry includes substantiated findings of nurse aide abuse, neglect, misappropriation of resident property, or exploitation involving a nurse aide at a Mississippi State Board of Nursing (MSBN) regulated facility. Upon successfully completing training, passing both the knowledge and skills portions of the competency exam, and meeting federal and/or state requirements, a nurse aide candidate will be listed on the MSNAR.

Review the Nurse Aide Competency Exam section to help prepare for the exam.

## Registry Maintenance

Once placed on the Mississippi Registry, it is your responsibility to maintain your demographic information so that renewal notifications/alerts can be delivered to you in a timely manner. You must renew electronically by signing in to your TMU© account at [ms.tmutest.com](http://ms.tmutest.com). Use your Email or Username and Password to sign in. If you are new to the system or have forgotten your password, refer to the 'Forget my Password?' section in this handbook to reset your password. If you need assistance signing in to your TMU© account, call D&SDT-HEADMASTER at (888)401-0462. Renewal reminders are emailed to your TMU© account email address of record and/or text to your SMS-capable phone, so it is important to keep your contact information up to date.

**Note:** Renewal notifications/alerts are sent via email and text message 60 days before your certification expiration date. No renewal certifications are sent via USPS mail. It is important to keep your TMU© demographic information updated to receive your renewal notification.

You can check your registry status and eligibility expiration date from any Internet-capable device at any time at [ms.tmutest.com](http://ms.tmutest.com).

## DEMOGRAPHIC UPDATES / CHANGES / CORRECTIONS

Registry name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the [\*\*DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM\*\*](#) and upload your demographic change/correction documentation. The form is under 'Applications' on the Mississippi TMU© main web page (before you log in to your account), or click on this link: <https://ms.tmutest.com/apply/8>.

## Registry Renewal

To maintain eligibility to work, you must renew your eligibility every twenty-four 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 twenty-four months. Nurse aides with misconduct restrictions on the Registry are not eligible for renewal. **You are allowed 30 days after your certification expires to renew. If your license has been expired over 30 days, you will need to test to recertify.**

To renew, sign in to your TMU© account at [ms.tmutest.com](https://ms.tmutest.com) and list your work hours and where you were employed (nursing home, hospital, hospice, home health agency, or ICF/MR facility). An email verification link will be sent to the employer contact you choose from the list of employers. When the employer verifies your work experience, your eligibility will be extended an additional twenty-four months.

- If you are working for an employment agency, you must have the long-term care facility you have been placed at listed as your employer when you choose from the list of employers.
- Employment agencies are not listed in the list of employers and cannot verify your employment.
- Employment as a private-duty aide, doctor's office aide, laboratory aide, personal care home assisted living aide, or personal care home residential living aide does not qualify for recertification.
- If you are not employed as a nurse aide at the time of re-certification, you will choose your last nurse aide employer from the list of employers.

## Renewal Instructions

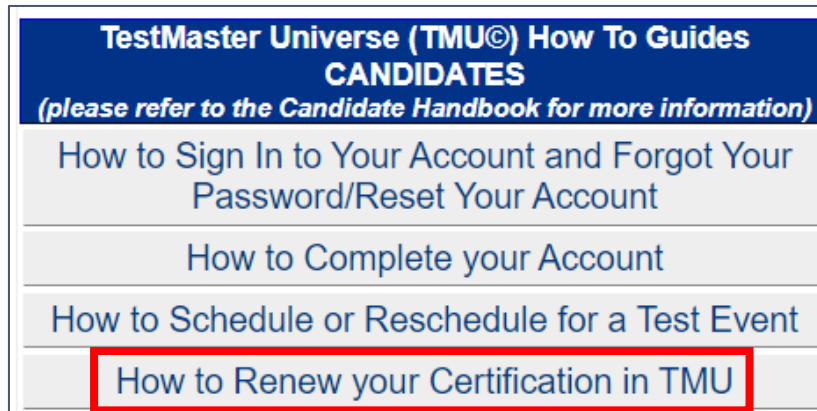
**To renew your certification, sign in to your TMU© account at [ms.tmutest.com](https://ms.tmutest.com).**

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 the '**Forgot Your Password and Recover your Account**' section). If you are unable to sign in for any reason, contact D&SDT-HEADMASTER at (888)401-0462.

*There are two options to pay the renewal fee:*

- **Self-Pay:** pay the fee yourself with a credit card.
- **Sponsor Payment:** your employer pays the fee for you.

Please see detailed instructions on [D&SDT-HEADMASTER's Mississippi website](#). Click [How to Renew your Certification in TMU©](#).



## REACTIVATION BY EXAM

Under federal regulations, a nurse aide becomes ineligible for employment if they do not perform at least 8 hours of nursing-related services for pay in a health care setting during a period of twenty-four consecutive months. To re-establish employment eligibility on the MSNAR, you must successfully pass both components of the approved Mississippi nurse aide competency examination.

- **LAPSED NURSE AIDE:** You are only allowed **one attempt to pass** the knowledge or the skills exam. If you fail on your first try, you will be required to complete a Mississippi-approved nurse aide training program before being allowed to re-test as a new nurse aide.

For authorization to schedule the competency test to regain employment eligibility status, you must complete a Reactivation by Examination Application in the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com) by clicking 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply) and choosing the [Reactivation by Examination Application](#).

You must have a valid email address to receive your TMU© login username and temporary password. You may check your listing on the Mississippi Nurse Aide Registry at [ms.tmutest.com](https://ms.tmutest.com). Any personal information entered into TMU© will only be used to determine whether you can work as a nurse aide in Mississippi. Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the MSNAR.

## PETITION FOR REMOVAL OF FINDING OF NEGLECT FROM THE MISSISSIPPI NURSE AIDE REGISTRY

The purpose of the Petition for Removal of a Finding of Neglect from the Mississippi Nurse Aide Registry is to give the Nurse Aide an opportunity to request that a single entry of Neglect be removed from the MS Nurse Aide Registry. The request cannot be made until one year from the date the finding of neglect was added to the name of the nurse aide on the Nurse Aide Registry. This process, including face-to-face meetings, panel interviews, or other procedures, should in no way be construed as a formal evidentiary hearing process. This process is consistent with the mandated provisions in 42 USC §1395i 3 (g)(1) and (d)(i) and (ii) addressing the removal of a finding of Neglect from the MS Nurse Aide Registry in limited circumstances.

The Petition for Removal of a Finding of Neglect Application can be found in the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com) by clicking 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply) and choosing the [Petition for Removal of a Finding of Neglect](#)

**from the Mississippi Nurse Aide Registry Application.** Complete the application, including all required uploads, and submit it for review by MSDH/HFLC.

**Policy:**

An individual with a finding of neglect placed on the nurse aide registry listing after January 1, 1995, may petition the Mississippi State Department of Health (MSDH), Bureau of Health Facilities Licensure and Certification (HFLC), for removal of the finding of neglect from their name one (1) full year after the finding is placed on the MS Nurse Aide Registry.

- All petitions for removal of a finding of neglect must be submitted in the standard format provided by the MSDH/HFLC.
- All petitions must be complete in format before being considered for review.
- The petition will be reviewed, and the nurse aide will be notified in writing of a final decision within 45 days of completing the petition.
- The individual must authorize the MSDH/HFLC to release any information deemed appropriate in reviewing the petition.

The MSDH/HFLC will consider a petition from a nurse aide for the removal of one finding of neglect upon determination that:

- a. The required time period has been met. A determination shall not be made prior to the expiration of the one (1) year period beginning on the date on which the finding of neglect was added to the name of the petitioner on the MS Nurse Aide Registry.
  - b. The nurse aide's employment and personal history do not reflect a pattern of abusive behavior or neglect. For the purposes of this section, a pattern is defined as two (2) or more occurrences of abusive or neglectful behavior toward another individual that resulted in the potential for a negative outcome or an actual negative outcome to a resident.
  - c. The neglect involved in the original finding was a singular occurrence that resulted in a potential or actual negative resident outcome.
  - d. A background check, including a criminal history record check or report, revealed no history of mistreatment, including but not limited to instances of domestic abuse, the granting of a restraining order that was overturned, an adverse finding entered on any child abuse information index, or conviction of any crime including violence or the threat of violence.
- Following a denial of the initial petition to MSDH/HFLC for removal of a finding of neglect, the nurse aide may petition for a second consideration for removal twelve (12) months from the date of the Notice of Denial of the initial petition. The procedure stated within this policy must be followed with a second petition. The decision of the panel following the second petition is FINAL and cannot be appealed.
  - If a new finding of neglect is placed on the nurse aide's registry listing after the original finding has been removed, the new finding will remain on the registry without an opportunity to petition for removal.

**Procedure:**

1. The Petition for Removal of a Finding of Neglect from the Mississippi Nurse Aide Registry Application can be found in the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com) by clicking 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply) and choosing the **Petition for Removal of a Finding of Neglect from the Mississippi Nurse Aide Registry Application.** Complete the application, which is to include the following:



- a. The nurse aide requesting the review must submit a written statement to MSDH/Bureau of HFLC indicating the rationale for the removal of the finding.
  - b. Using the Petition for Removal of a Finding of Neglect from the Mississippi Nurse Aide Registry Application (MSDH Form # 678E Petition for Removal Of A Finding of Neglect from the MS Nurse Aide Registry), the nurse aide must complete the form in its entirety, provide a list of any rehabilitation or education pertinent to the job duties of a nurse aide which have been completed since the finding of neglect, and provide work history for the past two (2) years or since the finding of neglect was placed on the MS Nurse Aide Registry, including the names of employers, addresses, employment job titles, and duties, and reason for leaving employment. Reference letters that speak to the individual's character will also be accepted. Only one letter from a family member will be considered; however, a minimum of three (3) reference letters must be submitted.
  - c. A summary from each employer, as listed in subsection 'b,' must be provided showing the nurse aide's job performance, including dates of employment, job title, job duties, the reason for leaving employment, behavioral conduct, and performance evaluations. The nurse aide must petition the prior employers to provide the MSDH/HFLC with these summaries, to be provided on the employer's letterhead and signed and dated by the supervisor or employer.
  - d. The petitioner shall apply to challenge the Nurse Aide Competency and Evaluation Examination (that will alert the necessary entities that the petitioner is registering to take the exam for Removal of a Finding of Neglect from the Registry – not expiration of certification) by filling out and submitting the Petition for Removal of a Finding of Neglect Application from the Mississippi Nurse Aide Registry Application in the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com) by clicking 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply) and choosing the **Petition for Removal of a Finding of Neglect from the Mississippi Nurse Aide Registry Application**. The Examination will be at the cost of the petitioner. Upon successful completion of the evaluation examination, the petitioner must provide a copy of the test results. If completion is unsuccessful, no review will be afforded to this petitioner, and the petition for consideration for removal of the neglect finding from the nurse aide registry will be denied.
  - e. Within two (2) weeks prior to the date of the petition, the nurse aide must submit to a criminal history background check conducted at the expense of the petitioner. If the background check was not completed within two (2) weeks prior to the date of the petition, the process must be completed again at the expense of the petitioner. The petitioner must name the MSDH/HFLC as the recipient of the background report.
  - f. Within forty-five (45) days of the receipt of the completed application, a panel will convene. The panel will be composed of three (3) individuals: HFLC Division Director, MS Nurse Aide Training Coordinator, and SQMT Certified Registered Nurse IV. A simple majority will be used for the final determination of whether or not to remove the neglect finding from the MS Nurse Aide Registry. The petitioner will be notified in writing by certified and regular mail of the panel's determination within thirty (30) days of the panel review.
2. The panel will review the petition and all information contained in the MSDH/HFLC file regarding the original incident, with consideration given to the following factors:
    - a. The degree of negligence;
    - b. The egregiousness of the actual negative resident outcome;
    - c. The forthrightness and cooperation of the individual;
    - d. Any rehabilitation or education completed by the nurse aide since the incident;
    - e. The employer statements and work history of the nurse aide;
    - f. Any other factors or considerations the panel determines to be pertinent to the final decision. The panel may request additional information from the nurse aide if more information is required to make a final determination.

3. Based on the review panel, with consideration given to the factors in Section 2, the Review Panel will issue a determination granting or denying the petition. This determination will be issued within thirty (30) days of the panel review. The MSDH/HFLC will remove the neglect finding from the MS Nurse Aide Registry following a favorable decision. The nurse aide will be notified in writing by certified and regular mail of the favorable determination and removal of the neglect finding from the MS Nurse Aide Registry.

## Registry Reciprocity

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

### OUT-OF-STATE RECIPROCITY PROCESS

There are multiple methods by which you may be eligible for placement on the MSNAR via the out-of-state registry process. In any case, you must be current and in good standing on a nurse aide registry in a state other than Mississippi to be considered. To apply for reciprocity placement on the MSNAR, you must complete a CNA Reciprocity Form Application in the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com) by clicking 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply) and choosing the [CNA RECIPROCITY FORM](#).

Once your completed application, reciprocity verification, processing administrative assessment fee of \$25, and all required documentation have been received, D&SDT-HEADMASTER staff will determine if you are eligible to be added to the Mississippi Nurse Aide Registry. You must have a valid email address to receive your TMU© login username and temporary password. You may check your listing on the Mississippi Nurse Aide Registry at [ms.tmutest.com](https://ms.tmutest.com). Any personal information entered into TMU© will only be used to determine whether you can work as a nurse aide in Mississippi. Failure to provide complete and accurate information during the reciprocity determination process may delay or even prevent you from being listed on the MSNAR.

## Student Nurse / Graduate Nurse / Out-of-State or Foreign Nurse Training

If approved, you must have a valid email address to receive your TMU© login username and temporary password to pay and schedule your test. Any personal information entered into TMU© will only be used to determine whether you can work as a nurse aide in Mississippi. Failure to provide complete and accurate information during the Student Nurse/Graduate Nurse/Out-of-State or Foreign Nurse Training determination process may delay your testing or even prevent you from being listed on the MSNAR.

### Nursing Student

*LPN or RN students* who have completed the basic nursing course (Introduction to Nursing, Fundamentals of Nursing, etc.) must provide a copy of their school transcript/document showing successful completion of the basic nursing course with a grade no lesser than a C within the past twenty-four months to qualify to take the state competency test.

To apply for a Nursing Student Training Waiver, please go to the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com), click 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply), and choose the [Nursing Student Training Waiver](#) application.

## Graduate Nurse

*LPN or RN program graduates* who have completed a Mississippi-approved LPN or RN program within the past twenty-four months must provide a copy of their LPN or RN training completion certificate or diploma to qualify to take the state competency test.

To apply for a Graduate Nurse Training Waiver, please go to the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com), click 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply), and choose the [Graduate Nurse Training Waiver](#) application.

## Out-of-State or Foreign LPN or RN

*LPN or RN program graduates who have completed an LPN or RN program outside the state of Mississippi* must provide a copy of their approval to test letter from the Mississippi State Department of Health, Bureau of Health Facilities Licensure and Certification.

**To obtain an Approval to Test letter, please contact the Mississippi State Department of Health (MSDH) at (601) 364-1100.**

Once you have received your MSDH Approval to Test letter, you may apply for an Out-of-State or Foreign LPN or RN Training Waiver. Please go to the Mississippi TMU© [ms.tmutest.com](https://ms.tmutest.com), click 'APPLICATIONS' or [ms.tmutest.com/apply](https://ms.tmutest.com/apply), and choose the [Out-of-State or Foreign LPN or RN Training Waiver](#) application.

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Mississippi State Department of Health (MSDH) 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. D&SDT-HEADMASTER must approve accommodations in advance of the examination. Complete the [ADA Accommodation Request Application](#) found on the Mississippi Nurse Aide TMU© main page under 'APPLICATIONS' to be reviewed for accommodation.

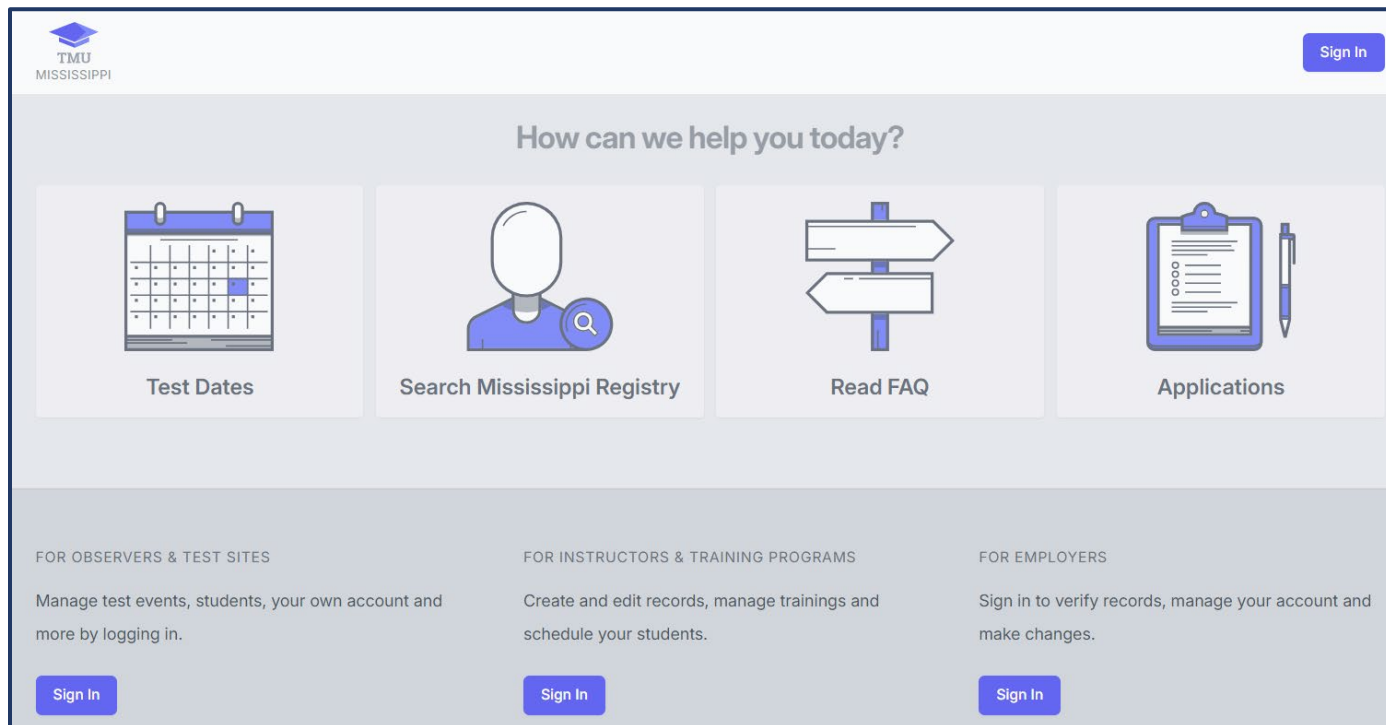
ADA Accommodation Request Applications submitted without the required supporting documentation of a diagnosed disability will not be reviewed until the required documentation is provided. D&SDT-HEADMASTER will email you if further documentation or information is required using the email in your TMU© account.

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

## Mississippi TestMaster Universe© (TMU©)

### Mississippi TMU© Home Page

This is the Mississippi TMU© main page, [ms.tmutest.com](https://ms.tmutest.com)



→ Click on 'Test Dates' to see the calendar of available test events and their location

→ Click on 'Search Mississippi Registry' to search the Registry

→ Click on 'Read FAQ' for frequently asked questions

### Complete your TMU© Account

Your training program will enter your initial registration information in D&SDT-HEADMASTER's Mississippi TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete the missing demographic information prior to testing. Failure to do so may result in you being turned away from testing. You will be a no-show status for your event and forfeit your testing fees.

- Upon receiving your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you need to sign in to your account, update your password, and complete your demographic information. **This must be done before scheduling a test event**

If you do not know your Email or Username and Password, enter your email address and click "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 cannot sign in, contact D&SDT-HEADMASTER at (888)401-0462.

This is the screen you will see the first time you sign in to your TMU© account with the **demographic information you need to enter to complete your account:**

TMU MISSISSIPPI

Tests Trainings Employment Billing Downloads Profile

Home > Setup Account

Setup Account

**We're Sorry, Your Account Still Needs Some Info**  
Enter the below information to finish setting up your account.

LEGAL FIRST NAME \* MIDDLE LEGAL LAST NAME \* SUFFIX

Sample Candidate

SSN \* BIRTHDATE \* PHONE \*

Encrypted for your safety

ADDRESS \*

1717 Green Meadow Dr

CITY \* STATE \* ZIPCODE \*

Jackson MS 39211

**DISCLAIMER**

By completing your account you consent to your name and certification status being publicly listed on the Mississippi registry

Finish Account Setup

TMU MISSISSIPPI

Tests Trainings Employment Billing Downloads Profile

Thanks, your account has now been setup.

**Welcome, Sample!**

Testing Your Profile

Your Certifications

No certifications on record.

## Forgot your Password and Recover your Account

If you do not remember your password, follow the instructions with screenshots in this section.

Go to [ms.tmutest.com](https://ms.tmutest.com).



Click on-  
Sign In

Sign In

How can we help you today?

Test Dates

Search Mississippi Registry

Read FAQ

Applications

FOR OBSERVERS & TEST SITES  
Manage test events, students, your own account and more by logging in.  

Sign In

FOR INSTRUCTORS & TRAINING PROGRAMS  
Create and edit records, manage trainings and schedule your students.  

Sign In

FOR EMPLOYERS  
Sign in to verify records, manage your account and make changes.  

Sign In

Sign In

Click on-  
Forgot Your Password?

USERNAME OR EMAIL

PASSWORD

☐ REMEMBER ME

Sign In

Forgot Your Password?

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 if you have already updated your demographic information in your account) - Click on - Recover Account

Recover Your Account

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

You will receive the message,  
We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.

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 \*

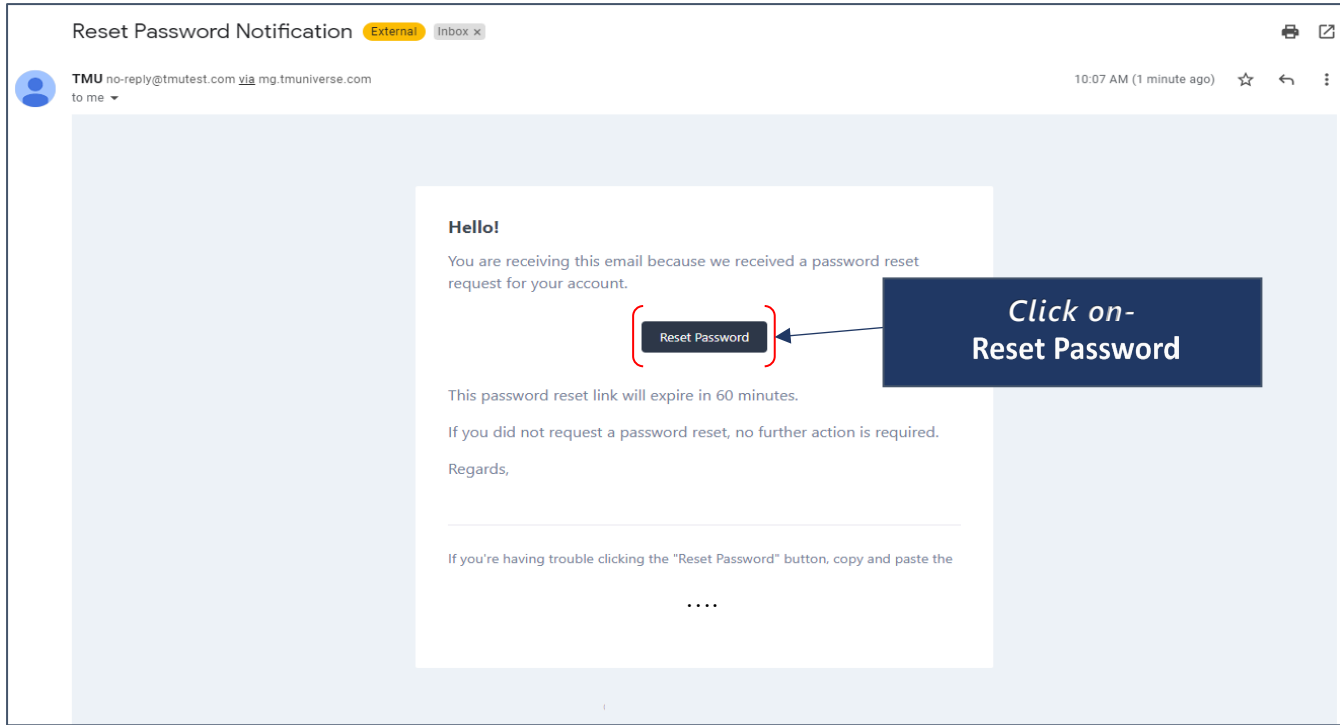
LAST NAME \*

ZIP CODE \*

Recover Account



*This is what the email will look like (check your junk/spam folder for the email):*



**Note:** If you do not reset your password right away, the link will expire in 60 minutes, and you will need to request a new link after that time.

**Reset Your Password**

E-MAIL ADDRESS

PASSWORD

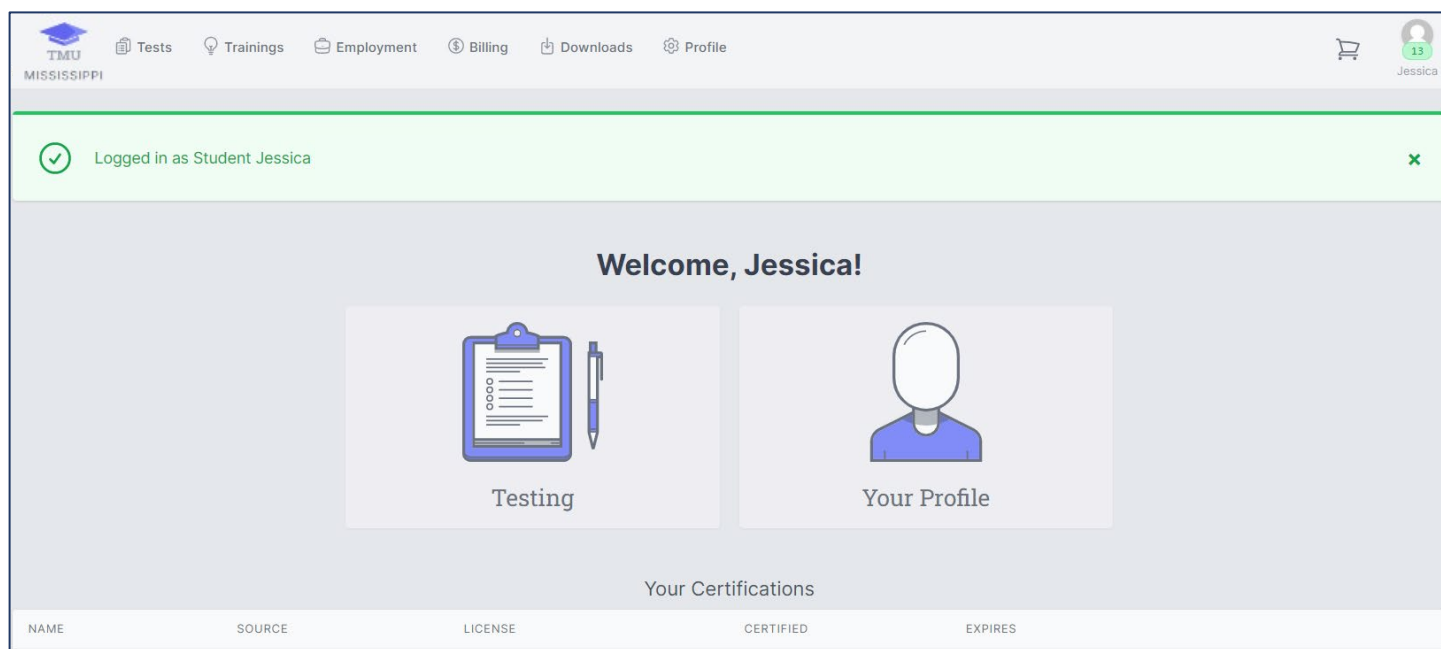
CONFIRM PASSWORD

[Reset Password](#)

*Type in your Password and Confirm Password, then click on - Reset Password*



This is the home screen you will see once you have reset your password:



## The Mississippi Nurse Aide Competency Exam

### Payment Information

| Exam Description  | Price    |
|---|----------|
| KNOWLEDGE EXAM<br>-or- Knowledge Retake   | \$35.00  |
| AUDIO VERSION OF THE KNOWLEDGE EXAM<br>-or- Audio Knowledge Retake <span style="color: red;">[\$35 + \$10 = \$45]</span><br>(The knowledge test questions and answers are read through the computer and listened to through headphones/earbuds while you read along.) | \$45.00  |
| SKILL TEST<br>-or- Skill Retake   | \$100.00 |

### Schedule a Mississippi Nurse Aide Exam

Once you have completed your program, your instructor has entered your training record in the D&SDT-HEADMASTER TestMaster Universe© (TMU©) database, and your testing fee has been paid (see instructions under **'Self-Pay of Testing Fees'**), you may schedule your exam date online at the Mississippi TMU© webpage at [ms.tmutest.com](https://ms.tmutest.com) using your email and password (see instructions under **'Schedule / Reschedule a Test Event'**). If you cannot sign in with your email, please call D&SDT-HEADMASTER for assistance at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays.

To schedule or reschedule your test date, sign in to the Mississippi TMU© webpage at [ms.tmutest.com](https://ms.tmutest.com) with your email and password. If you cannot schedule/reschedule online, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours for assistance.

**NOTE:** You have 3-attempts within twenty-four months from your training completion date to take and pass both components of the competency exam (knowledge and skills).

## LONG-TERM CARE FACILITY TRAINED CANDIDATES

You have **three (3) attempts within 120 days** from your date of hire with a Long-Term Care Facility to take and pass both components of the competency exam (knowledge and skills).

## SELF-PAY OF TESTING FEES IN TMU©

Testing fees must 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 inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.

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

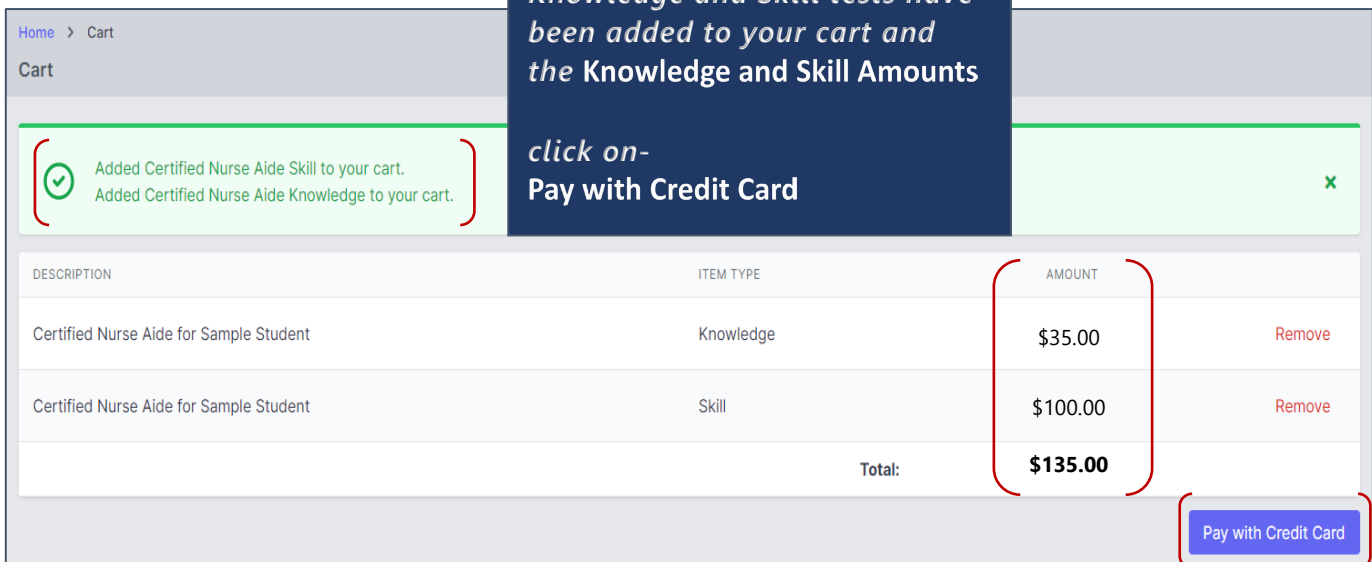


*Under Scheduling, click on the box to the left of Exam to select the test component – a checkmark will appear in the box.*

*Then click on- Add Selected Items to Cart*

*You will get a message that the Knowledge and Skill tests have been added to your cart and the Knowledge and Skill Amounts*

*click on- Pay with Credit Card*



[Home](#) > [Prepay](#)

**Prepay to Schedule**

What You're Paying For

| DESCRIPTION                             | COST            |
|---|-----------------|
| Certified Nurse Aide for Sample Student | \$35.00         |
| Certified Nurse Aide for Sample Student | \$100.00        |
| <b>Total:</b>                           | <b>\$135.00</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

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

*You will receive a receipt of the transaction.*

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

## SCHEDULE / RESCHEDULE A TEST EVENT

MISSISSIPPI

Tests

Trainings

Employment

Billing

Downloads

Profile

13

Jessica

✓

Logged in as Student Jessica D Hill

✕

**Welcome, Jessica!**

Testing

Your Profile

Your Certifications

| NAME | SOURCE | LICENSE | CERTIFIED | EXPIRES |
|------|--------|---------|-----------|---------|
|------|--------|---------|-----------|---------|

**Click on – Testing**

**-or-**

**Click on the Tests tab at the top of the page.**

Mississippi Nurse Aide Candidate Handbook | Page 15 |



Home > Tests

### Your Tests

Scheduling

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

Testing History

No test history on record.

All eligible test events will appear in this format.

To select a test site and test date, click on – **Schedule** to the right of the test date you want to schedule into.

Home > Tests > Find Event

### Find Event CERTIFIED NURSE AIDE

| TEST DATE                  | TEST SITE                              | SCHEDULING FOR                                   |
|----------------------------|--|--|
| 07/15/2021<br>12:00 PM CDT | Practice Test Site (TS)<br>Jackson, MS | K Certified Nurse Aide<br>S Certified Nurse Aide |
| 07/15/2021<br>12:00 PM CDT | Practice Test Site (TS)<br>Jackson, MS | K Certified Nurse Aide<br>S Certified Nurse Aide |

To select a test site and test date, click on – **Schedule**

ms.tmutest.com says

**Schedule into this Event on 07/15/2021 for Certified Nurse Aide Knowledge, Certified Nurse Aide Skill . Are you sure?**


**OK** Cancel

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

-continued on the next page-

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 <span>Not Eligible</span> | Already Scheduled |
| Certified Nurse Aide Skill <span>Not Eligible</span>     | Already Scheduled |

**Testing History**

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

*This screen confirms you are scheduled for a test date to take your knowledge and/or skills exam.*

*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 refer you to read the Mississippi candidate handbook, as it will give you specific instructions on what time to arrive, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in a no-show status for your test event if you do not adhere to the testing policies, etc.

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

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

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

Test Confirmation Letter

Scheduled Test Confirmation - Mississippi Nurse Aide

[Get Map](#)
[Print Page](#)

**Test Date:** 01/12/2023  
**Test Time:** 8:00 AM CST  
**Test Exam:** Mississippi CNA Knowledge and Skills  
**Test Site:** PRACTICE TEST SITE (TS)  
 Test Site Address  
 City, State, ZIP

**Best Student**  
 Best Student Address  
 Jackson, MS 39211

---

- TESTING BEGINS AT 8:00 AM CST ON 06/12/2024: ARRIVE AT LEAST 20 MINUTES EARLY TO CHECK-IN
- If you are unable to access your account, go to <https://ms.tmutest.com>, click on 'Forgot Password', enter your email, click on 'Send Reset Password Link', and follow the instructions. If you need further assistance, please call D&SDT-Headmaster at 1.800.393.8664.

Refer to the **Nurse Aide Competency Exam** section of the **Mississippi Candidate Handbook** regarding requirements for testing and what to expect on your test day. Failure to do so may result in you being turned away from testing and forfeiting your testing fees. Review this specific information prior to your testing date.

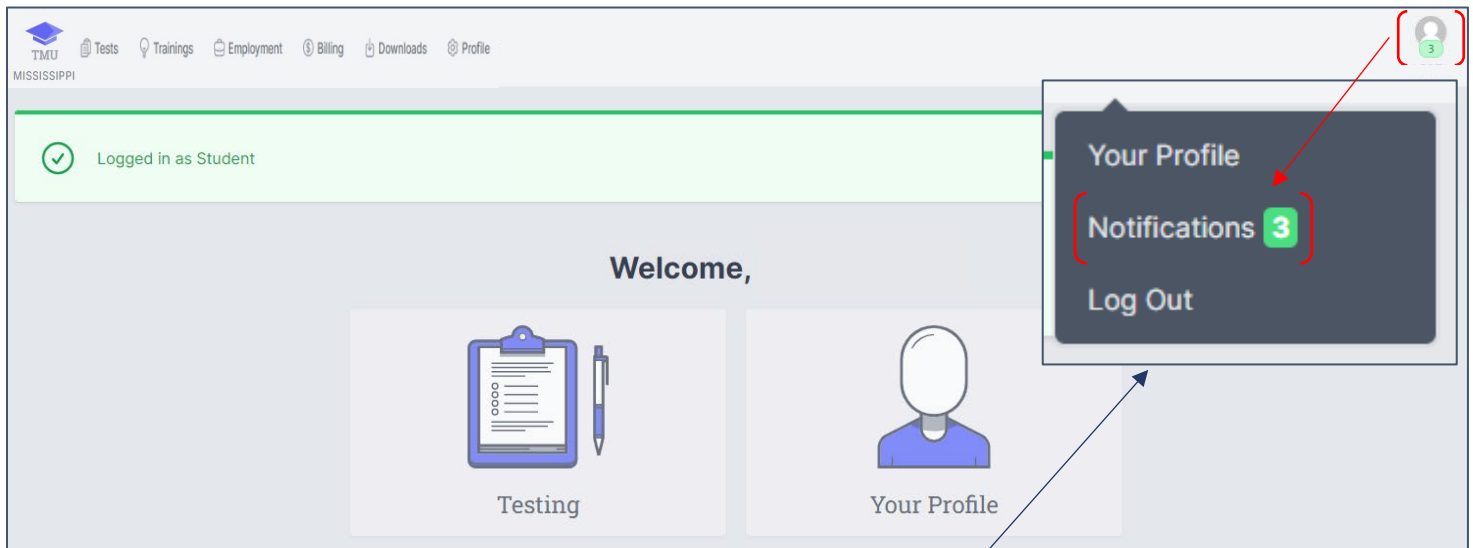
[Click to open the Candidate Handbook](#)

Please see the **‘Remotely Proctored Knowledge Exam Option’** under the Knowledge/Audio Exam section if you are interested in taking your knowledge exam with a remote proctor 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, 7:00AM to 7:00PM CT.

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

## Check/View your Notifications in TMU©

Remember to check your ‘notifications’ in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:

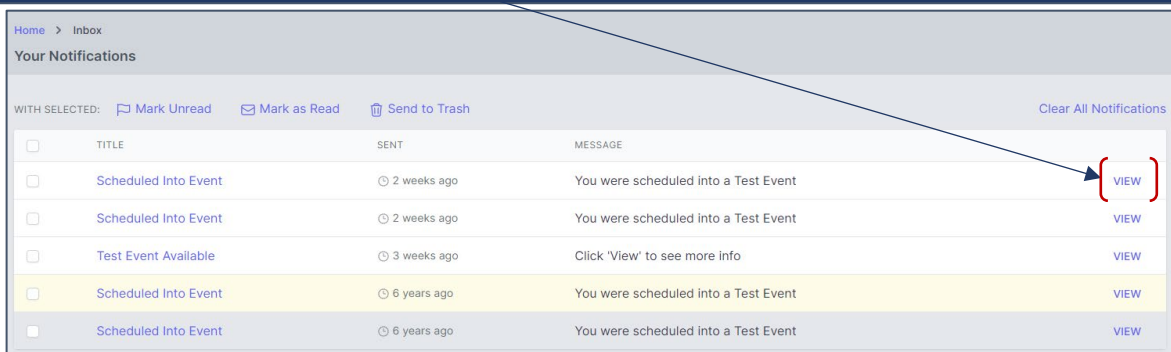


When you have ‘notifications’ they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

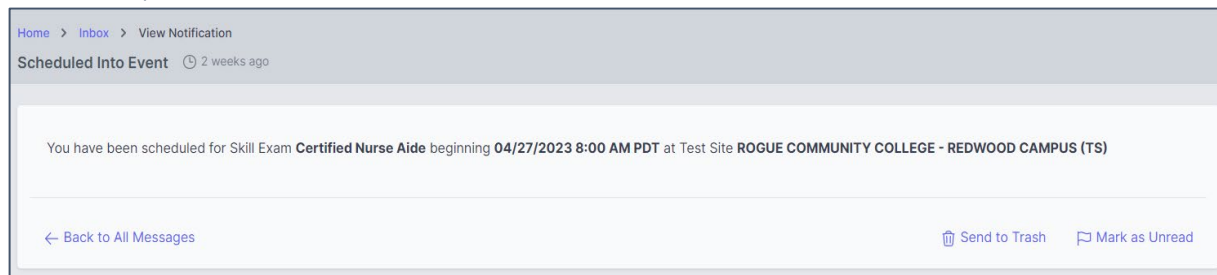
Click on-  
**Your Profile Pic** to open your profile and notifications.

Click on-  
**Notifications** to view all of your notifications.

Click on-  
**VIEW** to open each of your notifications.



Notification example:



## Time Frame for Testing from Training Program Completion

You have **three (3) attempts** to pass the exam's knowledge and skill test portions **within 24 months** of completing the nurse aide training program. If you do not complete testing within 24 months from completion of training, you must retrain to become eligible to further attempt Mississippi nurse aide examinations.

## LONG-TERM CARE FACILITY TRAINED CANDIDATES

You have **three (3) attempts** to pass the exam's knowledge and skill test portions **within 120 days of your date of hire with a Long-Term Care Facility**. If you do not complete testing within 120 days from date of hire with a Long-Term Care Facility, you must retrain to become eligible to further attempt Mississippi nurse aide examinations.

## Exam Check-In

You must arrive at your confirmed test site 20 to 30 minutes before your exam is scheduled to start.

- Testing **begins** promptly at the start time noted.
- You need to ensure you are at the event **at least 20 minutes before** the start time to allow time to get signed in with the RN Test Observer.
  - *For example*, if your test starts at 8:00AM, you must be at the test site for check-in **no later than 7:40AM**.

**Note:** If you arrive late, you will not be allowed to test.

If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under '**Remotely Proctored Knowledge Exam Option**' in the Knowledge/Audio Exam section.

## Testing Attire

The following testing attire requirements will be followed at testing sites:

- You must be in full clinical attire (scrubs).
  - *Scrubs and shoes can be any color/design.*
- No open-toed shoes are allowed.

Other testing attire information:

- You may bring a standard watch with a second hand.
- No smart watches or fitness monitors are allowed.

**Note:** You will not be admitted for testing if you are not wearing scrubs attire and the appropriate shoes. You will be considered a NO-SHOW status. You will forfeit your testing fees and will have to pay for another exam date.



## Identification

You must bring a **US government-issued, non-expired, \*signature-bearing photo identification**.

Mississippi participates in the **Mississippi Mobile ID/DPS Mobile ID**. If your ID is securely saved with the Mississippi Mobile ID/DPS Mobile ID app, it **will be allowed** for identification purposes. This is the link to the Mississippi Mobile ID/DPS Mobile ID information: <https://www.driverservicebureau.dps.ms.gov/mobile-id/>.

For other state IDs, secure digital IDs or digital identities are virtual systems (for example, Apple or Google Wallet) that allow identity verification and secure authentication. They can replace physical IDs and **will be allowed** to do so for identification purposes.

**NOTE:** An image of an acceptable form of identification, such as an image stored on a cell phone in photos or galleries, ***is not considered a secure digital ID and is not allowed for identification purposes***. It is recommended you carry your physical ID.

Examples of the forms of non-expired, US government-issued, \*signed, acceptable photo IDs are:

- State-issued Driver's License
  - *You may use the letter issued from the Department of Motor Vehicles (DMV) that you receive when you apply for or renew your driver's license while waiting to receive your new license.*
- State-issued Identification Card
- Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
  - \* *Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature)*
- Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
  - \* *Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.*
- U.S. Military Identification Card
  - \* *Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature*
- Tribal Identification Card (*a signed photo ID with an expiration date (not expired) issued by a [federally recognized](#) Tribal Nation/Indian Tribe*)

The **FIRST** and **LAST** names **listed on your identification presented** to the RN Test Observer during check-in at your test event ***MUST EXACTLY MATCH*** the FIRST and LAST names entered in your TMU© account. You may call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays, to confirm that your name of record matches your \*signed, non-expired, photo-bearing form of identification, or sign in to your TMU© account to check or change your demographic information. See more information under '**Demographic Updates / Changes / Corrections**'.

### Note:

- **You will not be admitted for testing if you do not bring proper/valid identification.**
  - Be sure your identification is not expired.
  - Check to ensure that the FIRST and LAST printed names on your identification card match the current name on record in your TMU© account.
- A driver's license or state-issued ID card with a hole punched in it is **NOT VALID** and will not be accepted as an acceptable form of ID.
- A school ID ***is not*** an acceptable form of ID.
- In cases where names do not match, your ID is not proper/valid, or it has a hole punched in it, this is considered a NO-SHOW status, and you will have to reschedule and pay for another test and date.

If you are taking the knowledge and skills exams together, you will be required to show your ID again when you enter the knowledge test room and the skills lab. Please keep your ID with you during the entire exam event.



## DEMOGRAPHIC UPDATES / CHANGES / CORRECTIONS

Name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the [DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM](#) and upload your demographic change/correction documentation. The form is under 'APPLICATIONS' on the Mississippi TMU© main web page (before you log in to your account), or click on this link: <https://ms.tmutest.com/apply/8>.

## Instructions for the Knowledge, Remotely Proctored Knowledge, and Skill Exams

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the Remotely Proctored Knowledge Exam Instructions can be found in your TMU© account under the Downloads tab (*\*see paragraph below*).

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** entering the knowledge exam room or skills 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 questions about the instructions you read when entering the testing rooms.

\*The **Knowledge, Remotely Proctored Knowledge, and Skill Exam Instructions** are available under the '**DOWNLOADS**' tab in your TMU© account. Refer to the '**Access the Candidate Handbook and Testing Instructions**' section of this handbook.

## Testing Policies

The following policies are observed at each test site:

- Make sure you have signed in to your TMU© account at [ms.tmutest.com](https://ms.tmutest.com) well before your test date to update your password and complete your demographic information. Refer to this handbook's '**Complete Your TMU© Account**' section for instructions and information.
  - **If you have not signed in and completed/updated your TMU© account 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 for up to five (5) hours if the knowledge and skills are taken together in the worst-case scenario.
- Testing begins promptly at the start time noted on your confirmation. 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. Any exam fees paid *will NOT be refunded*.
  - **If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under '**Remotely Proctored Knowledge Exam Option**' in the Knowledge/Audio Exam section.**
- If you do not bring a valid and appropriate \*signed, non-expired photo-bearing form of identification, 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 presented to the RN Test Observer during check-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the Mississippi nurse aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear scrubs with appropriate shoes and conform to all testing policies, you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.

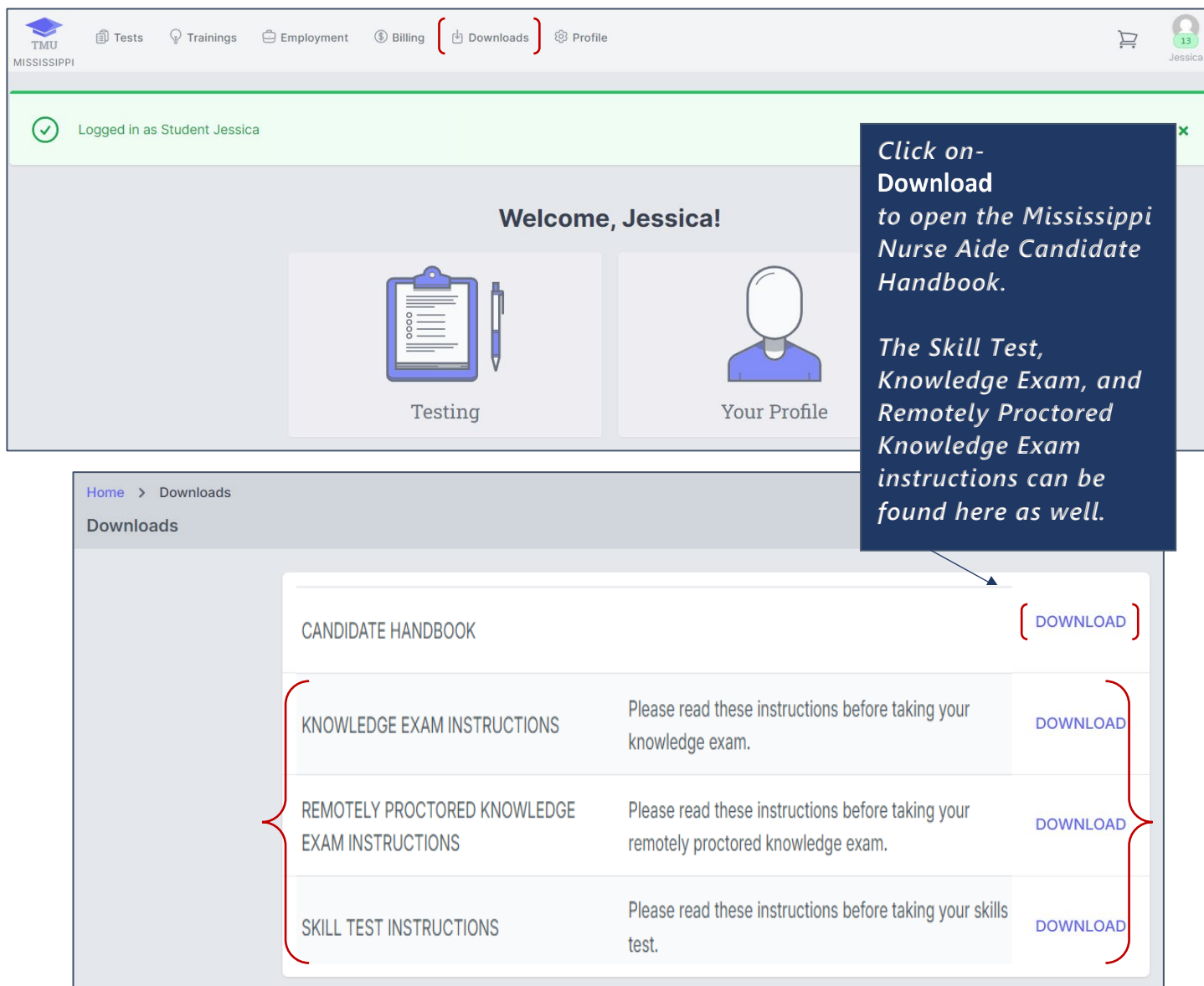
- If you do not show up for your exam day, or are considered a NO-SHOW STATUS (*see details in this handbook's 'No-Show Status' section*) for any reason, any test fees paid will NOT be refunded. You must re-pay your testing fees online in your TMU© account using your Email or Username and Password to schedule another exam date.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smartwatches, 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. The testing team will inform you of the designated area to place your personal items and electronic devices, and you will collect these items when you complete your test(s).
  - All electronic devices must be **turned off**, including smartwatches, fitness monitors, and Bluetooth-connected devices, which must be removed from your wrist or body.
  - If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under **'Remotely Proctored Knowledge Exam Option'** in the Knowledge/Audio Exam section.
- Anyone caught using any 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 the Mississippi State Department of Health (MSDH). 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 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 remotely proctored 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). The translation dictionary will not be permitted during testing if there is any writing or definitions. **Translators, using language translators that are not pre-approved and 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 misconduct, visibly impaired, or trying 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 the Mississippi State Department of Health (MSDH).
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's 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 are ill (sick).** Call D&SDT-Headmaster at (888)401-0462 immediately to reschedule (*see the note below*).
  - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call D&SDT-Headmaster at (888)401-0462 immediately to reschedule if you are on doctor's orders (*see the note below*).

**NOTE:** Please see this handbook's **'Reschedule a Test Event'** and **'No-Show Exceptions'** sections.

→ Reschedules will not be granted less than one (1) full business day before a scheduled test date.

- **Please review this Mississippi NA Candidate Handbook before your test day for any testing and/or policy updates.**
- The Candidate Handbook and testing instructions can also be accessed within your TMU© account under your 'Downloads' tab.

## ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS



The screenshot shows the TMU Mississippi portal interface. At the top, there is a navigation bar with links: Tests, Trainings, Employment, Billing, Downloads (highlighted with a red bracket), and Profile. A user is logged in as 'Student Jessica'. The main content area displays a 'Welcome, Jessica!' message with two cards: 'Testing' (with a clipboard icon) and 'Your Profile' (with a person icon). A dark blue callout box with white text points to the 'Downloads' section, stating: 'Click on-Download to open the Mississippi Nurse Aide Candidate Handbook. The Skill Test, Knowledge Exam, and Remotely Proctored Knowledge Exam instructions can be found here as well.'

The 'Downloads' section is expanded, showing a list of documents:

| CANDIDATE HANDBOOK                             |  | ( DOWNLOAD ) |
|--|--|--------------|
| KNOWLEDGE EXAM INSTRUCTIONS                    | Please read these instructions before taking your knowledge exam.                    | DOWNLOAD     |
| REMOTELY PROCTORED KNOWLEDGE EXAM INSTRUCTIONS | Please read these instructions before taking your remotely proctored knowledge exam. | DOWNLOAD     |
| SKILL TEST INSTRUCTIONS                        | Please read these instructions before taking your skills test.                       | DOWNLOAD     |

## Security

If you are caught cheating, refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and forfeit any testing fees paid. A report of your behavior will be given to your training program and the Mississippi State Department of Health (MSDH). 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 MSDH 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 that have been paid. You will not be allowed to retest for a minimum period of six (6) months. You may need to obtain permission from MSDH 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 your 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 MSDH, and you may need to obtain permission from MSDH to be eligible to test again.

## Reschedule a Test Event

All candidates may reschedule for free online at [ms.tmutest.com](https://ms.tmutest.com) any time up until one (1) business day before 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 online by signing in to your TMU© account at [ms.tmutest.com](https://ms.tmutest.com). (See instructions under '**Schedule / Reschedule a Test Event**').

- ❖ **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam. D&SDT-HEADMASTER is open 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays.

| The scheduled test date is on a: | Reschedule before 7:00PM CT 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 before 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 you are not interested in taking the Mississippi nurse aide certification exam.

## SCHEDULED IN A TEST EVENT

- 1) If you are scheduled for a test event, you can request a refund of the testing fees paid by filling out and submitting the [Refund Request Fillable Form](#) on D&SDT-HEADMASTER's Mississippi webpage at [Mississippi webpage](#) at least one (1) full business day before your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.

- Example: If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by the close of business the Thursday before your scheduled exam. D&SDT-HEADMASTER is open until 7:00PM CT, 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 30 days of the 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 30 days of the original payment of testing fees with D&SDT-HEADMASTER *will not be issued*.
- 2) To request a refund for testing fees paid, you must fill out and submit the [Refund Request Fillable Form](#) on D&SDT-HEADMASTER's Mississippi main webpage at [Mississippi webpage](#). 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.

## Unforeseen Circumstances Policy

If an exam date is canceled due to weather or other unforeseen circumstances, D&SDT-HEADMASTER staff will make every effort to contact you using the contact information (phone number/email) we have on file in your TMU© account 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 examples below for reasons we may not be able to contact you that you are responsible for.*)

If D&SDT-HEADMASTER is unable to reach you via phone call or email with the information in your TMU© account (*\*see examples below*) due to an unforeseen circumstance for a test event you are scheduled for, you will be removed from the test event, and D&SDT-HEADMASTER will not reschedule you until we hear back from you.

**NOTE:** The \*examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-HEADMASTER leaves you a message or emails you at the phone number or email in your TMU© account and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/your voice mailbox is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid, or you are unable to access your email for any reason

See more information under '**No-Show Exceptions**'.

## No-Show Status

If you are scheduled for your exam and do not show up without notifying D&SDT-HEADMASTER at least one (1) full business day before your scheduled testing event, **excluding** Saturdays, Sundays, and holidays, OR if you are turned

away for lack of proper identification, not arriving on time to the test site or any other reason to deem you ineligible to test, you will be considered a **NO-SHOW status**. You will forfeit all fees paid and must sign in to your TMU© account 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 Reschedule a Test Event and Refund of Testing Fees Paid), a NO-SHOW status will exist. 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 via phone call, fax, or email within one business day. A tow bill, police report, or other appropriate documentation showing your name and the provider of the service name 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.
- **Weather or road condition-related issue**: D&SDT-HEADMASTER must be contacted via phone call, fax, or email within one business day. 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 via phone, fax, or email within one business day. A doctor's note showing your name and the provider of the service name, or on the provider's letterhead, 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 via phone call, fax, or email within one business day. An immediate family obituary or letter on your behalf from the funeral home showing your name must only be 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. (The immediate family includes the parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- **Remotely proctored testing issues**: D&SDT-HEADMASTER must be contacted via phone, fax, or email within one business day. Appropriate documentation showing your name and the provider of the service name 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 showing your name and the provider of the service name from the Internet provider showing outage date and times.
  - **Computer or cell phone issue**: If the computer or cell phone fails to work, documentation from a computer repair technician/shop or other appropriate documentation showing your name and the provider of the service name is required.



## Candidate Feedback – Exit Survey

Candidates can complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not affect 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.

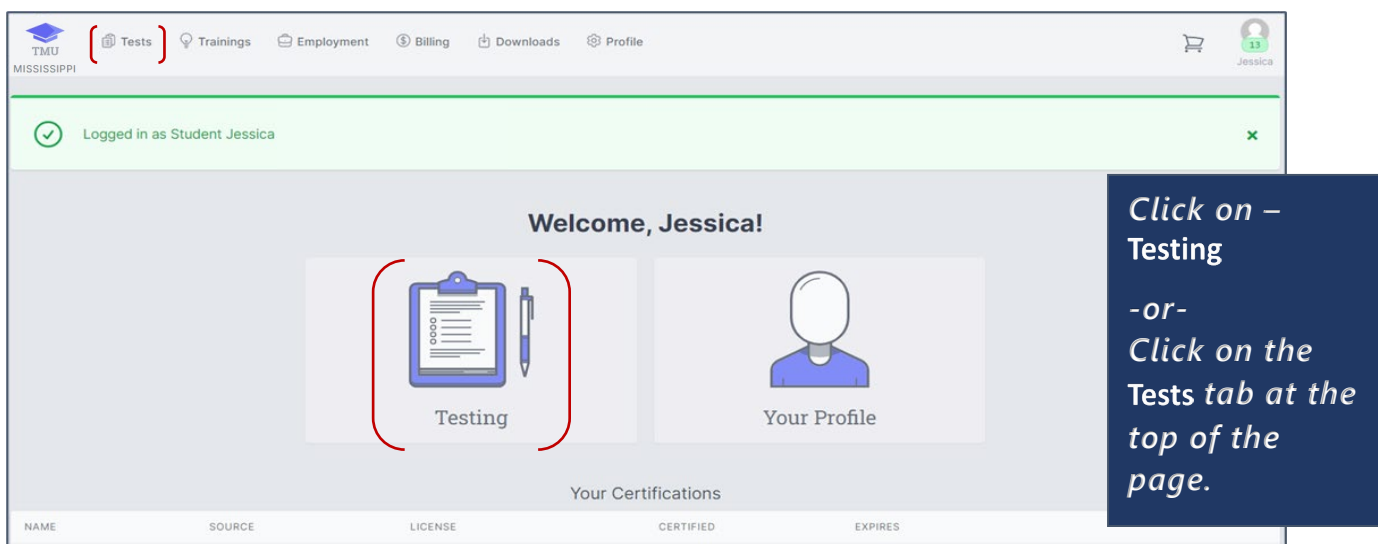
## Test Results

After you have completed both the Knowledge Exam 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© account after 7:00PM (CT) the business day after your test event. D&SDT-HEADMASTER cannot release test results over the phone.

When you pass both the knowledge and skill test components of the Mississippi nurse aide examination, you may be certified and listed on the Mississippi Nurse Aide Registry.

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

Sign in to your TMU© account at [ms.tmutest.com](https://ms.tmutest.com) to view your test results. The screenshots below show the results.



TMU MISSISSIPPI

Tests Trainings Employment Billing Downloads Profile

Logged in as Student Jessica

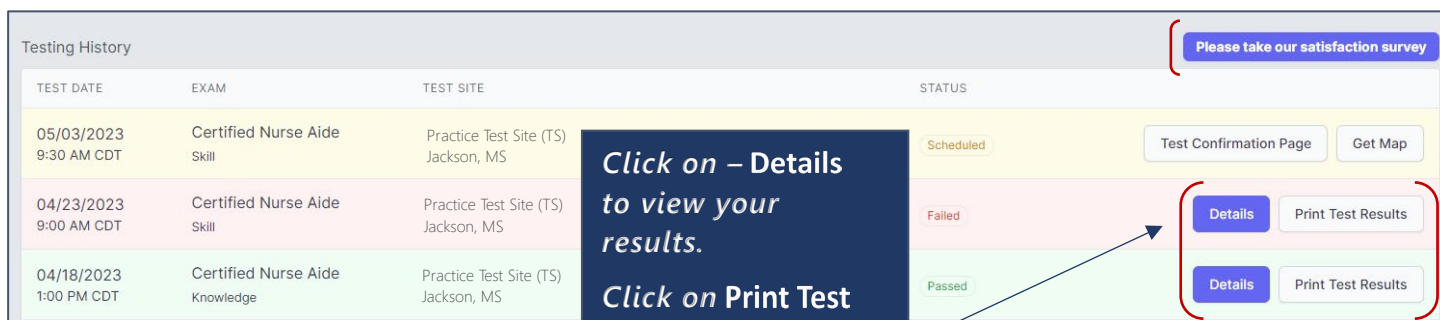
Welcome, Jessica!

Testing Your Profile

Your Certifications

NAME SOURCE LICENSE CERTIFIED EXPIRES

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



Testing History

Please take our satisfaction survey

| TEST DATE                 | EXAM                           | TEST SITE                              | STATUS    |
|---------------------------|--------------------------------|--|-----------|
| 05/03/2023<br>9:30 AM CDT | Certified Nurse Aide Skill     | Practice Test Site (TS)<br>Jackson, MS | Scheduled |
| 04/23/2023<br>9:00 AM CDT | Certified Nurse Aide Skill     | Practice Test Site (TS)<br>Jackson, MS | Failed    |
| 04/18/2023<br>1:00 PM CDT | Certified Nurse Aide Knowledge | Practice Test Site (TS)<br>Jackson, MS | Passed    |

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.

### Knowledge Exam Test Results Example:

← Back Print

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

**Mississippi Certified Nurse Aide Exam Results Report**

**IMPORTANT TEST RESULTS**  
TEST DATE: Tuesday, April 18, 2023  
Dear Andre,  
You have **passed** the knowledge portion of the Certified Nurse Aide exam.  
Your overall knowledge test score is 81.33%.  
Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

|                                    |      |
|------------------------------------|------|
| Safety                             | 75%  |
| Communication                      | 100% |
| Infection Control                  | 89%  |
| Client Rights                      | 83%  |
| Data Collection                    | 100% |
| Basic Nursing Skills               | 82%  |
| Role / Responsibility              | 71%  |
| Disease Process                    | 60%  |
| Mental Health                      | 75%  |
| Personal Care                      | 88%  |
| Care Impaired                      | 100% |
| Aging Process and Restorative Care | 60%  |

Vocabulary words to study: edema, diabetes, toenails, social needs, emotional needs, basic needs, frayed cord, mechanical lift, side rails, hormones, elderly, hand washing, disoriented, oxygen, medications, cardiac arrest

### Skill Exam Test Results Example:

← Back Print

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

**Mississippi Certified Nurse Aide Exam Results Report**

**IMPORTANT TEST RESULTS**  
TEST DATE: Sunday, April 23, 2023  
Dear Andre,  
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

**Bedpan and Output w/Hand Washing**  
Returns equipment to storage.  
Washes hands: Turns off faucet with a cl...  
Washes hands: Does not recontaminate ha...

**Foot Care One Foot**  
Immerses foot in warm water for 5 to 20...  
Rinses basin.

Manual Skill Task(s) Failed: Bedpan and Output w/Hand Washing

## Test Attempts

You have **three (3) attempts within 24 months of completion of training** to pass the knowledge and skill test portions of the exam. If you fail three attempts on either the knowledge or skills test component, you must complete a new Mississippi State Department of Health (MSDH) approved training program to become eligible to attempt Mississippi NA examinations further.

**NOTE:** Federal and State regulations allow healthcare 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 do not pass the state competency exam's knowledge and skills portions within 120 days, the facility is no longer allowed to employ you to perform nurse aide duties.



## LONG-TERM CARE FACILITY TRAINED CANDIDATES

You have **three (3) attempts** to pass the exam's knowledge and skill test portions **within 120 days of your date of hire with a Long-Term Care Facility**. If you do not complete testing within 120 days from date of hire with a Long-Term Care Facility, you must retrain to become eligible to attempt Mississippi nurse aide examinations further.

## 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 online by signing in to your TMU© account with your Email or Username and Password at [ms.tmutest.com](https://ms.tmutest.com). (See instructions with screenshots under '**Schedule / Reschedule a Test Event**').

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

If you need assistance scheduling your re-test, please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays. We can 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 testing condition.

**\*PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-HEADMASTER at (888)401-0462 during regular business hours, Monday through Friday, 7:00AM to 7:00PM CT, excluding holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to 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.

**There is a \$25 non-refundable test review deposit fee.** To request a review, complete the [Test Review Request and Payment Application](#), available on the Mississippi TMU© main page (before you log in to your account) at [ms.tmutest.com](https://ms.tmutest.com). Test Review Requests must be received **within three (3) business days** from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Mississippi is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests granted. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test. If, after investigation, the review finding is in your favor, you will be refunded the \$25 test review deposit. If the finding of the review is *not in your favor*, the \$25 test review deposit will stand, and the fee is non-refundable.

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. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-HEADMASTER cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test reviews with the candidate. D&SDT-HEADMASTER will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18.

D&SDT-HEADMASTER will complete your review request within ten (10) business days of receiving it in a timely manner. D&SDT-HEADMASTER will email the review results to your email address and the Mississippi State Department of Health (MSDH).

## The Knowledge/Audio Exam

### Knowledge Exam Content

The Knowledge Test consists of 70 multiple-choice questions. Questions are selected from subject areas based on the Mississippi State Department of Health approved Mississippi 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 | 3                   | Infection Control       | 10                  |
| Basic Nursing Skills               | 11                  | Mental Health           | 4                   |
| Care Impaired                      | 3                   | Personal Care           | 5                   |
| Communication                      | 6                   | Resident Rights         | 5                   |
| Data Collection                    | 4                   | Role and Responsibility | 5                   |
| Disease Process                    | 5                   | Safety                  | 9                   |

### Knowledge Exam Information

If taking both the knowledge and skill tests on the same day, you will be required to re-present your ID when entering the knowledge test room and the skills lab. 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 Exam. You will have **60 minutes** to complete the **70-question** Knowledge Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam, such as "What does this question mean?"

**You must have a score of 73% or better to pass the knowledge portion of the exam.**

All test sites in Mississippi utilize electronic TMU© testing using Internet-connected computers. The knowledge exam 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 your TMU© Username or Email and Password to sign in to your knowledge exam.** Please see the information under **'Complete your TMU© Account'** to sign in to your TMU© account.

- ◆ The Knowledge Test Proctor will provide you with a code at the test event to start your exam.

Foreign language paper word-for-word translation dictionaries **are allowed** and must be shown to the RN Test Observer at check-in and to the Knowledge Test Proctor when you enter the knowledge test room. The translation dictionary will not be permitted during testing if there is any writing or definitions. Translators, using language translators that are not pre-approved and electronic dictionaries **are not allowed**.

If needed, you may do math calculations on the scratch paper provided by the KTP. If you need a calculator, please quietly alert the Knowledge Test Proctor; one will be provided.

- *Any scratch paper and/or provided calculator must be left with the KTP when done testing.*

When you leave the testing room, you must leave all test materials in it. Anyone who takes or tries to take materials, notes, or information from the room is subject to prosecution and will be reported to the Mississippi State Department of Health (MSDH).

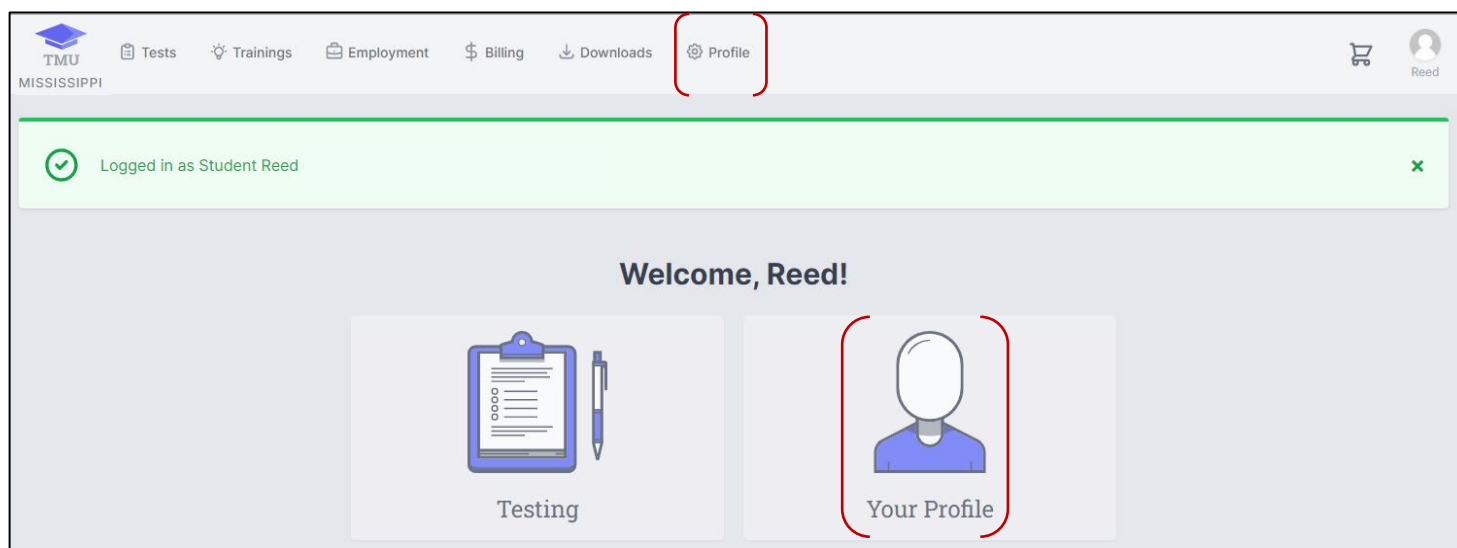
## Knowledge Exam Audio Version

An audio (oral) version of the knowledge exam is available. However, there is an extra \$10 charge for the audio version (\$45 total), and you must request an Audio version ***before you submit your testing fee payment.***

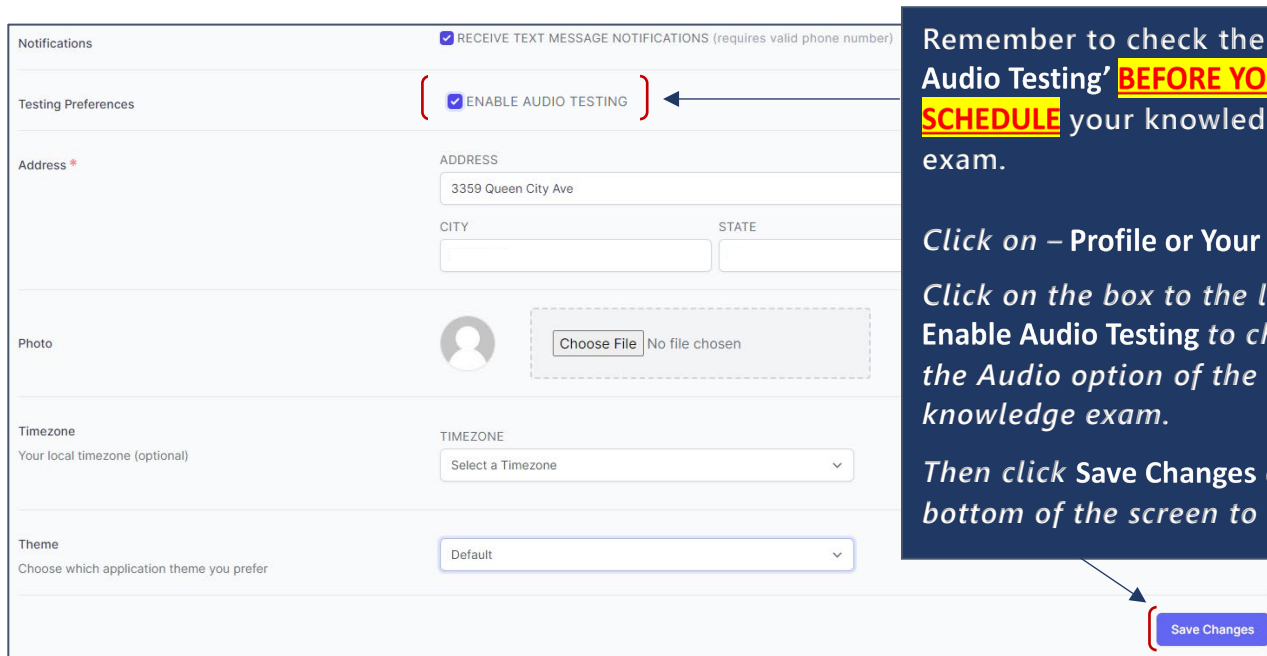
## SELECTING AN AUDIO VERSION OF THE KNOWLEDGE EXAM

To select the Audio version of the knowledge exam, follow the instructions with screenshots that follow.

*Under your PROFILE, check the ‘Enable Audio Testing’ to receive an Audio version of the Knowledge Exam:*



*-Continued on the next page-*



Remember to check the 'Enable Audio Testing' **BEFORE YOU SCHEDULE** your knowledge exam.

*Click on – Profile or Your Profile  
Click on the box to the left of Enable Audio Testing to choose the Audio option of the knowledge exam.*

*Then click Save Changes at the bottom of the screen to save.*

The questions are read to you neutrally and can be heard through wired headphones or earbuds plugged into the computer. Bluetooth-connected devices are not allowed. When taking an electronic Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

## Remotely Proctored Knowledge Exam Option

You can take the knowledge exam with a remote proctor from your home, etc.

## REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
  - **TMU@ does not support Internet Explorer.**
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU@ to access the knowledge exam.
- **Your Email or Username and Password to take the remotely proctored TMU@ Knowledge exam. The remote Proctor will provide you with a 'code' to start your test.**
- A smartphone to access the 'video conferencing app' (for example, Zoom, etc.) that you **must download**.
  - An email will be emailed to you and in your notifications (in your TMU@ account) with information about the 'video conferencing app' (for example, Zoom, etc.) you will need to download before test day.
  - The night before your scheduled remotely proctored knowledge exam, you will be emailed, along with a notification (in your TMU@ account), a reminder with the password-protected link to join the test event.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
- You may not use a video filter such as a background or blurring your screen.
- **IMPORTANT NOTE:** On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area).

- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- If you have selected the Audio version of the knowledge exam, you will provide your own wired headphones/earbuds (Bluetooth-connected devices are not allowed) to plug into the computer.
  - The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer.
  - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

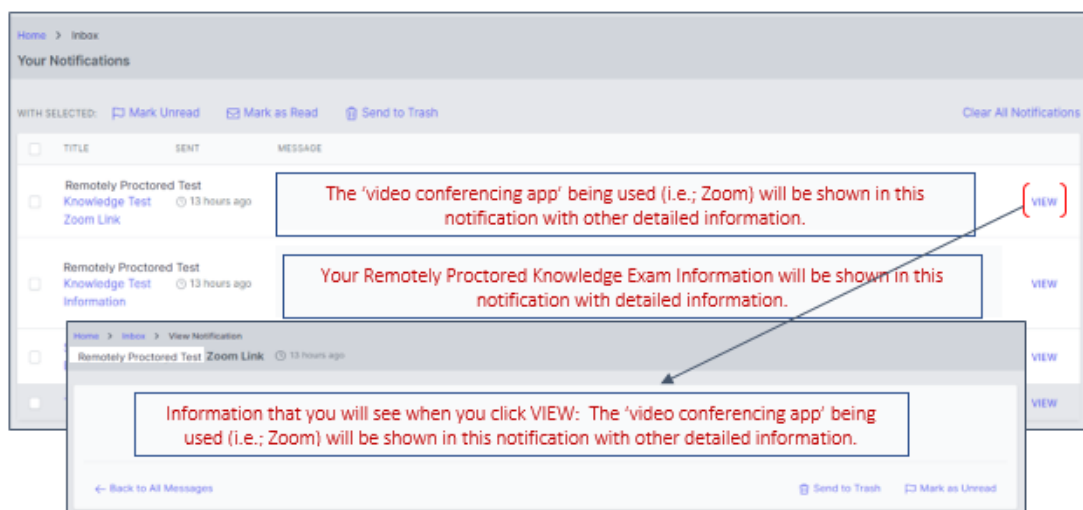
## SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

You will need to sign in to your TMU© account using your Username or Email and Password and follow the instructions to **'Schedule / Reschedule a Test Event'**. Please ensure you have met the **'Remotely Proctored Knowledge Exam Candidate Requirements'** listed above before scheduling a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam will be **'Remotely Proctored Test'**.
- Once scheduled, a test confirmation will be sent via email and/or text. A notification will be generated in your TMU© account for you to view (see the **'Schedule / Reschedule a Test Event'**, **'Test Confirmation Letter'**, and the **'Check/View your TMU© Notifications'** section for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for, will be emailed to you and in your notifications.
  - Remember to also check your **'NOTIFICATIONS'** under your profile pic in your TMU© account for this information. Please refer to the **'Check/View your TMU© Notifications'** section.

Please call D&SDT-HEADMASTER at (888)401-0462 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

*See screenshots showing an example of what a notification regarding your remotely proctored knowledge exam will entail:*



## REMOTELY PROCTORED KNOWLEDGE EXAM INSTRUCTIONS

It is important that you read the Remotely Proctored Knowledge Exam Instructions before signing in to your remotely proctored knowledge exam. Please see the instructions for the Remotely Proctored Knowledge Exam under ‘**Access the Candidate Handbook and Testing Instructions**’.

## REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You must be signed in to the remotely proctored exam link (for example, Zoom, etc., waiting room) for the check-in process with the remote test proctor **at least 10 minutes before the start time** listed on your test confirmation. If you are not signed into the remotely proctored exam waiting room prior (**at least 10 minutes**) to the time listed on your test confirmation, you will not be allowed to test, considered a No Show, forfeit your testing fees paid, and have to pay for another test date.

- You must show your mandatory form of identification to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see the ‘**Identification**’ section for specifics.
- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- You must show your surroundings/entire room to the remote Proctor during check-in before starting your remotely proctored knowledge exam.
  - Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- Then, you must position your smartphone so the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - *You may not use a video filter such as a background or blurring your screen.*
- **NOTE:** On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area).
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

## REMOTELY PROCTORED KNOWLEDGE EXAM POLICIES

During the remotely proctored knowledge exam, all ‘**Testing Policies**’ and ‘**Security**’ measures are followed. Please refer to those sections for information.

- On testing day, you **will not be allowed to receive any assistance with your setup** from anyone in your environment (room/area). **If someone else is in the room with you, the remote Proctor will remove you from the meeting, and you will be considered a no-show status.** You will forfeit any testing fees paid and must repay to schedule a new test.
- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - *You may not use a video filter such as a background or blurring your screen.*



- The ‘video conferencing app’ (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
  - If the ‘video conferencing app’ (for example, Zoom, etc.) connection is lost, you must immediately reconnect, or you will be disconnected from the test event by the remote Proctor, and your test will be scored as a failed attempt.
- Your device must **not be muted** during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** *You need to test in an isolated, secured/room area that is distraction and interruption-free, just like you would if you were sitting in the knowledge test room at a test site.*
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored testing issues under the ‘No-Show Exceptions’ section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor.
  - At the end of your exam, you will be asked to show both sides of the scratch paper and the calculator to the remote Proctor *again*. You will then be told you must tear up the scratch paper in view of the remote Proctor and to mute your phone before tearing up the scratch paper.
- Published foreign language word-for-word translation dictionaries **are allowed**.
  - You will need to show the remote Proctor the dictionary during check-in.
  - *Electronic, non-approved language translators or dictionaries that contain writing or definitions **are not allowed**.*
- If you have requested an AUDIO version of the Knowledge Exam, you will need to have wired headphones/earbuds (Bluetooth-connected devices are not allowed) that plug into the computer.

**Failure to adhere to any of these remote testing conditions/policies will require the remote Proctor to stop your test, which will be scored as a failed attempt.**

## 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 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



2. Ben can be classified as an
    - a. omnivert
    - b. extrovert
    - c. introvert
    - d. ambivert
  3. Paul and Ben have identical
    - a. noses
    - 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.

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



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

### **PASSAGE 3**

Katherine did not like being called by her full name. She 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 who overcame adversities, and her name was Katherine. Katherine then embraced her given name.

12. Katherine is a
- last name
  - middle name
  - legal name
  - nickname
13. The purpose of Katherine's mother sharing the story with Katherine is to
- entertain
  - persuade
  - inform
  - 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

## Knowledge Practice Test

D&SDT-HEADMASTER offers a free knowledge test question of the day and a ten-question online static practice test available on our website at [www.hdmaster.com](http://www.hdmaster.com). Candidates may purchase complete practice tests randomly generated based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting correct before they move on to 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.

**NOTE:** Make sure you select **MISSISSIPPI** from the drop-down list.

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begin anoth CG List

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Record the **pin number** displayed above every question as it will be required to either complete an unfinished exam or to

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The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam:

1. Clean linens that touch the floor should be:
  - (A) Picked up quickly and placed back on the clean linen cart
  - (B) Used immediately on the next resident's bed
  - (C) Considered dirty and placed in the soiled linen hamper
  - (D) Used only in the room with the floor the linen fell on
2. When you are communicating with residents, you need to remember to:
  - (A) Face the resident and make eye contact
  - (B) Speak rapidly and loudly
  - (C) Look away when they make direct eye contact
  - (D) Finish all their sentences for them
3. A resident's psychological needs:
  - (A) Should be given minor consideration
  - (B) Make the resident withdrawn and secretive
  - (C) Are nurtured by doing everything for the resident
  - (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

## The Manual Demonstration Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating MSDH-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 check-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 **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.
- 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 or simulated WILL NOT COUNT.**

### Skill Test Recording Form

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed. You are required to sign the recording form during the demonstration of the equipment/supplies.

RECORDING FORM →

|   |                             |
|---|-----------------------------|
| Candidate's Name: _____                 |                             |
| PLEASE PRINT                            |                             |
| PULSE: _____ beats                      | RESPIRATIONS: _____ breaths |
| BLOOD PRESSURE: _____ mmHG / _____ mmHG |                             |
| URINARY OUTPUT: _____ ml                |                             |
| GLASS 1: _____                          |                             |
| GLASS 2: _____                          |                             |
| TOTAL FLUID INTAKE: _____ ml            | FOOD INTAKE: _____ %        |
| 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:

- Assist a Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female Resident with Hand Washing [DEMONSTRATED ON MANIKIN]
- Donn [PUT ON] PPE (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output, and Doff [REMOVE] PPE with Hand Washing
- Perineal Care for a Female Resident with Hand Washing [DEMONSTRATED ON MANIKIN]

**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.

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

To receive credit, you must actually perform and demonstrate every step during your skill test demonstration.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. **The steps will be performed on a live resident actor for all but two tasks; the catheter care and the perineal care for a female resident will be done on a manikin.** You will be scored only on the steps listed.

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

If you fail the Skill Test, there will always be one of the first mandatory tasks to start each Skill Test. The other tasks included in your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and has an 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 Mississippi 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.

## APPLY A KNEE-HIGH ANTI-EMBOLIC (ELASTIC) STOCKING TO A RESIDENT'S LEG

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Raise bed height.
4. Provide for resident's privacy.
5. Expose one leg.
6. Roll, gather, or turn the stocking down inside out to at least the heel.
7. Place the foot of the stocking over the resident's toes, foot, and heel.

8. Roll or pull the top of the stocking over the resident's foot, heel, and up the resident's leg.
9. Check toes for possible pressure from the stocking.
10. Adjust the stocking as needed.
- 11. Leave the resident with a stocking that is smooth/wrinkle-free.**
12. Lower bed.
13. Place the call light or signal calling 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 your hands together until they are completely dry.

## **ASSIST A RESIDENT TO AMBULATE USING A GAIT BELT**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Obtain a gait belt for the resident.
4. Assist the resident in putting 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 the resident to a sitting position.
9. Place a gait belt around the resident's waist to stabilize the trunk.
10. Tighten the gait belt.
11. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
12. Face the resident.
13. Grasp the gait belt on both sides with an upward grasp.
14. Bring the resident to a standing position.
15. Stabilize the resident.
16. Ambulate the resident at least 10 steps to the wheelchair.
17. Assist resident in pivoting/turning and sitting resident in the wheelchair in a controlled manner that ensures safety.
18. Use proper body mechanics at all times.
19. Remove the gait belt.
20. Place the 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 your hands together until they are completely dry.

## ASSIST A 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 your hands together until they 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 safely and correctly. *(The pan is not upside down, is centered, etc.)*
6. Raise the head of the bed to a comfortable level.
7. Leave tissue within reach of the resident.
8. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
9. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
10. Leave the call light or signaling device within reach of the resident.
11. Step behind the privacy curtain to provide privacy for the resident.
12. When the RN Test Observer indicates, the candidate returns.
13. Lower the head of the bed.
14. Put on gloves.
15. Gently remove the bedpan.
16. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.
17. Place the graduate on a level, flat surface.
18. Pour bedpan contents into the graduate.
19. With the graduate at eye level, measure output.
20. Empty equipment used into the designated toilet/commode.
21. Rinse equipment used and empty rinse water into the designated toilet/commode.
22. Return equipment to storage.
23. Wash/assist the resident in washing and drying their hands with soap and water.
24. Place soiled linen in a designated laundry hamper.
25. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
26. Place the call light or signaling device within easy reach of the resident.
27. Maintain respectful, courteous interpersonal interactions at all times.
28. Turn on the water.
29. Wet hands and wrists thoroughly.
30. Apply soap to hands.
31. Rub hands together using friction with soap.
- 32. Scrub/wash hands together with soap for at least twenty (20) seconds.**
33. Scrub/wash with interlaced fingers pointing downward with soap.
34. Wash all surfaces of your hands with soap.
35. Wash wrists with soap.
36. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
37. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.

38. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
39. Discard paper towel(s) in a trash container as used.
40. Turn off the faucet with a clean, dry paper towel, and discard the paper towel in a trash container as used.
41. **Do not re-contaminate hands at any time during the hand-washing procedure.** *(For example, do not touch the sides of the sink during the procedure or crumple up the paper towel used to turn off the faucet with both hands before discarding it.)*
42. Record output in ml on the previously signed recording form.
43. **The candidate's recorded measurement is within 25mls of the RN Test Observer's reading.**

## CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

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

-EMBEDDED HAND WASHING ADDED- [DEMONSTRATED ON A MANIKIN]

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Fill a basin with comfortably warm water.
5. Put on gloves.
6. Expose the area surrounding the catheter, only exposing the resident between the hip and knee.
7. **Hold the catheter where it exits the urethra with one hand.**
8. While holding the catheter, clean at least 3-4 inches down the drainage tube.
9. **Clean with strokes only away from the urethra. (At least two strokes.)**
10. Use a clean portion of the washcloth for each stroke.
11. While holding the 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 the top cover over the resident.
17. Place soiled linen in a designated laundry hamper.
18. Empty equipment.
19. Rinse equipment.
20. Dry equipment.
21. Return equipment to storage.
22. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
23. Turn on the water.
24. Wet hands and wrists thoroughly.
25. Apply soap to hands.
26. Rub hands together using friction with soap.
27. **Scrub/wash hands together with soap for at least twenty (20) seconds.**
28. Scrub/wash with interlaced fingers pointing downward with soap.
29. Wash all surfaces of your hands with soap.
30. Wash wrists with soap.
31. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
32. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.



33. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
34. Discard paper towel(s) in a trash container as used.
35. Turn off the faucet with a clean, dry paper towel, and discard the paper towel in a trash container as used.
36. **Do not re-contaminate hands at any time during the hand-washing procedure.** *(For example, do not touch the sides of the sink during the procedure or crumple up the paper towel used to turn off the faucet with both hands before discarding it.)*
37. Place the call light or signaling device within easy reach of the resident.
38. Maintain respectful, courteous interpersonal interactions at all times.

## DENTURE CARE – CLEAN AN UPPER OR LOWER DENTURE

*(only one plate is used for testing)*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. **Line the bottom of the sink with a protective lining that will help prevent damage to the dentures. (Use a towel, washcloth, or paper towels.)**
4. Put on gloves.
5. Apply denture cleanser (paste) to denture brush (or toothbrush).
6. Remove the denture from the cup.
7. Handle the denture carefully to avoid damage.
8. **Rinse the denture under cool running water.**
9. Thoroughly brush the denture inner surfaces.
10. Thoroughly brush the denture outer surfaces.
11. Thoroughly brush the denture chewing surfaces.
12. Rinse all surfaces of the denture under cool running water.
13. Rinse the denture cup and lid.
14. Place the denture in the rinsed cup.
15. Add cool, clean water to the denture cup and replace the lid on the denture cup.
16. Rinse equipment.
17. Return equipment to storage.
18. Discard the sink protective lining in an appropriate container.
19. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
20. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
21. Place the call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.

## **DONN PPE [PUT ON] (GOWN AND GLOVES), EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD URINE OUTPUT, DOFF [REMOVE] PPE, 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 your hands together until they 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 the gown at the waist, making sure that the back flaps cover the clothing as completely as possible.
7. Put on gloves.
8. The cuffs of the gloves overlap the cuffs of the 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 the 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 the drainage bag.
17. Place the graduate on a level, flat surface.
18. With the graduate at eye level, measure output.
19. Empty the graduate into the designated toilet/commode.
20. Rinse equipment, emptying rinse water into the designated toilet/commode.
21. Return equipment to storage.
22. Record the output in ml on the previously signed recording form.
23. **The candidate's recorded measurement is within 25mls of the RN Test Observer's measurement.**
24. Place the call light or signaling device within easy reach of the resident.
25. Maintain respectful, courteous interpersonal interactions at all times.
26. **Remove gloves BEFORE removing the gown with one gloved hand grasping the other glove at the palm to remove.**
27. **Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning it inside out as removed.**
28. Dispose of gloves in a trash container without contaminating yourself.
29. Unfasten the gown at the waist.
30. Unfasten the gown at the neck.
31. Remove the gown without touching the outside of the gown.
32. While removing the gown, hold the gown away from the body without touching the floor.
33. Turn the gown inward and keep it inside out while removing it.
34. Dispose of the gown in a designated container without contaminating yourself.
35. Turn on the water.
36. Wet hands and wrists thoroughly.
37. Apply soap to hands.

38. Rub hands together using friction with soap.
39. **Scrub/wash hands together with soap for at least twenty (20) seconds.**
40. Scrub/wash with interlaced fingers pointing downward with soap.
41. Wash all surfaces of your hands with soap.
42. Wash wrists with soap.
43. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
44. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
45. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
46. Discard paper towel(s) in a trash container as used.
47. Turn off the faucet with a clean, dry paper towel, and discard the paper towel in a trash container as used.
48. **Do not re-contaminate hands at any time during the hand-washing procedure.** *(For example, do not touch the sides of the sink during the procedure or crumple up the paper towel used to turn off the faucet with both hands before discarding it.)*

## DRESS A RESIDENT WITH AN AFFECTED (WEAK) SIDE IN BED

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Keep the resident covered while removing the gown.
6. Remove the gown from the unaffected side first.
7. Place the soiled gown in a designated laundry hamper.
8. Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.
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.**
12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Leave the resident comfortably and properly dressed *(pants pulled up to the waist, front and back, with shirt not bunched up and completely buttoned)*.
14. Lower bed.
15. Place the 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 your hands together until they are completely dry.

## FEED A DEPENDENT RESIDENT IN BED

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.

3. Ask the resident to state their name and verify that it matches the name on the diet card.
4. **Position the resident in an upright, sitting position at least 75-90 degrees BEFORE feeding.**
5. Protect the resident's clothing from soiling using a napkin, clothing protector, or towel.
6. Provide hand hygiene for the resident BEFORE feeding. *(Candidate may use a disposable wipe and dispose of it in a 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 the 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, you must make sure the resident's hands are dry.)*
8. Place soiled linen in the designated laundry hamper or dispose of it in an appropriate 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 the resident's hands and mouth AFTER feeding the resident.
15. Remove the clothing protector and place it in a designated laundry hamper. If a napkin is used, dispose of it in a trash container.
16. Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.
17. Record intake as a percentage of total solid food eaten on the previously signed recording form.
18. **The candidate's calculation must be within 25 percentage points of the RN Test Observer's calculation.**
19. Record estimated intake as the sum of total fluid consumed from both glasses in ml on the previously signed recording form.
20. **The candidate's sum total calculation must be within 30mls of the RN Test Observer's sum total calculation.**
21. Place the 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 your hands together until they are completely dry.

## FOOT CARE FOR A RESIDENT'S FOOT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Fill a basin with comfortably warm water.
4. Put on gloves.
5. Remove the sock from the resident's (left/right) foot. *(The scenario read to you will specify left or right.)*
6. Immerse the resident's foot in warm water.
  - a. *You may verbalize the 5 to 20 minutes of soaking time after you begin soaking the foot.*
7. Use water and a soapy washcloth.
8. Wash entire foot.
9. Wash between toes.
10. Rinse the entire foot.
11. Rinse between toes.

12. Dry foot thoroughly.
13. **Dry thoroughly between the toes.**
14. Apply lotion to the top and bottom of the foot.
15. Avoid getting lotion between the resident's toes.
16. If any excess lotion is on the resident's foot, wipe it with a towel/washcloth.
17. Replace the sock on the resident's foot.
18. Empty equipment.
19. Rinse equipment.
20. Dry equipment.
21. Return equipment to storage.
22. Placed soiled linens in a designated laundry hamper.
23. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
24. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
25. Place the call light or signaling device within easy reach of the resident.
26. Maintain respectful, courteous interpersonal interactions at all times.

## **MODIFIED BED BATH –FACE AND ONE ARM, HAND AND UNDERARM**

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

24. Assist the resident in putting on a clean gown.
25. Empty equipment.
26. Rinse equipment.
27. Dry equipment.
28. Return equipment to storage.
29. Place soiled linen in a designated laundry hamper.
30. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
31. Lower bed.
32. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
33. Place the call light or signaling device within easy reach of the resident.
34. Maintain respectful, courteous interpersonal interactions at all times.

## **MOUTH CARE – BRUSH A RESIDENT’S TEETH**

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

## PASSIVE RANGE OF MOTION FOR A RESIDENT'S HIP AND KNEE

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they 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 the resident's leg toward the body.
  - a. *Adduction*
9. Gently complete abduction and adduction of the hip at least three times.
10. Continue correctly supporting joints at all times by placing one hand under the resident's knee and the other 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*
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. **The candidate must ask at least once during the PROM exercise if there is/was any discomfort/pain.**
16. Lower bed.
17. Place the call light or signaling device within easy reach of the 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 your hands together until they are completely dry.

## PASSIVE RANGE OF MOTION FOR A RESIDENT'S SHOULDER

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Raise bed height.
5. Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist.
6. Gently raise the resident's straightened arm up and over the resident's head to ear level.
  - a. *Flexion*
7. Gently bring the resident's arm back down to the side of the resident's body.
  - a. *Extension*
8. Gently complete shoulder flexion and extension at least three times.



9. Continue the same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
10. Gently move the resident's entire arm away from the side of the resident's body to shoulder level.
  - a. Abduction
11. Gently return the resident's arm to the side of the resident's body.
  - a. Adduction
12. Gently complete abduction and adduction of the shoulder at least three times.
13. Do not force any joint beyond the point of free movement.
14. **The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
15. Lower bed.
16. Place the call light or signaling device within easy reach of the resident.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

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

~~EMBEDDED HAND WASHING ADDED-~~ [DEMONSTRATED ON A MANIKIN]

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Fill a basin with comfortably warm water.
5. Raise bed height.
6. Put on gloves.
7. Turn the resident or raise hips and place a waterproof pad under the resident's buttocks.
8. Expose the perineal area only.
9. Separate labia. *(It is helpful if you verbalize separating labia as you demonstrate separating labia.)*
10. Use water and a soapy washcloth (*peri-wash and no-rinse soap are not allowed*).
11. Clean one side of the labia from front to back.
12. Use a clean portion of the washcloth to 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 water and a clean washcloth and rinse from one side of the labia from front to back.
15. Use a clean portion of the washcloth and 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 the resident (manikin) in turning to the side, away from the candidate, toward the center of the bed.
  - a. *RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.*
19. Use water and a clean, soapy washcloth (*peri-wash and no-rinse soap are not allowed*).
20. **Wash from vagina to rectal area.**
21. Use a clean portion of the washcloth with any stroke.
22. Use water and a clean washcloth and rinse the rectal area from front to back.
23. Use a clean portion of the washcloth with any stroke.

24. Pat dry.
25. Safely remove the waterproof pad from under the resident's buttocks.
26. Position resident (manikin) on their back.
27. Place soiled linen in a designated laundry hamper.
28. Empty equipment.
29. Rinse equipment.
30. Dry equipment.
31. Return equipment to storage.
32. Remove gloves, turn them inside out as they are removed, and dispose in a trash container.
33. Turn on the 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 with soap for at least twenty (20) seconds.**
38. Scrub/wash with interlaced fingers pointing downward with soap.
39. Wash all surfaces of your hands with soap.
40. Wash wrists with soap.
41. Clean fingernails by rubbing fingertips against the 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 a clean paper towel(s).
44. Discard paper towels in the trash container as used.
45. Turn off the faucet with a clean, dry paper towel, and discard the paper towel in the trash container as used.
- 46. Do not re-contaminate hands at any time during the hand-washing procedure.** *(For example, do not touch the sides of the sink during the procedure or crumple up the paper towel used to turn off the faucet with both hands before discarding it.)*
47. Lower bed.
48. Place the call light or signaling device within easy reach of the resident.
49. Maintain respectful, courteous interpersonal interactions at all times.

## POSITION A RESIDENT IN BED ON THEIR SIDE

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Position the bed flat.
5. Raise bed height.
- 6. Raise the side rail or direct the RN Test Observer to stand on the side to which the resident's body will be turned.**
7. To center the resident in the bed before turning, from the working side of the bed – gently move the resident's upper body toward self.
8. To center the resident in the bed before turning, from the working side of the bed – gently move the resident's hips toward self.
9. To center the resident in the bed before turning, from the working side of the bed – gently move the resident's legs toward self.

10. Gently assist/turn the resident to slowly roll onto the side toward the raised side rail or toward the RN Test Observer standing at the side of the bed.
11. Place or adjust the pillow under the resident's head for support.
12. Reposition the resident's arm and shoulder so that the resident is not lying on their arm.
13. Place a support device under the resident's upside arm.
14. Place a support device behind the resident's back.
15. Place a support device between the resident's knees.
16. Lower bed.
17. Place the call light or signaling device within easy reach of the 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 your hands together until they are completely dry.

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

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they 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 the resident in putting on non-skid shoes/footwear.
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 the resident to a sitting position.
10. Place a gait belt around the resident's waist to stabilize the trunk.
11. Tighten the gait belt.
12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
13. Face the resident.
14. Grasp the gait belt on both sides with an upward grasp.
15. Bring the resident to a standing position.
16. Assist the resident in pivoting in a controlled manner that ensures safety.
17. Lower the resident into the wheelchair in a controlled manner that ensures safety.
18. Remove the gait belt.
19. Place the call light or signaling device within easy reach of the resident.
20. Maintain respectful, courteous interpersonal interactions at all times.
21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## VITAL SIGNS: COUNT AND RECORD A RESIDENT'S RADIAL PULSE AND RESPIRATION

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Locate the resident's radial pulse by placing fingertips on the thumb side of the resident's wrist.
4. Count the 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 your radial pulse rate reading on the previously signed recording form.
6. **The candidate's recorded radial pulse rate is within four (4) beats of the RN Test Observer's recorded rate.**
7. Count the 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 your respiration reading on the previously signed recording form.
9. **The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.**
10. Place the call light or signaling device within easy reach of the 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 your hands together until they are completely dry.

## VITAL SIGNS: TAKE AND RECORD A RESIDENT'S MANUAL BLOOD PRESSURE

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident.
3. Provide for resident's privacy.
4. Position the resident with their forearm supported in a palm-up position.
5. Position the resident with their forearm approximately at the level of the heart.
6. If the resident is wearing a top with sleeves, roll the resident's sleeve up to expose the upper arm.
7. Apply the appropriate size cuff around the resident's upper arm just above the elbow.
8. Line cuff arrows up with the resident's brachial artery.
9. Clean the earpieces of the stethoscope.
10. Place stethoscope earpieces in the ears.
11. Clean the diaphragm of the stethoscope.
12. Locate the resident's brachial artery with fingertips.
13. Place the stethoscope diaphragm over the brachial artery.
14. Hold the stethoscope diaphragm snugly in place.
15. Inflate the cuff to 160-180 mmHg.
16. Slowly release air from the cuff to the disappearance of pulsations.
17. Remove cuff.
18. Record blood pressure reading on the previously signed recording form.
19. **The candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.**

20. **The candidate's recorded systolic blood pressure is within 8mmHg of the RN Test Observer's recorded systolic blood pressure.**
21. Place the 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 your hands together until they are completely dry.

## Knowledge Exam Vocabulary List

|  |                               |                          |
|--|-------------------------------|--------------------------|
| abdominal thrust                           | autoclave                     | cardiovascular system    |
| absorption                                 | axillary temperature          | care plan                |
| accidents                                  | back strain                   | cast                     |
| accountable                                | bacteria                      | cataract                 |
| activities                                 | basic needs                   | catastrophic reactions   |
| acute                                      | basic positions               | catheter care            |
| adaptive devices                           | basic skincare                | central nervous system   |
| adduction                                  | bathing                       | chain of command         |
| ADL  | bed position                  | charge nurse             |
| admitting resident                         | bedpan                        | chemical safety          |
| affected side                              | bedrest                       | chemotherapy             |
| aging process                              | behavior                      | chest pain               |
| AIDS                                       | biohazard                     | choking                  |
| Alzheimer's                                | bladder training              | chronic                  |
| ambulation                                 | bleeding                      | circulatory system       |
| anatomy                                    | blindness                     | cleaning                 |
| anemia                                     | blood pressure                | clear liquid diet        |
| anterior                                   | blood pressure reading        | clergy                   |
| anti-embolic/elastic stocking/<br>TED hose | blood supply                  | cold compress            |
| antibacterial                              | body alignment                | colostomy                |
| antibiotics                                | body language                 | combative resident       |
| antisepsis                                 | body mechanics                | communicable             |
| anxiety                                    | body temperature              | communication            |
| aphasia                                    | bowel program                 | conduct                  |
| apical                                     | brain stem                    | confidentiality          |
| arteries                                   | break time                    | conflict resolution      |
| arteriosclerosis                           | breathing                     | confused resident        |
| arthritis                                  | broken equipment              | congestive heart failure |
| aspiration                                 | burnout                       | constipation             |
| assistive device                           | burns                         | constrict                |
| atrophy                                    | call light                    | contact isolation        |
| attitudes                                  | cancer                        | contaminated equipment   |
|  | cardiopulmonary resuscitation | contamination            |

|                          |
|--------------------------|
| contracture              |
| contractures             |
| converting measures      |
| coping mechanisms        |
| CPR                      |
| culture                  |
| CVA                      |
| de-escalation            |
| decubitus ulcer          |
| deeper tissue            |
| dehydration              |
| delegation               |
| delusions                |
| demanding resident       |
| dementia                 |
| dentures                 |
| dependability            |
| depression               |
| dermatitis               |
| development              |
| developmental disability |
| diabetes                 |
| dialysis                 |
| diaphragm                |
| diastolic                |
| diet                     |
| dietitian                |
| difficulty talking       |
| digestion                |
| dirty linen              |
| disability               |
| discharging resident     |
| disease process          |
| disinfection             |
| disoriented              |
| disrespectful treatment  |
| dizziness                |
| DNR                      |
| documentation            |
| domestic abuse           |
| draw sheet               |
| draw/lift                |
| dressings                |
| droplets                 |

|                      |
|----------------------|
| dry skin             |
| dying                |
| dysphagia            |
| dyspnea              |
| dysuria              |
| edema                |
| electrical equipment |
| elevate head         |
| elimination          |
| emergency procedures |
| emesis basin         |
| emotional abuse      |
| emotional lability   |
| emotional needs      |
| emotional stress     |
| emotional support    |
| empathy              |
| ethics               |
| etiquette            |
| evacuation           |
| exercise             |
| eyeglasses           |
| facility policy      |
| falls                |
| fatigue              |
| faulty equipment     |
| fecal impaction      |
| feces                |
| feeding              |
| fingernail care      |
| fire safety          |
| Foley catheter       |
| foot drop            |
| Fowler's             |
| fractures            |
| free from disease    |
| gait belt            |
| gangrene             |
| gastrostomy tube     |
| geriatrics           |
| germ transmission    |
| gerontology          |
| gestures             |
| glass thermometer    |

|                      |
|----------------------|
| gloves               |
| grand mal seizure    |
| grieving process     |
| group settings       |
| hair care            |
| hand tremors         |
| hand washing         |
| hazardous substance  |
| health-care team     |
| hearing              |
| hearing aid          |
| heart                |
| heart muscle         |
| heat application     |
| height               |
| Heimlich maneuver    |
| hepatitis A          |
| HIPAA                |
| hospice              |
| hydration            |
| hypertension         |
| hyperventilation     |
| hypoglycemia         |
| immobility           |
| impaction            |
| impairment           |
| in-house transfer    |
| in-service programs  |
| incontinence         |
| indwelling catheter  |
| infection control    |
| infectious disease   |
| initial observations |
| insulin              |
| intake               |
| integumentary system |
| interpersonal skills |
| ischemia             |
| isolation            |
| jaundice             |
| job application      |
| job description      |
| job interview        |
| job responsibility   |

|                               |                                     |                                   |
|-------------------------------|-------------------------------------|-----------------------------------|
| life support                  | orthosis                            | providing privacy                 |
| lift/draw sheet               | orthotic device                     | psychological needs               |
| linen                         | osteoarthritis                      | psychosocial                      |
| mask                          | osteoporosis                        | pulse                             |
| material safety data sheets   | overbed table                       | quadrant                          |
| mealtime                      | oxygen                              | quadriplegia                      |
| measuring height              | pacemaker                           | quality of life                   |
| medical asepsis               | pain                                | RACE (acronym)                    |
| medical record                | paralysis                           | radial                            |
| medications                   | Parkinson's                         | ramps                             |
| memory loss                   | partial assistance                  | range of motion                   |
| metastasis                    | passive                             | reality orientation               |
| microbes                      | pathogen                            | rectal                            |
| microorganism                 | patience                            | rehabilitation                    |
| military time                 | perineal care                       | rejection                         |
| minerals                      | peripheral vascular disease         | reminiscence therapy              |
| mistakes                      | peristalsis                         | reminiscing                       |
| mistreatment                  | personal care                       | renewal                           |
| mobility                      | personal hygiene                    | reporting                         |
| mouth care                    | personal items                      | reposition                        |
| moving                        | personal protective equipment (PPE) | resident abuse                    |
| MSDS                          | pet therapy                         | resident belongings               |
| mucous membrane               | petit mal seizure                   | resident independence             |
| Multiple Sclerosis            | phantom pain                        | resident pictures                 |
| muscle spasms                 | physical change                     | resident rights                   |
| musculoskeletal system        | physical needs                      | resident unit                     |
| nail care                     | physical therapist                  | Resident's Bill of Rights         |
| nasal cannula                 | physician's authority               | resident's chart                  |
| needles                       | plaque                              | resident's environment            |
| neglect                       | pleura                              | residents                         |
| non-verbal communication      | policy book                         | respectful treatment              |
| nosocomial                    | positioning                         | respiration                       |
| NPO                           | positioning devices                 | responding to resident's behavior |
| nurse's station               | positive attitude                   | restorative care                  |
| nursing assistant's (NA) role | postural supports                   | restraint                         |
| nutrition                     | precautions                         | resume                            |
| objective data                | prefix                              | resuscitation                     |
| official records              | pressure ulcer                      | right to equal care               |
| ombudsman                     | privacy                             | safety                            |
| open-ended questions          | progressive                         | safety data sheets                |
| oral hygiene                  | prone                               | saliva                            |
| oral temperature              | prostate gland                      | scabies                           |
| orientation                   | prosthesis                          | scale                             |
| oriented                      |                                     |                                   |



|                       |
|-----------------------|
| scope of practice     |
| seizure               |
| self-esteem           |
| sexual expression     |
| sexual harassment     |
| sexual needs          |
| shampoo tray          |
| Sharps container      |
| shaving               |
| shock                 |
| Sitz bath             |
| skilled care facility |
| skin                  |
| skin integrity        |
| smoking               |
| social needs          |
| social worker         |
| soiled linen          |
| solid waste           |
| specimen              |
| spilled food          |
| spiritual needs       |
| sputum                |
| standard precautions  |
| STAT                  |
| state survey          |
| stealing              |
| stereotypes           |
| sterilization         |
| stethoscope           |
| stomach               |
| stool specimen        |
| stress                |

|                                 |
|---------------------------------|
| stroke                          |
| subacute care                   |
| subjective data                 |
| substance abuse                 |
| suicide                         |
| sundowning                      |
| supine                          |
| supplemental feedings           |
| survey                          |
| suspected abuse                 |
| swelling                        |
| systolic                        |
| tachycardia                     |
| telephone etiquette             |
| temperature                     |
| tendons                         |
| terminal illness                |
| terminology                     |
| thermometers                    |
| thickened liquids               |
| threatening resident            |
| thrombus                        |
| TIA                             |
| tips                            |
| toenails                        |
| trachea                         |
| transfers                       |
| transporting food               |
| transporting linens             |
| treating residents with respect |
| tub bath                        |
| tubing                          |

|                      |
|----------------------|
| twice daily          |
| tympanic temperature |
| unaffected           |
| unconscious          |
| uniform              |
| unopened mail        |
| unsteady             |
| urinary catheter bag |
| urinary tract        |
| urinary system       |
| vaginal drainage     |
| validation           |
| validation therapy   |
| vision change        |
| visiting policies    |
| vital signs          |
| vitamins             |
| vomit                |
| walker               |
| wandering resident   |
| warm application     |
| waste products       |
| water faucets        |
| water intake         |
| waterless hand soap  |
| weakness             |
| weighing             |
| wheelchair safety    |
| white blood cells    |
| withdrawal           |
| workplace violence   |

