

Test Observer Signature:

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Innovative, quality technology solutions throughout the United States since 1985.

NEVADA NURSING ASSISTANT TESTING SITE OR RN EQUIPMENT LIST AND AFFIDAVIT FORM 1503 NV

(This list MUST be accompanied by Form1502 NV)

The testing site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The RN observer is required to review all of the skill tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

Equipn	nent Provided by Testing Site		Dentures (one plate, upper or lower, only for testing), denture container and
	At least three internet-connected computers with the capacity to play .WAV files to administer oral exams.		denture cleanser
	Internet-connected computer, laptop or tablet in Skill Test area and/or internet		Mannequin (anatomically correct – perineal area for female) Teaching – (bi-aural) stethoscope with two different sized BP cuffs
	access for RN Test Observer provided laptop or tablet		Alcohol or alcohol pads
	Long term care bed with working bed brakes and bed controls (beds that		•
	brakes are locked when bed is raised (legs stay down)and beds that		Working privacy curtain(s) (may not be portable screen) Hand sanitizer
	alarm sounds when brakes are on are not acceptable, brakes have to be		
	able to be manually engaged)		Any signage (posters) or displays in skill test room that may cue candidates on skill performance must be covered or removed on test days
	Running hot and cold water. Bedside stand & overbed table.		, , , , , , , , , , , , , , , , , , ,
		Δd	ditional Equipment Provided by RN Observer
	Commode (if toilet is not available in skills lab)		RN Test Observer may provide own laptop or tablet for Skill testing
	Gloves – in assorted sizes		Actor's toothbrush, toothpaste and paper cup
	Wheelchair with working brakes and removable footrests		Official data recording forms - post it pads provided by Headmaster
	Hand washing sink with warm running water, liquid soap, & paper towels (must be no further than 30 second walk from skills area)		Small clipboard to place recording form on
	Water pitcher and glass		Two audible count-down timers (one for 15 minutes left warning and 1 for 35
	Laundry receptacle (hamper)		minutes time up)
	Bed pans – 1 Standard and 1 Fracture Pan		Non-skid Socks for Actor
	Catheter with Tubing		Lotion for Foot Care
	Urinary Drainage Bag with Tubing		Over sized button shirt/blouse, sweat pants, and socks that will easily fit over
	Tissue/Toilet Paper	_	actor's clothing
	Wash basins, emesis basin		Sample food items (single serve size container of applesauce, pudding etc.)
	Output measurement container/graduate		Diet Card and napkins
_	Wastebasket		1 Clear 240 cc glass for Feeding Skill (a bendable straw is recommended to
			use with this skill)
	Wall clock – in knowledge test room and skills lab		ORAL TEST ADMINISTRATION: Headphones that can plug into the
	Call bell or signaling device (doesn't have to be a working call bell) Gait belts/transfer belts		computer speakers are needed.
			Pre-measured "urine" fluid amounts in unmarked containers (hint: use yellow food coloring in water for bedpan and output and urinary drainage bag)
	Isolation Gowns (must have ties, no Velcro or snaps)		Watch with a second hand
	Food tray, plate, silverware		water with a second fland
	Linens including: pillows (4), pillowcases, flat and fitted sheets, bath blankets, towels, wash cloths, water proof pads, blanket, resident's gowns		
• Di • Di	REQUIREMENTS: straction Free Skills Lab - for administration of skills exam (with all equipment & suppresstraction Free Knowledge Test Room – for administration of the Knowledge Exam olding or Waiting Area – where candidates may wait to take the exam	olies listed	available & in good working order)
consuma these iss		all HEADM	ASTER toll free at 1-800-393-8664 if we can be of assistance regarding any of
	fidavit: We hereby certify that (Facility Name)		
Phone:	Ext:	Fa	ax Number:
Contact	: Person's Name:E	Email:	
Address: City:			State: Zip:
has the	equipment listed herein and will make the equipment available to HEADMASTER/Dering Nursing Assistant knowledge and skill tests to nursing assistant candidates at our	O&S DT/NS	
Test Site Administrator Signature: Date: Date:			
Date			

HEADMASTER Form 1503NV Updated: 01-30-19

Date: