



D&S Diversified Technologies LLP

Headmaster LLP

Arizona Nursing Assistant Candidate Handbook

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Version 22





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Contact Information

Questions regarding testing process, test scheduling and eligibility to test: (800) 393-8664		
Questions about Nursing Assistant certification, renewals or Registry: (602) 771-7800		
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Arizona State Board of Nursing 1740 W. Adams Street, Suite 2000 Phoenix, AZ 85007-2607 Email: Arizona@azbn.gov Web Site: www.azbn.gov	Monday through Friday 8:00 AM – 5:00 PM	Phone #: (602) 771-7800

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Introduction

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

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

This handbook describes the process of taking the nursing assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the nursing assistant competency examination—a multiple-choice, knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Arizona Board of Nursing (AZBN) for certification in Arizona.

The State of Arizona has approved D&S Diversified Technologies (D&SDT)-Headmaster LLP to provide tests and scoring services for nursing assistant testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (800)393-8664 or go to the [Arizona webpage](#). The information in this handbook will help you prepare for your examination.

Proof of Legal Presence in the United States

Every Arizona nursing assistant student will need to have proof of legal presence in the United States on file with the Arizona State Board of Nursing. For instructions on submitting your proof of legal presence documents, refer to the Arizona State Board of Nursing website at: www.azbn.gov. A link to AZBN's website with a comprehensive list of documents acceptable for [proof of legal presence](#) is available on the [Arizona webpage](#).

Certified Nursing Assistant (CNA) | Licensed Nursing Assistant (LNA)

The Arizona State Board of Nursing (Board) has 2 levels of nursing assistant:

Certified Nursing Assistant (CNA)

Upon passing the required knowledge and skill competency exam components, in order to be placed on the CNA Registry as a certified nursing assistant (CNA), candidates will need to go to AZBN's website at www.azbn.gov, click on "Apply for an Arizona License or Certificate" and complete the online application, which will include the uploading of your citizenship documents (proof of legal residence) and certificate of completion from your training program.

Licensed Nursing Assistant (LNA)

In addition to the requirements to be on the CNA Registry (see paragraph above), an LNA applicant must complete the online application and also submit their fingerprints and pay a \$100 fee to AZBN (\$50 for the application and \$50 for a one-time fingerprint background

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check). If the applicant meets Board requirements, the Board will license the applicant as an LNA and the applicant can use the initials “LNA”. The online application process for LNA’s is available on the Board’s website: www.azbn.gov, click on “Apply for an Arizona License or Certificate”.

Americans with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by the Arizona State Board of Nursing (AZBN) in advance of examination. The request for [ADA Accommodation Form 1404AZ](#) is available on the [Arizona webpage](#). This form must be submitted to D&SDT-Headmaster with required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

The Arizona Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$30
Oral Knowledge Test or Retake	\$40
Skill Test or Retake	\$88

Schedule an Exam

In order to schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved, nursing assistant (NA) training program or have an AZBN-approved NA Education Waiver. In addition, all nursing assistant certification exam candidates must be registered with D&SDT-Headmaster by their training program, unless a waiver is granted by AZBN. Your registration information will be transmitted to the AZBN upon passing both components (knowledge and skills) of the nursing assistant exam.

Nursing Assistant Training Program Candidates

Your training program will enter your initial training information into the WebETest© database. Your training program instructor/program will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your ID must be a US government issued, photo bearing ID. You should receive a verification form during your training to sign, attesting to the fact that there is an exact match. If you discover your ID name doesn’t match your name as listed in WebETest©, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays. Once your instructor or training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online at the [Arizona webpage](#), click on [Schedule/Re-Schedule](#) under “now available”) and then log-in with your secure Test ID# and Pin# provided to you by your training program or from D&SDT-Headmaster at (800)393-8664.

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Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying, you will be able to schedule and/or reschedule up to 1 full business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To change or reschedule your test date, login to the [Arizona webpage](#). Or click on [Schedule/Re-Schedule](#) under the "Candidate Forms" column and log in with your secure Test ID# and Pin# to update no less than 1 full business day before your scheduled test date. If you are unable to schedule/reschedule online, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays, for assistance.

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

You may also schedule a test date by mailing to D&SDT-Headmaster a paper [Scheduling and Payment Form 1402AZ](#) indicating your test date choices along with your payment (money order, cashier's check, facility check, Visa or MasterCard). No personal checks or cash are accepted.

Complete your Scheduling and Payment Form 1402 by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days. All D&SDT-Headmaster forms can be found on the [Arizona webpage](#).

Please note: For any Scheduling and Payment Form 1402's with any missing or incomplete information, payment or signatures; D&SDT-Headmaster will notify the candidate that they have 5 business days to get any incomplete or missing information, payment or signatures to D&SDT-Headmaster. If any incomplete or missing information is not received within 5 business days from receipt of the Scheduling and Payment Form 1402, the Scheduling and Payment Form 1402 received will be destroyed. If a check/money order was sent with the application, the check/money order will be mailed back to the candidate.

If you fax your D&SDT-Headmaster forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies. If we are able to schedule you to test within 8 business days of your requested test date a \$15 Express Service Fee and/or a \$39.50 Overnight Express Shipping Fee per candidate may apply. We do not accept personal checks or cash for testing fees. We accept Money Orders, Cashier's Checks, Facility Checks, MasterCard, Visa or debit cards.

You can also view your [confirmation notice](#) any time by logging into your WebETest© account with your secure Test ID# and Pin#. You should have received your Test ID# and Pin# from your training program, or you may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays.

D&SDT-HEADMASTER does not send postal mail test confirmation letters to candidates.

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You will be scheduled to take your initial knowledge and skill tests on the same day. You must schedule a test **within two years of your date of training program completion**. After two years, you must complete another AZBN approved training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled your test. Regional test seats are open to all candidates. [Regional test dates](#) are posted on the [Arizona webpage](#) of our website. Or click on the “[Three Month Test Schedule](#)” or “[Printer Friendly Test Schedule](#)” under the Candidate Forms column on D&SDT-Headmaster’s [Arizona webpage](#). Be sure to read the important notes at the top of the first calendar.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, during regular business hours Monday through Friday, 8:00AM to 6:00PM Mountain Standard time (MST), excluding Holidays.

Education Waivers for Military, Foreign Graduate or Nursing Student

If you have an AZBN-approved NA Education Waiver (military, foreign graduate or nursing student), D&SDT-Headmaster will complete your registration and scheduling upon receipt of your application. Complete the D&SDT-Headmaster [NA Application Form 1101AZ](#) and the [Scheduling and Payment Form 1402AZ](#). Or both forms can be found on the D&SDT-Headmaster’s [Arizona webpage](#).

Mail these forms to D&SDT-Headmaster at P.O. Box 6609, Helena, MT 59604 along with your payment: Money Order, Cashier’s Check or Facility Check made out to **HEADMASTER**; Visa or MasterCard – *no personal checks or cash*. Along with copy of your AZBN NA Education Waiver.

Please print neatly, double-check your address, phone number, email address and social security number before signing the D&SDT-Headmaster testing application. Make sure your application or scheduling form is complete and signed, if not, it will result in delaying your testing.

Please note: For any Scheduling and Payment Forms 1402 or NA Application Forms 1101 with any missing or incomplete information, payment or signatures; D&SDT-Headmaster will notify the candidate that they have 5 business days to get any incomplete or missing information, payment or signatures to D&SDT-Headmaster. If any incomplete or missing information is not received within 5 business days from receipt of the Payment Form 1402 or Application Form 1101, the forms received will be destroyed. If a check/money order was sent with the scheduling form/application, the check/money order will be mailed back to the candidate.

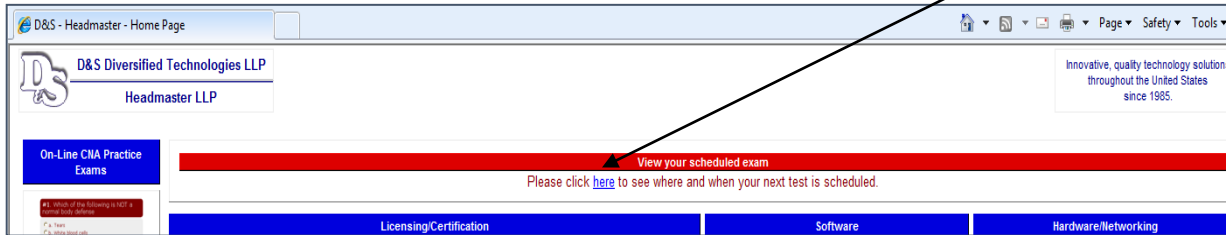
For information on NA Education Waivers visit the AZBN website www.azbn.gov then click on Applications and Forms and scroll down to “Other Form Downloads”.

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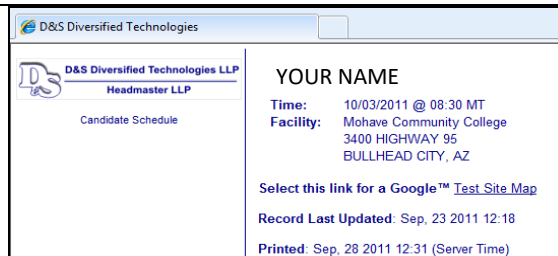
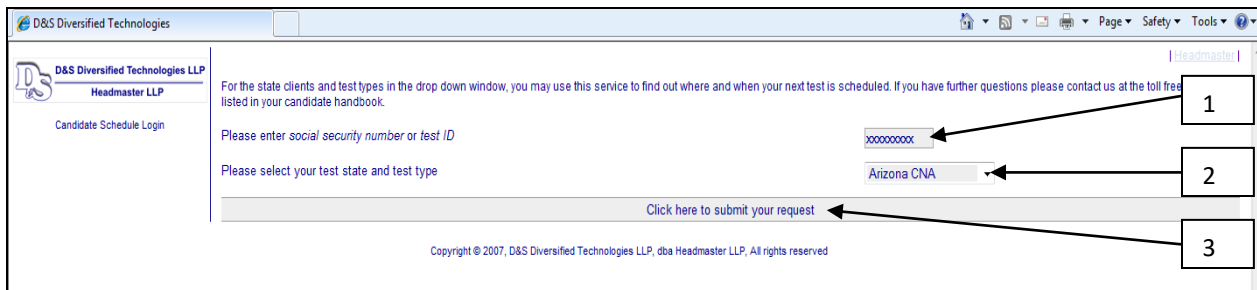
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When a candidate is scheduled by D&SDT-Headmaster, we will notify the candidate via email of their test date and time. If you do not receive an email from D&SDT-Headmaster within 5 business days of sending us your scheduling request and payment, call us immediately. If after business hours, leave us a message on the answering machine at (800)393-8664.

You may also verify your test date online by going to our home page at www.hdmaster.com and clicking 'here':



- 1) Type in your social security number
- 2) Choose Arizona CNA from the drop-down box
- 3) Click on "Click here to submit your request"



Exam Check-In

You need to arrive at your confirmed test site between 20 to 30 minutes before your exam is scheduled to start. (For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.)

Please note: If you arrive late, you will not be allowed to test.

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Testing Attire

You must be in full clinical attire, which consists of:

- A scrubs top and scrub pants, scrub skirt (long, loose-fitting) or scrub dress (long, loose-fitting).
- No opened toed shoes are allowed.
 - Scrubs and shoes can be any color/design.

Other testing attire requirements:

- You may bring a standard watch with a second hand.
- No smart watches or fitness monitors are allowed.
- Long hair must be pulled back.

Please 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. You will forfeit your testing fees and have to pay for another exam date.

Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING FORM OF IDENTIFICATION**. Examples of the forms of US government issued, photo ID's that are acceptable are:

- Driver's License (*Arizona Driver's License must be issued after January 1, 1997*)
- State issued Identification Card (*Arizona State ID must be issued after January 1, 1997*)
- US Passport (Foreign Passports *are not* acceptable)
- US Passport Card
- Military Identification Card (that meets all requirements)
- Alien Registration Card (that meets all requirements)
- Tribal Identification Card (that meets all requirements)
- Work Authorization Card (that meets all requirements)

****Please note: A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.***

The **FIRST** and **LAST** names listed on the ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the AZ nurse aide database by your training program. You may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays, to confirm that your name of record matches your US government issued ID, or log in to the [Arizona webpage](#), using your secure Test ID# and Pin# to check on or change your demographic information.

It is recommended that you print out, read and bring your test confirmation notice with you on your test day, although it is not required for test admission.

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Please note: You will not be admitted for testing if you do not bring proper ID, your ID is invalid (*see note above) or if your FIRST and LAST printed names on your US government issued photo ID do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

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

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written and oral format in the waiting area when you sign-in for your test. Oral and PDF versions are also available anytime from your smart phone via the knowledge test (paper version and electronic version) and skill test instruction links on D&SDT-Headmaster's [Arizona webpage](#):

KNOWLEDGE EXAM:

[Paper Version](#)
[Electronic Version](#)

SKILLS EXAM:

[Skills Exam](#)

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

Testing Policies

The following policies are observed at each test site—

- Plan to be at the test site up to five (5) hours.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, photo ID, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If the FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear scrubs and the 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 NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees online in your own record using your Test ID# and Pin# or submit Form 1402AZ (Scheduling and Payment Form) to schedule another exam date. If your exam is paid for by a US government funded facility, that facility will be charged a No Show fee.
- Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be

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informed by the testing team of the designated area to place your personal items and electronic devices in the designated area and you are to collect these items when you complete your test(s).

- All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from your wrist.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s), forfeit all testing fees and will not be permitted to test for 6 months. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- No translation dictionaries are allowed, either paper format or electronic.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam and reported to your training program and the Arizona State Board of Nursing.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nursing assistant. (Examples: cast, arm/leg braces, crutches, etc.) If you are on doctor's orders, call D&SDT-Headmaster at (800)393-8664 immediately during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays. You must fax a doctor's order **within 3 business days** of your scheduled exam day to qualify for a free reschedule.
- ***Please review this Arizona Candidate Handbook before your test day for any updates to testing and/or policies.***

Incident Weather and Unforeseen Circumstances Policy

If an exam date is cancelled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file 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.

Candidate Feedback – Exit Survey

In order to receive your test results, you will need to complete the Exit Survey. You will receive an email of your test results on the day your test is officially scored, and in this email, you will be provided a link to complete the exit survey. A link is also available when you log in to your record to get your results. The survey is confidential and will not have any bearing on the outcome of any test.

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You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to the AZBN. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to AZBN and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from AZBN in order to be eligible to test again.

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

Reschedules

All candidates are entitled to one free reschedule any time up until **one (1) business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place.

If you must reschedule your exam date, please do so as soon as possible. You may [reschedule an exam date](#) online with your secure Test ID# and Pin#.

- 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 until 6:00PM Mountain time.

Scheduled test date is on a:	Reschedule by 6:00PM Mountain Standard Time on 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

Please note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

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Refund of Testing Fees Paid

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

Scheduled in a Test Event

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com at least **one (1) full business day** prior to 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 filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business the Thursday before your scheduled exam. D&SDT-Headmaster is open until 6:00PM Mountain time.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of original testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.

Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of original payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of original payment of testing fees with D&SDT-Headmaster will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com. 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 fee.

No Shows

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

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays, and Holidays (see

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examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

No Show Exceptions

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

- **Car breakdown:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a tow bill 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:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family:** D&SDT-Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parents, grand and great-grand parents, siblings, children, spouse or significant other.)

Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results are available to you, and can be printed, after 6:00PM Mountain Standard time the day tests are scored. You will need to fill out the short Exit Survey before you will be able to see your results. (See instructions on the next page to access your test results online.)

You will be emailed your test results to the email in your record after your test has been officially scored. Your device must have an RTF reader to open emailed test results. If you are not able to open your emailed test results, you may check your results online after 6:00PM MST.

D&SDT-HEADMASTER does not send postal mail test result letters to candidates.

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To check your test results online, go to the [Arizona webpage](#) and click on [Online Test Results](#):

The screenshot shows the Arizona CNA Testing and Certification website. The 'Candidate Forms' column is highlighted, with a red box around the 'Online Test RESULTS' link. An arrow points from this link to the list of instructions below. Other sections include 'Test Site Forms', 'Observer Forms', and 'Contacts'.

- 1) Type in your social security number
- 2) Type in your test date
- 3) Type in your birth date
- 4) Click on Submit Score Report Request

The screenshot shows the 'Arizona CNA Score Report Login' form. Numbered callouts 1-4 point to the required login fields: 1. Social security # or test ID, 2. Test date, 3. Birthdate, and 4. Submit Score Report Request button.

Test Attempts

You have **unlimited attempts** to pass the knowledge and skill test portions of the exam within two (2) years from your date of nursing assistant training program completion. If you do not complete testing within two years from completion of training, you must complete a new AZBN approved training program in order to become eligible to further attempt Arizona nursing assistant examinations.

- An attempt means checking in for the competency evaluation and receiving the knowledge test booklet or the skill test instructions including the skills that are to be performed. If a candidate decides to not complete the test after receiving the knowledge test booklet or the skill test instructions, the attempt will be scored as a failure.

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- Per the Arizona Board of Nursing, any candidate who fails their knowledge exam for the third time, or any subsequent knowledge exam, **will be required to wait 45 days before scheduling a retest**. This does not apply to failed attempts on the manual skill test.

Applying for an Arizona License or Certificate

After you have successfully passed both the Knowledge Test and Skill Test components of the nursing assistant exam, your test results will be sent electronically to the Arizona Board of Nursing by D&SDT-Headmaster. You will be certified by the Board only after you complete the AZBN (CNA or LNA – see information under ‘Certified Nurse Aide/Licensed Nurse Aide section on pages 1 and 2) application process online, which includes uploading your citizenship documents (proof of legal residence) and completion of training certificate from your training program, and meet all Board requirements (see the additional requirements needed to apply for LNA licensure at the AZBN website). For information on completing your online application for certification with the Arizona State Board of Nursing, go to AZBN’s website at: www.azbn.gov and click on “Apply for an Arizona License or Certificate”.

Retaking the Nursing Assistant Test

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](#) with your secure Test ID# and Pin#. You will need to pay with a MasterCard, Visa or debit card before you are able to schedule. Call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays, if assistance is needed or to get your Test ID# and Pin#.

You may schedule a re-test by completing the [Scheduling and Payment Form 1402AZ](#) available on D&SDT-Headmaster’s [Arizona webpage](#), click on the Arizona NA Scheduling and Payment Form 1402 under the “Candidate Forms” column.

- Fill out Exam types and Fee payment on a new Scheduling and Payment Form 1402AZ and choose test dates from the Three-Month Test Schedule (Form 1700) and write them on the Scheduling and Payment Form 1402AZ under Option 1 (Regional Test Site Schedule).
- You will need to submit your Scheduling and Payment Form 1402AZ to D&SDT-Headmaster either by fax at (406)442-3357 (\$5.00 extra fax fee applies), email at hdmaster@hdmaster.com (scan or image and attach) or mail to P.O. Box 6609, Helena, MT 59604.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

- Per the Arizona Board of Nursing, a failing candidate may only take the skill test twice with the same observer to reduce any perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of

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choice you have the option of testing with the same test observer for a third attempt by contacting D&SDT-Headmaster so that they can get you scheduled into the exam, or you may choose another facility to test at.

Test Review Requests

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

NOTE: Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM MST, excluding Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

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

The Knowledge/Oral Test

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

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of

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the Knowledge Test (such as “What does this question mean?”) For paper tests, fill in only one oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 75% or better to pass the knowledge portion of the exam.**

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic testing called WebEtest© using Internet connected computers is utilized at several sites in Arizona. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest© allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test before you submit your testing fee payment. There is an additional \$10 charge for an Oral Test. The questions are read to you, in a neutral manner, from an MP3 player, with control buttons for play, rewind, pause, etc., in addition to having the knowledge test and scan form for the paper test. For WebEtest© you will hear the questions on the computer headphones and have control buttons on the computer screen (play, rewind, pause etc.).

Please note: On the Oral Knowledge Test, only the first 63 questions will be read orally, the remaining 12 questions will have to be answered without oral assistance to assess English reading comprehension.

Per the Arizona State Board of Nursing, translation dictionaries are not allowed during testing.

All test materials must be left in the testing room. Anyone who removes or tries to remove materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

Knowledge Test Content

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the AZBN approved Arizona test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

SUBJECT AREA	NUMBER OF QUESTIONS
Basic Nursing Skills	9
Care Impaired	4
Communication	7
Data Collection	6
Disease Process	4
Infection Control	8

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SUBJECT AREA (CONTINUED)	NUMBER OF QUESTIONS
Mental Health	4
Older Adult Growth & Development	4
Personal Care	9
Resident Rights	6
Role and Responsibility	7
Safety	7

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 web site at www.hdmaster.com. Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

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

<p>1. Clean linens that touch the floor should be:</p> <p>(A) Picked up quickly and placed back on the clean linen cart</p> <p>(B) Used immediately on the next resident bed</p> <p>(C) Considered dirty and placed in the soiled linen hamper</p> <p>(D) Used only in the room with the floor the linen fell on</p> <p>2. A soft, synthetic fleece pad placed beneath the resident:</p> <p>(A) Takes pressure off the back</p> <p>(B) Provides warmth for the resident</p> <p>(C) Gives the resident a sense of security</p> <p>(D) Should only be used with bedridden residents</p> <p>3. A resident's psychological needs:</p> <p>(A) Should be given minor consideration</p> <p>(B) Make the resident withdrawn and secretive</p> <p>(C) Are nurtured by doing everything for the resident</p> <p>(D) Are nurtured when residents are treated like individuals</p>	<p>ANSWERS: 1-C 2-A 3-D</p>
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The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Arizona approved nursing assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.

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- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **forty (40) minutes** to complete your three (3) or four (4) tasks. After 25 minutes have elapsed, you will be alerted that 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. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted forty (40) minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

Skill Test Recording Form

The RN Test Observer will provide a recording form similar to the one displayed below if your skill test includes a skill task which requires recording a count or measurement.

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RECORDING FORM



Candidate's Name: _____	
PLEASE PRINT	
PULSE: _____ beats	RESPIRATIONS: _____ breaths
BLOOD PRESSURE: _____ / _____	
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 as your first task:

- Catheter Care and Emptying a Urinary Drainage Bag with Hand Washing
- Donning an Isolation Gown and Gloves, Bedpan and Output with Hand Washing
- Perineal Care of a Female with Hand Washing
- Perineal Care of a Male and Changing A Soiled Brief with Hand Washing

Please note: Hand washing using actual 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 or three 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 WebETest© skill test assignment algorithm will be comparable in overall difficulty. That is why some skill tests will have a differing number of tasks.

Skill Tasks Listing

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

The steps that are listed for each task are the steps required for a nursing assistant candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks (the catheter care and perineal care tasks will be done on a manikin). You will be scored only on the steps listed. **You must have a score of 80% on each task without missing any key steps (the Bolded steps) to pass the skill component of your competency evaluation.** Steps marked with an * are weighted more than steps without an * when your percentage score is calculated. If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be only one of the four mandatory tasks to start each Skill Test. The other tasks included on your Skill Test are randomly chosen so that every Skill

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Test is comparable in difficulty and average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what she/he sees you do. D&SDT-Headmaster scoring teams will officially score and double check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Arizona nursing assistant 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.

Catheter Care and Emptying a Urinary Drainage Bag with Hand Washing

(One of the possible mandatory first tasks)

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident/manikin.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Put on gloves.
- 6) Lift resident's gown to expose catheter area.
- 7) Check to see that urine can flow unrestricted into the drainage bag.
 - a. It would be helpful to verbalize checking while looking for kinks in tubing, etc.
- 8) Use a wash cloth, soap and water to carefully wash around the catheter where it exits the urethra.
- 9) Hold catheter where it exits the urethra with one hand.
- 10) While holding the catheter with fingers where it exits the urethra, clean 3-4 inches down the catheter tube.
- 11) Clean with stroke(s) only away from the urethra.**
- 12) Use a clean portion of a wash cloth for any strokes.
- 13) Rinse using stroke(s) only away from the urethra.
- 14) Rinse using a clean portion of a wash cloth for any strokes.
- 15) Pat dry.
- 16) Do not allow the tubing to be pulled at any time during the procedure.**
- 17) Replace top cover over the resident (manikin).
- 18) Leave the resident in a position of safety and comfort.
- 19) Place a barrier on the floor under the drainage bag.
- 20) Place the graduate on the previously placed barrier.
- 21) Open the drain to allow the urine to flow into the graduate.
- 22) Completely empty drainage bag.
- 23) Avoid touching the graduate with any part of the tubing.
- 24) Close the drain.
- 25) Wipe the drain with alcohol wipe AFTER emptying the drainage bag.
- 26) Replace drain in holder.
- 27) Place graduate on level, flat surface.
- 28) With graduate at eye level, read output.

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- 29) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 30) Record output on the previously signed recording form.
- 31) Candidate's measured output reading is within 30ml's of RN Test Observer's output reading.**
- 32) Remove gloves turning inside out and dispose gloves in the designated container (trash can).
- 33) Wash hands: Begin by wetting hands.
- 34) Apply soap to hands.
- 35) Rub hands together using friction with soap.
- 36) Rub hands together for at least twenty seconds with soap.
- 37) Interlace fingers pointing downward with soap.
- 38) Lather all surfaces of hands with soap.
- 39) Lather wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointed downward.
- 41) Dry hands on clean paper towel(s).
- 42) Turn off faucet with a clean, dry paper towel.
- 43) Discard paper towels to trash container.
- 44) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 45) Place call light or signaling device and water within easy reach of the resident.
- 46) Maintain respectful, courteous interpersonal interactions at all times.

Donning an Isolation Gown and Gloves, Bedpan and Output with Hand Washing

(One of the possible mandatory first tasks)

- 1) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Face the back opening of the gown.
- 3) Unfold the gown.
- 4) Place arms through each sleeve.
- 5) Fasten the neck opening.
- 6) Fasten the waist.
- 7) Make sure that the back flaps cover clothing as completely as possible.
- 8) Put on gloves.
- 9) Gloves overlap sleeves at the wrist.
- 10) Greet resident by name.
- 11) Introduce yourself by name.
- 12) Explain the procedure to resident.
- 13) Provide privacy for resident, pull privacy curtain.
- 14) Raise bed to a comfortable working height.
- 15) Position resident on bedpan correctly using correct body mechanics.
- 16) Raise head of bed to comfortable level.
- 17) Place call light and tissue within easy reach of resident.
- 18) Lower bed.
- 19) Step away to a private area of room away from resident.
- 20) When signaled by the RN Test Observer, the candidate returns.

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- 21) Raise bed to a comfortable working height.
- 22) Wash/assist resident to wash hands using a wet wash cloth with soap.
- 23) Assist resident to dry hands.
- 24) Lower head of the bed.
- 25) Place soiled linen in designated laundry hamper.
- 26) Gently remove bedpan and hold while the RN Test Observer adds a known quantity of fluid.
- 27) Measure output.
- 28) Lower bed.
- 29) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 30) Record output on the previously signed recording form.
- 31) Candidate's recorded output is within 30ml's of RN Test Observer's recorded output.**
- 32) Place call light or signaling device and water within easy reach of the resident.
- 33) Maintain respectful, courteous interpersonal interactions at all times.
- 34) Remove gloves, turning inside out.
- 35) Remove gloves BEFORE removing gown.**
- 36) Dispose of the gloves in the designated container (trash can).
- 37) Unfasten gown at the waist.
- 38) Unfasten gown at the neck.
- 39) Remove gown by slipping hands underneath gown at the neck and shoulder and always fold/roll soiled area to soiled area.
- 40) Dispose of the gown in the designated container.
- 41) Wash hands: Begin by wetting hands.
- 42) Apply soap to hands.
- 43) Rub hands together using friction with soap.
- 44) Rub hands together for at least twenty seconds with soap.
- 45) Interlace fingers pointing downward with soap.
- 46) Lather all surfaces of hands with soap.
- 47) Lather wrists with soap.
- 48) Rinse hands thoroughly under running water with fingers pointed downward.
- 49) Dry hands on clean paper towel(s).
- 50) Turn off faucet with a clean, dry paper towel.
- 51) Discard paper towels to trash container.
- 52) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.

Perineal Care of a Female with Hand Washing

(One of the possible mandatory first tasks)

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident/manikin.
- 4) Provide privacy for resident, pull privacy curtain.**
- 5) Remove covers from resident.

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- 6) Fills basin with comfortably warm water.
- 7) Raise the bed to a comfortable working height.
- 8) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety. (*)
- 9) Turn resident toward RN Test Observer or raise resident's hips and place waterproof pad under buttocks.
- 10) Put on gloves.
- 11) Lift resident's gown to expose perineum only.
- 12) Separate labia. (Candidate must also verbalize separating.)
- 13) Use water and soapy wash cloth.
- 14) Clean one side of labia from top to bottom. (*)
- 15) Using a clean portion of a wash cloth, clean other side of labia from top to bottom.
- 16) Using a clean portion of a wash cloth, clean the vaginal area from top to bottom.
- 17) Using a clean portion of a wash cloth, rinse one side of labia from top to bottom.
- 18) Using a clean portion of a wash cloth, rinse the other side of labia from top to bottom.
- 19) Using a clean portion of a wash cloth, rinse the vaginal area from top to bottom.
- 20) Dry the area.
- 21) Cover the exposed area with the resident's gown.
- 22) Assist resident to turn onto side away from the candidate.
- 23) With a clean wash cloth, water and soap, clean the rectal area.
- 24) Clean area from vagina to rectal area. (*)
- 25) Use a clean portion of a wash cloth with any stroke.
- 26) Using a clean portion of a wash cloth, rinse the rectal area from vagina to rectal area.
- 27) Uses a clean portion of a wash cloth with any stroke.
- 28) Dry area.
- 29) Turn resident toward observer or raise hips and remove waterproof pad from under buttocks.
- 30) Position resident (manikin) on her back.
- 31) Place soiled linen in designated laundry hamper.
- 32) Lower bed.
- 33) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 34) Remove gloves turning inside out and dispose gloves in the designated container (trash can).
- 35) Wash Hands: Begin by wetting hands.
- 36) Apply soap to hands.
- 37) Rub hands together using friction for at least 20 seconds with soap.
- 38) Interlace fingers pointing downward with soap.
- 39) Lather all surfaces of hands and wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointed downward.
- 41) Dry hands on clean paper towel(s).
- 42) Turn off faucet with a clean dry paper towel(s).
- 43) Discard paper towels into trash container.
- 44) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 45) Place call light or signaling device and water within easy reach of the resident.
- 46) Maintain respectful, courteous interpersonal interactions at all times.

Perineal Care of a Male and Changing a Soiled Brief with Hand Washing

(One of the possible mandatory first tasks)

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident/manikin.
- 4) **Provide privacy for resident, pull privacy curtain.**
- 5) Remove covers from resident.
- 6) Obtain new brief.
- 7) Mark date and time on brief.
- 8) Initial brief.
- 9) Fill basin with comfortably warm water.
- 10) Raise the bed to a comfortable working height.
- 11) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety.
- 12) Put on gloves.
- 13) Turn resident toward RN Test Observer or raise resident's hips and place waterproof pad under buttocks.
- 14) Lift resident's gown to expose perineum only.
- 15) Remove soiled brief from front to back.
- 16) Dispose of soiled brief by placing soiled brief into plastic bag – tie/seal bag and place in trash.
- 17) Gently grasp penis.
- 18) Use water and soapy wash cloth.
- 19) Using a clean portion of a wash cloth, clean tip of penis starting at the urethral opening working away with a circular motion.
- 20) Using a clean portion of a wash cloth for each stroke, clean the shaft of the penis with firm downward motion.
- 21) Using a clean portion of a wash cloth, clean scrotum.
- 22) Using a clean wash cloth, rinse.
- 23) Using a clean portion of wash cloth for each stroke, rinse penis.
- 24) Using a clean portion of wash cloth with each stroke, rinse scrotum.
- 25) Dry area.
- 26) Cover the exposed area with the resident's gown.
- 27) Assist resident (manikin) to turn onto side away from the candidate.
- 28) Use a clean wash cloth with water and soap to clean the rectal area.
- 29) Using a clean portion of the wash cloth for each stroke, clean area from scrotum to rectal area.
- 30) Using a clean portion of the wash cloth for each stroke rinse area from scrotum to rectal area.
- 31) Dry the area.
- 32) Turn resident (manikin) toward observer or raises hips and remove waterproof pad from under buttocks.
- 33) Position resident (manikin) on his back.
- 34) Correctly apply brief.
- 35) Place soiled linen in designated laundry hamper.

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- 36) Lower bed.
- 37) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 38) Remove gloves turning inside out and dispose gloves in the designated container (trash can).
- 39) Wash Hands: Begin by wetting hands.
- 40) Apply soap to hands.
- 41) Rub hands together using friction for at least 20 seconds with soap.
- 42) Interlace fingers pointing downward with soap.
- 43) Lather all surfaces of hands and wrists with soap.
- 44) Rinse hands thoroughly under running water with fingers pointed downward.
- 45) Dry hands on clean paper towel(s).
- 46) Turn off faucet with a clean dry paper towel.
- 47) Discard paper towels into trash container.
- 48) Do not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 49) Place call light or signaling device and water within easy reach of the resident.
- 50) Maintain respectful, courteous interpersonal interactions at all times.

Ambulation with a Walker using a Gait Belt

- 1) Greet resident by name and perform hand hygiene
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.
- 4) Lock bed brakes to ensure resident's safety.**
- 5) Lock wheelchair brakes to ensure resident's safety.**
- 6) Bring resident to sitting position. Place gait belt around waist to stabilize trunk.
- 7) Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
- 8) Assist resident to put on non-skid slippers/shoes. (No non-skid socks.)
- 9) Ensure feet are flat on the floor.
- 10) Position walker in front of resident.
- 11) Assist resident to stand and ensure resident has stabilized walker.
- 12) Position self behind and slightly to side of resident.
- 13) Ambulate resident at least 10 steps to wheelchair.
- 14) Assist resident to turn and sit in wheelchair, using correct body mechanics.
- 15) Remove gait belt.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 17) Place resident within easy reach of the call light or signaling device and water.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

Applying an Anti-Emboloc Stocking to One Leg

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.
- 4) Provide for resident's privacy by only exposing one leg.
- 5) Gather or turn stocking down inside out to the heel.
- 6) Place stocking over the toes, foot, and heel and roll OR pull up the leg.
- 7) Check toes for possible pressure from stocking and adjust as needed. (*)
- 8) Leave resident with stocking that is smooth and wrinkle free. (*)
- 9) Leave resident with stocking that is properly placed without restriction.**
- 10) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 11) Place call light or signaling device and water within easy reach of the resident.
- 12) Maintain respectful, courteous interpersonal interactions at all times.

Bed Bath- Whole Face and One Arm, Hand and Underarm

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Raise bed to a comfortable working height.
- 6) Prepare resident for a complete bath, even though will be demonstrating a partial bed bath.
- 7) Cover resident with a bath blanket.
- 8) Remove top bed linens to foot of bed.
- 9) Remove resident's gown without exposing resident.
- 10) Fill basin with comfortably warm water.
- 11) Wash and dry face WITHOUT SOAP.
- 12) Use clean portion of wash cloth and wipe eyes gently from the inner to the outer using a clean portion of the wash cloth with each stroke.
- 13) Place towel under arm, only expose one arm.
- 14) Wash arm, hand and underarm using soap and water.
- 15) Rinse arm, hand, and underarm and dry entire area.
- 16) Assist resident to put on a clean gown.
- 17) Lower bed.
- 18) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 19) Place soiled linen in designated laundry hamper.

- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 21) Place call light or signaling device and water within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.

Blood Pressure

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position.
- 6) Roll resident's sleeve up about 5 inches above the elbow.
- 7) Apply the cuff around the upper arm just above the elbow and line cuff arrows up with brachial artery.
- 8) Clean earpieces of stethoscope appropriately and place in ears.
- 9) Clean diaphragm of the stethoscope.
- 10) Place stethoscope over brachial artery.
- 11) Hold stethoscope snugly in place.
- 12) Inflate cuff *to 30mmHG above* RN Test Observer provided loss of pulse number.
- 13) Slowly release air from cuff to disappearance of pulsations. Remove cuff.
- 14) Candidate has 2 attempts to take blood pressure (additional attempts will count against the candidate's score).
- 15) Record reading on the provided, previously signed recording form.
- 16) Candidate's recorded systolic blood pressure is within 6mmHg of the RN Test Observer's recorded systolic blood pressure.**
- 17) Candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.**
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 19) Place call light or signaling device and water within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

Denture Care

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.

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- 4) Line sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or washcloth, do not use paper towels.)
- 5) Put on gloves and remove dentures from cup.
- 6) Handle dentures carefully to avoid damage. Never place dentures in/on a contaminated surface.
- 7) Rinse denture cup.
- 8) Apply denture cleanser and thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and lower dentures as well as the denture groove and/or plate that will touch any gum surface. (Only one plate is used during testing.)
- 9) Rinse dentures using clean cool water.
- 10) Place dentures in denture cup.
- 11) Add cool clean water to denture cup.
- 12) Empty, rinse and dry (with a clean, dry paper towel) equipment and return to storage.
- 13) Discard protective lining in designated container.
- 14) Remove gloves turning inside out and dispose gloves in designated container (trash can).
- 15) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 16) Place call light or signaling device and water within easy reach of the resident.
- 17) Maintain respectful, courteous interpersonal interactions at all times.

Dressing a Bedridden Resident

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to the resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Keep resident covered while removing gown.
- 6) Resident always remains lying in bed.
- 7) Remove gown from unaffected side first. (*)
- 8) Place soiled gown in laundry hamper.
- 9) From the affected (weak) side first, dress the resident in a shirt or blouse, insert your hand through the sleeve of the shirt or blouse and grasp the affected hand of the resident. (*)
 - a. Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.
- 10) From the affected (weak) side first, dress the resident in pants, assist the resident to raise their buttocks or turn resident from side to side and draw the pants over the buttocks and up to the resident's waist. (*)
- 11) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 12) Leave the resident in correct body alignment and properly dressed.

- 13) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 14) Place call light or signaling device and water within easy reach of the resident.
- 15) Maintain respectful, courteous interpersonal interactions at all times.

Feeding a Dependent Resident

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident.
- 4) Look at (pick up) diet card and indicate that resident has received the correct tray.
- 5) **Position the resident in an upright position. *At least 45 degrees.***
- 6) Provide hand hygiene for the resident before feeding. (Candidate may use hand sanitizer on the resident covering all surfaces of the resident's hands and rubbing the sanitizer in until dry –or- wash and dry the resident's hands using a wet wash cloth with soap.)
- 7) Protect clothing from soiling by using napkin, clothing protector, or towel.
- 8) Place soiled linen in designated laundry hamper.
- 9) Remain at eye level or below while feeding resident.
- 10) Describe the foods being offered to the resident.
- 11) Offer water or other fluid frequently from each glass.
- 12) Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 13) Wipe resident's hands and face during meal as needed.
- 14) Leave resident clean and in a position of comfort.
- 15) Record intake in percentage of total solid food eaten on provided, previously signed recording form.
- 16) Record intake of total fluid consumed in ml on provided, previously signed recording form.
- 17) **Candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.**
- 18) **Candidate's recorded total consumed fluid intake is within 45ml's of the RN Test Observer's recorded fluid intake.**
- 19) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 20) Place call light or signaling device and water within easy reach of the resident.
- 21) Maintain respectful, courteous interpersonal interactions at all times.

Making an Occupied Bed

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Gather linen.

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- 4) Transport linen correctly without touching uniform.
- 5) Place linen on a clean barrier, such as a cloth towel or chux pad. May place linen on the over-bed table, seat of the chair, on night stand or over the end of the bed.
- 6) Explain procedure to resident.
- 7) Provide privacy for resident, pull privacy curtain.
- 8) Direct RN Test Observer to stand on opposite side of bed to provide for safety. (*)
- 9) Raise bed to a comfortable working height.
- 10) Resident is to remain covered at all times.
- 11) Assist resident to roll onto side toward observer. Instruct RN Test Observer to remain standing on opposite side of the bed.
- 12) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 13) Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
- 14) Secure two fitted corners.
- 15) Direct the RN Test Observer to stand on the opposite side of bed. (*)
- 16) Assist the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.
- 17) Remove soiled linen without shaking.
- 18) Avoid placing dirty linen on the over bed table, chair or floor.
- 19) Avoid touching linen to uniform.
- 20) Place soiled linen in designated laundry hamper.
- 21) Pull through and smooth out the clean bottom linen.
- 22) Secure the other two fitted corners.
- 23) Resident's body never touches the bare mattress. (*)
- 24) Place clean top linen and blanket or bed spread over covered resident.
- 25) Remove used linen keeping resident unexposed at all times.
- 26) Tuck in top linen and blanket or bedspread at the foot of bed.
- 27) Make mitered corners at the foot of the bed.
- 28) Apply clean pillow case, with zippers and/or tags to inside.
- 29) Gently lift resident's head while replacing the pillow.
- 30) Lower bed.
- 31) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 32) Place call light or signaling device and water within easy reach of the resident.
- 33) Maintain respectful, courteous interpersonal interactions at all times.

Mouth Care—Brushing Teeth

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident.
- 4) Provide privacy for resident, pull privacy curtain.

- 5) Drape the chest with towel to prevent soiling.
- 6) Put on gloves.
- 7) Apply toothpaste to toothbrush.
- 8) **Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.**
- 9) Clean tongue.
- 10) Assist resident in rinsing mouth.
- 11) Wipe resident's mouth.
- 12) Remove soiled linen.
- 13) Place soiled linen in designated laundry hamper.
- 14) Empty container.
 - a. The container can be the emesis basin or a disposable cup.
- 15) Rinse and dry emesis basin, if used, with a clean, dry paper towel or discard disposable items in designated container (trash can).
- 16) Rinse toothbrush.
- 17) Return equipment to storage.
- 18) Remove gloves turning inside out and dispose gloves in designated container (trash can).
- 19) Leave resident in position of comfort.
- 20) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 21) Place call light or signaling device and water within easy reach of the resident.
- 22) Maintain respectful, courteous interpersonal interactions at all times.

Mouth Care of Comatose Resident

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce self by name.
- 3) Provide privacy for resident, pull privacy curtain.
- 4) **Turn resident to a side lying position to avoid choking or aspiration.** *(If the resident is too large for the candidate to turn on his/her own, the candidate may ask the RN Test Observer for assistance with turning the resident.)*
- 5) Drape chest/bed as needed to protect from soiling.
- 6) Put on gloves, use swabs and cleaning solution. (May not use toothbrush or toothpaste.)
- 7) Gently and thoroughly clean the inner, outer, and chewing surfaces of all upper and lower teeth.
- 8) Gently and thoroughly clean the gums and tongue.
- 9) Wipe resident's mouth.
- 10) Return resident to position of comfort and safety.
- 11) Discard disposable items [swab(s)] in trash.
- 12) Place towel and/or washcloth in designated laundry hamper.

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- 13) Remove gloves turning inside out and dispose gloves in designated container (trash can).
- 14) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 15) Place call light or signaling device and water within easy reach of the resident.
- 16) Maintain respectful, courteous interpersonal interactions at all times.

Pivot-Transfer a Weight Bearing, Non-Ambulatory Resident from Bed to Wheelchair using a Gait Belt

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain the procedure to be performed to the resident and obtain a gait belt.
- 4) Position wheelchair at the foot or head of the bed.
- 5) Lock wheelchair brakes to ensure resident's safety.**
- 6) Lock bed brakes to ensure resident's safety.**
- 7) Assist resident to sitting position (on the edge of the bed) using proper body mechanics and place gait belt around the resident, below the rib cage and above their waist, to stabilize trunk. Tighten gait belt.
- 8) Check gait belt by slipping fingers between gait belt and resident.
- 9) Assist in putting on non-skid slippers/shoes. (No non-skid socks.)
- 10) Adjust bed so that resident's feet are comfortably flat on the floor.
- 11) Grasp the gait belt with both hands to stabilize the resident.
- 12) Bring resident to a standing position using proper body mechanics.
- 13) Do not attempt to ambulate resident.**
- 14) Assist resident to pivot and sit in a controlled manner that ensures safety.
- 15) Remove gait belt.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 17) Place resident within easy reach of the call light or signaling device and water.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

Pivot-Transfer a Weight Bearing, Non-Ambulatory Resident from Wheelchair to Bed using a Gait Belt

- 1) Greet resident by name and performs hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to be performed to the resident.
- 4) Position wheelchair at foot or head of bed.
- 5) Adjust bed so that resident's feet will be comfortably flat on the floor when sitting on the bed.
- 6) Lock wheelchair brakes to ensure resident's safety.**

- 7) **Lock bed brakes to ensure resident's safety.**
- 8) Place gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
- 9) Tighten gait belt so that your fingers can be comfortably slipped between gait belt and resident.
- 10) Grasp the gait belt with both hands to stabilize the resident.
- 11) Bring resident to standing position using proper body mechanics.
- 12) **Do not attempt to ambulate resident.**
- 13) Assist resident to pivot and sit on bed in a controlled manner that ensures safety.
- 14) Remove gait belt.
- 15) Assist resident in removing non-skid slippers.
- 16) Assist resident to move to center of bed, supporting extremities as necessary.
- 17) Make sure resident is comfortable and in good body alignment.
- 18) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 19) Place call light or signaling device and water within easy reach of the resident.
- 20) Maintain respectful, courteous interpersonal interactions at all times.

Position Resident on Side

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Position bed flat. Raise bed to a comfortable working height.
- 6) Ensure that the resident's face never becomes obstructed by the pillow. (*)
- 7) Direct the RN Test Observer to stand on the opposite side of the bed to provide for safety, or always turn resident towards self. (*)
- 8) From the working side of the bed, move head, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 9) May remain on the working side of the bed and turn the resident toward the previously positioned RN Test Observer, or if the RN Test Observer wasn't directed to side opposite the working side of the bed, move to opposite side of the bed and turn the resident toward self.
- 10) Assist/turn resident on his/her side.
- 11) Resident is placed on the correct side that the RN Test Observer stated.
- 12) Ensure that resident is not lying on his/her downside arm.
- 13) Maintain correct body alignment.
- 14) Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head, the upside arm, behind the back and between the knees. (*)
- 15) Lower bed.

- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 17) Place call light or signaling device and water within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

Range of Motion for Hip & Knee

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) Position bed flat.
- 6) Position resident supine.**
- 7) Position resident in good body alignment.
- 8) Correctly support joints at all times by placing one hand under the knee and the other hand under the ankle.
- 9) Move the entire leg away from the body. (abduction)
- 10) Move the entire leg back toward the body. (adduction)
- 11) Complete abduction and adduction of the hip three times.
- 12) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle. Bends the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
- 13) Straighten the knee and hip. (extension of knee and hip at the same time)
- 14) Complete flexion and extension of knee and hip three times.
- 15) Do not cause discomfort or pain and do not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 16) Leave resident in a comfortable position.
- 17) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 18) Place call light or signaling device and water within easy reach of the resident.
- 19) Maintain respectful, courteous interpersonal interactions at all times.

Range of Motion for Shoulder

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to the resident.
- 4) Provide privacy for resident, pull privacy curtain.
- 5) **Position resident supine.**
- 6) Position resident in good body alignment.

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- 7) Correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
- 8) Raise resident's arm up and over the resident's head. (flexion)
- 9) Bring the resident's arm back down to the resident's side. (extension)
- 10) Complete full range of motion for shoulder through flexion and extension three times.
- 11) Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
- 12) Return the resident's arm to the middle of the resident's body. (adduction)
- 13) Complete full range of motion for shoulder through abduction and adduction three times.
- 14) Do not cause discomfort or pain and do not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 15) Leave resident in a comfortable position.
- 16) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 17) Place call light or signaling device and water within easy reach of the resident.
- 18) Maintain respectful, courteous interpersonal interactions at all times.

Vital Signs - Pulse and Respirations

- 1) Greet resident by name and perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 2) Introduce yourself by name.
- 3) Explain procedure to resident.
- 4) Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 5) *Count pulse for 60 seconds or 30x2.*
 - a. *Tell the RN Test Observer when you start counting and tell her/him when you stop counting.*
- 6) Record pulse rate on the previously signed recording form.
- 7) Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded pulse rate.**
- 8) *Count respirations for 60 seconds or 30x2.*
 - a. *Tell the RN Test Observer when you start counting and tell her/him when you stop counting.*
- 9) Record respirations on the previously signed recording form.
- 10) Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded respiratory rate.**
- 11) Perform hand hygiene.
 - a. Cover all surfaces of hands with hand sanitizer.
 - b. Rub hands together until hands are completely dry.
- 12) Place call light or signaling device and water within easy reach of the resident.
- 13) Maintain respectful, courteous interpersonal interactions at all times.



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Knowledge Test Vocabulary List

abandonment
abbreviations
abdominal thrust
abduction
abductor wedge
absorption
abuse
accidents
accountability
accountable
activities
acute
adaptive
adaptive devices
adduction
ADL
admission
admitting resident
afebrile
affected side
aggressive resident
aging process
AIDS
alarms
alternating pressure mattress
Alzheimer's
ambulation
amputees
anatomy
anger
angina
anorexia
anterior
antibacterial
antibiotics
antiembolic
anxiety
aphasia
apical

apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assistive device
atrophy
autoimmune
axillary temperature
bargaining
basic needs
basic nursing skills
basic nutrition
basic rights
bathing
bed bath
bed cradle
bed height
bed making
bedrest
behavior
beliefs
biohazard
bladder training
blindness
blood pressure
body mechanics
body system
body temperature
bowel program
BPH (benign prostatic hyperplasia)
bradycardia
breathing
broken equipment
burnout
call light
cancer
cardiac arrest

cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
cares
cast
cataracts
catheter
catheter care
cc's in an ounce
cell phones
central nervous system
cerebral vascular accident
certification renewal
chain of command
charge nurse
chemical restraint
chemotherapy
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cold application
colostomy
comatose resident
combative resident
comfort care
communication
compression
confidentiality
conflict
conflict resolution
confused resident
congestive heart failure

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constipation
constrict
contact isolation
contamination
continuity
contracture
converting measures
COPD
Coronary Artery Disease
CVA
cyanotic
dangling
data collection
death
death and dying
decubitus ulcer
deeper tissue
defamation
dehydration
delegation
delusions
dementia
denture care
dependability
depression
dermatitis
developmental disability
diabetes
diabetic
dialysis
diastolic
diet
dietitian
digestion
digestive system
discharging resident
disease
disease process
disinfection
disoriented

disrespect
disrespectful treatment
dizziness
DNR
documentation
domestic abuse
dorsiflexion
dressings
droplets
drowsy
dying
dysphagia
dysphasia
dyspnea
edema
elastic
elastic stockings
elevate head
elopement
emergency response
emergency situation
emesis
emotional needs
emotional stress
emotional support
empathy
emphysema
epilepsy
ethics
etiquette
evacuation
extension
extremity
eye glasses
falls
fecal impaction
feces
feeding
feeding tubes
fire

fire safety
first aid
flatus
flexion
fluid
fluid imbalance
fluid intake
Foley catheter
foot board
foot care
foot drop
Fowler's position
fractures
frayed cord
gait belt
geriatrics
germ transmission
gerontology
gifts
gloves
grieving process
hair care
hand tremors
hand washing
harm
hearing aid
hearing impaired
heart muscle
heart rates
heat application
helping residents
hemiplegia
hepatitis B
high fowler's
HIPAA
HIV
hoarding
holistic care
hormones
hospice care

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hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O (input and output)
ileostomy
immobility
immune
impairment
incontinence
indwelling catheter
infection
infection control
in-house transfer
initial observations
insomnia
insulin
intake
intake and output
integumentary system
inter-generational care
interpersonal skills
invasion of privacy
isolation
isolation precautions
IV care
job description
kidney failure
lateral position
legal ethics
legal responsibilities
life support
lift/draw sheet
lifting
linen
listening
living will
log rolling
low sodium diet

Maslow
masturbation
material safety data sheets
measuring
measuring height
measuring temperature
medical asepsis
medical record
medications
memory
memory loss
mental health
mental illness
microorganism
microorganisms
military time
misconduct
mites
morning care
mouth care
moving
mucous membrane
musculoskeletal
musculoskeletal system
nail care
nausea and vomiting
needles
neglect
negligence
non-contagious disease
nonverbal communication
nosocomial
NPO (nothing by mouth)
nurse's station
nursing assistant's role
nutrients
nutrition
objective
objective data
OBRA

observation
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
orthopedic
orthostatic hypotension
osteoarthritis
osteoporosis
output
oxygen
oxygen concentrator
oxygen cylinder
oxygen use
pain
palliative care
paralysis
paranoia
Parkinson's disease
partial assistance
passive
pathogen
pediculosis
perineal care
peristalsis
personal care
personal items
personal protective equipment
personal stress
pet therapy
petit mal seizure
phantom pain
phobia
physical needs
physician's authority
physiology
plaque
policy book

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positioning
post mortem care
post-operative pneumonia
PPE (personal protective equipment)
pressure injuries
preventing injury
privacy
professional boundaries
progressive
promoting independence
pronation
prone
prosthesis
prosthetic
prosthetic device
psychological needs
pulse
pureed diet
quadrant
quadriplegia
quality of life
radial
range of motion
receptive aphasia
rectal
refusal
regulation
religious service
reminiscence therapy
reminiscing
reporting
reposition
repositioning
resident belongings
resident centered care
resident harm
resident independence
resident right
Resident's Bill of Rights
resident's chart

resident's environment
resident's rights
respectful treatment
respiration
respiratory
respiratory disease
respiratory symptoms
respiratory system
responding to resident behavior
response
responsibilities
responsibility
restorative
restorative care
restraint
restraint alternative
resuscitation
rights
risk factor
rotation
safety
safety and security need
safety precautions
sanitizer
scabies
scale
scope of practice
seclusion
security
seizure
self-esteem
semi fowlers
sensory system
sexual needs
Sharp's container
Shaving
shingles
side rails
Sitz bath

skin
skin care
skin integrity
sleep
smoking
social needs
soiled linen
specimen
spills
spiritual needs
sputum
sputum specimen
sputum test
standard precautions
sterile
sterilization
stethoscope
stockings
stress
stroke
sub acute care
subjective
subjective data
sundowning
supine
suprapubic
survey
swallowing
swelling
systolic
tachycardia
task
TED hose
telephone etiquette
temperature
tendons
terminal illness
terminology
thickened liquids
threatening resident

