

NEW YORK

Department of Health

Nursing Home Nurse Aide Certification Handbook

2008

Prometric

1260 Energy Lane
St Paul, MN 55108
Fax: 800.813.6670

Candidate Services: 800.805.9128

Recertification/Registry: 800.321.6443

Automated Registry: 800.918.8818

*Registration information available online at
www.prometric.com/NurseAide/NY*

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***Providing Nursing Home Nurse Aide Certification Examinations and
Nurse Aide Registry Services to the State of New York***

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Introduction

A message from the NYSDOH

The New York State Department of Health (NYSDOH) has contracted with Prometric to develop and administer the New York State (NYS) Nursing Home Nurse Aide Competency Examination and manage the NYS Nursing Home Nurse Aide Registry (NAR).

This handbook contains general program information and instructions regarding the procedures that nurse aide candidates must complete to become certified as a nurse aide and be listed on the NAR.

The majority of nurse aides on the registry become certified by successfully completing a NYS-approved nursing home nurse aide training program and passing the Competency Examination. The exam consists of two parts: a 1) Clinical Skills exam (practical portion); and 2) Written (oral) exam.

This handbook also gives instructions for certified nurse aides that are currently listed on the NAR and need to renew or apply for recertification, or wish to apply for reciprocity from another state.

All individuals performing nurse aide duties in a nursing home on a full-time, part-time or contractual basis must meet minimum training and competency requirements in accordance with state and federal regulations and be listed in good standing on the NAR.

At a glance



Follow these main steps if you are interested in becoming a certified nurse aide.

To become a NYS nurse aide and listed on the NAR

- 1 Complete a NYS-approved training program.
- 2 Review this handbook thoroughly to understand exam application, registration process, and scheduling provisions.
- 3 Complete the New York State Nursing Home Nurse Aide Registry (NYS NAR) application form (see Page 27) and send it to Prometric at the address below.

The application form is also online at www.prometric.com/NurseAide/NY.

- 4 If required, take the scheduled exams, bringing the necessary identification to the exam center. (See Page 13.)

Once you pass both exams, you will receive your Nurse Aide Certificate and wallet card, and you will be listed on the NAR. (See Page 16.)

- 5 **If applicable**, complete the recertification or reciprocity process within the appropriate timeframe. (See Page 18.)



To get answers not provided in this handbook

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Criminal history record check

The NYSDOH requires that all nursing homes and home care agencies conduct fingerprint-based criminal history record checks (CHRC) for all new unlicensed individuals employed or used to provide direct care to or supervision of residents or clients. Nursing home certified nurse aides (CNAs) and facility-paid nurse aide trainees are required to submit to a criminal history record check by the nursing home.

Fingerprint submission

The CHRC consists of a 10-point rolled fingerprint submitted to the Division of Criminal Justice Services (DCJS) for a state criminal background check and to the Federal Bureau of Investigation (FBI) for a comparison against the national database. There is no charge to you for the cost of the fingerprinting or the fingerprinting check. The nursing home will have your fingerprints taken and submit the fingerprints and any applicable fees to the NYSDOH. The NYSDOH will submit your fingerprints to the DCJS for its and the FBI review.

The NYSDOH will receive and review the results of the fingerprint search and provide a letter to you and your employer about your suitability for employment. You have the opportunity to review and explain the information on the criminal history record report and may withdraw your application for employment without prejudice prior to the nursing home's decision on employment and, upon such withdrawal, any criminal history records obtained pursuant to the CHRC will be destroyed.

Conviction categories

There are specific categories of convictions that will affect your ability to work in a nursing home or home care agency. These may be found in Department of Health Regulations Title 10, NYCRR Part 402. If you have been convicted of one of the following offenses, employment in a nursing home or home care agency providing resident care will be disapproved.

- Any Class A felony defined in the Penal Law;
- Any Class B or C felony occurring within the 10 years preceding the date of the criminal history check;
- Any Class D or E felony listed in Article 120, Article 130, Article 155, Article 160, Article 178 or Article 220 of the Penal Law occurring within the 10 years preceding the criminal history check;
- Any crime defined in Sections 260.32 or 260.34 of the Penal Law occurring within the 10 years preceding the criminal history check; or
- Any comparable offense in any other jurisdiction.

In addition to these specific categories, there are other criminal convictions or open charges that may affect your ability to work. For crimes that do not fall within the criteria above the NYSDOH has the discretion to disapprove you for work.

In all cases, you will be notified by the NYSDOH if you are not considered suitable for employment and provided with an opportunity to submit evidence of your rehabilitation.

Understanding certification routes

Read each certification route listed below carefully and, based on your training or experience, determine which is most appropriate for your situation. New York State (NYS) has seven routes for establishing your eligibility to either take both sections of the Competency Exam or to be accepted to be listed on the NYS Nursing Home Nurse Aide Registry (NAR).



Important Once you determine which certification route you should use, be sure to select (mark) that route on the Registry Application on Page 27.

Certification route 1 - new nurse aides

Select this certification route if you are neither certified as a NYS Nurse Aide nor qualified to pursue another certification route.

To complete route 1, you must:

- Complete an NYS-approved nursing home nurse aide training program within the last 24 months (your training program coordinator must complete Section 5 of the NYS NAR application form).
- Complete the NYS NAR application form found on Page 27. If you are currently employed by a NYS nursing home, your employer must complete Section 4 of the application.
- Submit the completed application and the required exam fee to your nursing home nurse aide employer or training program. If you are employed in a nursing home, your employer must pay your exam fee. If you are not able to take your exam at your nursing home or training program, your application and fees should be mailed to Prometric. You will be scheduled at a Regional Exam Site.
- Pass both parts of the Competency Exam within two years of completing your training. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within that two-year time period.

Certification route 2 - reciprocity/CNA from another state

Select this certification route if you are a nurse aide listed with another state's Registry that meets the federal nursing home nurse aide requirements and you want to become certified in New York State.

To complete route 2, you must:

- Complete and submit a NYS NAR application form found on Page 27.
- Provide a copy of your current out-of-state nurse aide certificate.
- If the name on your nurse aide certificate is different from your current name, submit proof of name change (i.e., marriage license).
- Pay the appropriate fees.

- If you are from a state where Registry status does not carry an expiration date, supply proof of employment. Proof of employment must be printed on facility letterhead from your most recent employer in the state where you are currently certified, indicating that you have worked at least seven hours for pay as a nurse aide in the 24-month period prior to the date on your application. The letter must state that you have performed the duties of a nurse aide and be signed by an authorized supervisor at the facility.



Important If you completed nurse aide training outside of NYS but are not registered as a nurse aide with another state, you must complete a NYS-approved nurse aide training program. You will then follow the instructions for route 1.

Certification route 3 - graduate nurses

Select this certification route if you are a NYS-trained graduate nurse. You will not be required to complete further training.

To complete route 3, you must:

- Complete and submit a NYS NAR application form found on Page 27, along with appropriate exam fees. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 4 of the application.
- Provide a copy of your nursing program diploma.
- Successfully pass the Clinical Skills exam and Written or Oral exam within two years of submitting your application. You will have only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year time period.



Important Contact the NYSDOH at profcred@health.state.ny.us if your nursing school does not have a nurse aide training program code.

Certification route 4 - RNs and LPNs licensed in NYS

Select this certification route if you are an RN or LPN licensed in NYS. You will not be required to complete further training.

To complete route 4, you must:

- Complete and submit a NYS NAR application form found on Page 27, along with appropriate fees. If you are employed in New York State as a nurse aide in a nursing home, your employer must complete Section 4 of this application.
- Provide a copy of your current RN/LPN license. The license will be verified with the New York State Education Department.

Certification route 5 - out-of-state and foreign-trained nurses

Select this certification route if you are an out-of-state or foreign-trained nurse. Before you can take an exam under route 5, you must first receive approval from the NYSDOH.

To determine your eligibility to take an exam under route 5, submit the following to the NYSDOH at the address shown below:

- A completed NYS NAR application form found on Page 27. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 4 of the application.
- A copy of your nursing school diploma.

- A copy of your Social Security card.
- Documentation of your nursing school coursework and a copy of your nursing license.
- A copy of your Admission Letter or score report if you have taken or will take the NYS RN or LPN examination.

Submit application to:

New York State Department of Health
 Bureau of Professional Credentialing
 161 Delaware Avenue
 Delmar, NY 12054-1393

To complete route 5, you must:

- Be approved to take an exam under route 5 and have received your application back from the NYSDOH.
- Submit the approved NYS NAR application form along with appropriate fees.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting your application. You will have only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year time period.

*Certification
 route 6 - trained
 and lapsed*

Select this certification route if successfully completed a NYS-approved nursing home nurse aide training program on or after July 1, 1989, and your certification has lapsed. You certification is considered lapsed if you have not worked for pay as a NYS nurse aide in the last 24 months at a NYS nursing home or other NYSDOH-approved nurse aide employer.

To complete route 6, you must:

- Complete and submit the NYS NAR application form found on Page 27, along with the appropriate exam fees. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 4 of the application.
- Provide your NYS nurse aide certification number on your application.
- Provide a copy of legal documents that support your name change, if your name has changed from how it is currently listed on the Registry.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting your application. You will have only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year time period.

*Certification
 route 7 - lapsed -
 other*

Select this certification route if your nurse aide certification was obtained through Deeming, Waiving, Reciprocity, or if you completed training before July 1, 1989, and your certification has lapsed. To renew your certification, you must retrain and retest.

To complete route 7, you must:

- Complete retraining. Your training program coordinator must complete Section 5 of the NYS NAR application form found on Page 27.
- Complete and submit a NYS NAR application form found on Page 27, along with appropriate exam fees. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 4 of the application.

- Provide your NYS nurse aide certification number on your application.
- Provide a copy of legal documents that support your name change if your name has changed from how it is currently listed on the Registry.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of the new training completion date. You will have only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year time period.

Scheduling your exams

The New York State (NYS) Nursing Home Nurse Aide Competency Examination consists of two separate parts: the Clinical Skills exam and the Written/Oral exam. The Clinical Skills exam requires candidates to demonstrate five skills performed in the care of nursing home residents; and the Written exam consists of 60 multiple-choice questions that evaluate your overall knowledge and skills in providing safe and competent care.



Important You will have only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam. You must pass both exams within two years from the date you completed your Nurse Aide training program.

This section gives you information on:

- Completing your application.
- Exam locations.
- Fee information.
- Rescheduling procedures.
- Special exam considerations.

Completing the application form

Before you can take an exam, you must submit the following to Prometric:

- 1 The New York State Nursing Home Nurse Aide Registry (NYS NAR) application form. This form can be found on Page 27 of this handbook, online at www.prometric.com/NurseAide/NY, from your training program or from the nursing home where you are employed.

If you are taking either exam again, you are considered a retester and you must submit the Retest Letter mailed to you by Prometric with your score report in order to schedule another examination. You may not fill out the NYS NAR application form as a retester.

- 2 The appropriate fee(s). You are responsible for paying any fees unless a facility or other entity pays the fees on your behalf.



Important Complete all forms clearly and accurately. Incomplete, incorrect, illegible and/or unsigned applications will be returned, which will delay the scheduling of your examination.

Exam locations

There are two location options for taking your exam.

In-facility exams

Most exams are administered in nursing homes and training program facilities. If you are employed by a nursing home or are affiliated with a training program, a representative from the nursing home or training program will schedule your exam appointment and notify you of the scheduled time and date. Admission tickets will be mailed to all candidates confirming exam location and exam date. You will be allowed to take an exam if you appear on the appointment schedule for that exam day, even if you do not receive an admission ticket before your exam date. If you are employed by a nursing home, the facility is required to pay for your exam fees.

Regional exam sites

If you cannot take your exam at a nursing home or training program location, you may take your exam at a regional exam site.

Prometric will schedule your exam at the regional exam site you indicate on your NYS NAR application form. Prometric will schedule your exam within 20 business days. Once your application is processed, an admission letter is mailed to you that lists the time, date and specific location of your exam appointment.

If the scheduled exam date is not convenient, call 800.805.9128 immediately upon receipt of your admission letter to have your appointment rescheduled for another exam date. You may reschedule your appointment up to five business days before your scheduled exam date. Fees are forfeited for appointments cancelled or rescheduled within five business days of the exam date and you will be required to pay the exam fees again. Prometric will schedule you in the next available time slot, but cannot guarantee an exam within 20 business days if you choose to reschedule.



Important If you are taking an exam at a regional exam site, you will need to bring a volunteer to play the role of the resident for the Clinical Skills exam. Please see the "Resident actor" section on Page 14 for more details.

New York State Nursing Home Nurse Aide Competency Examinations are administered at the following regional exam sites.

Regional Exam Site	Exam Site Code
Albany	NYNAALBA
Beacon	NYNABEAF
Binghamton/Vestal	NYNABING
Bronx	NYNABRONMO
Brooklyn	NYNABROF
Buffalo	NYNABUFF2
Canton	NYNACANT
Corning/Hornell	NYNACORN
Jamaica	NYNAJAMHOM
Lake George/Glens Falls	NYNALAKE
Long Island-Suffolk	NYNALON2

Long Island-Suffolk	NYNALONG
Manhattan	NYNAMAN2
Manhattan	NYNAMANH
Poughkeepsie	NYNAPOU
Queens	NYNAQUE2
Rochester	NYNAROCH
Staten Island	NYNASTAWIL
Syracuse	NYNASYRA
Utica	NYNAUTIC
Watertown	NYNAWATE



Important Regional exam center locations are subject to change. For an up-to-date list of regional exam facilities go to www.prometric.com/NurseAide/NY or call 800.805.9128.

Fee information

Nursing homes shall not charge a fee to any individual for the cost of training, including textbooks and materials, or for the cost of the Competency Examination. If you **are** employed by a nursing home, you will not have to pay the exam fees. If you **are not** employed by a nursing home, you may be required to pay the exam fees and should consult the training program for directions about taking the exam.

If you obtain nursing home nurse aide employment or an offer of nursing home nurse aide employment within 12 months of the completion of your training program or within 12 months of the exam date, you will be reimbursed by NYS for part of the training and/or exam fee you paid. You should give copies of the receipts for these fees to the nursing home upon employment or offer of employment. The nursing home will process the state voucher for reimbursement on your behalf. Payment is made by the state to the nursing home that will reimburse you. The state will determine the amount you will be reimbursed.

If you are not eligible for state payment, you must pay your own exam fees. Only money orders or certified checks, made payable to the "New York State Commissioner of Health, NYNA," are accepted. Fees must be included with the application form. **Personal checks and cash are not accepted.**

Exams and related fees are as follows:

Service	Fee
Clinical Skills and Written exams - first-time tester	\$115
Clinical Skills and Oral exams - first-time tester	\$135
Clinical Skills Retest	\$68
Written Retest	\$57
Oral Retest	\$67
Reciprocity/CNA From Another State and NYS RNs and LPNs	\$50
Duplicate Score Report	\$15
Duplicate Certificate	\$15
Hand Score Report	\$25
Recertification (paid by employer)	\$40



Important Money orders and certified checks **must** display the name of the candidate(s)/nurse aide(s) so they can be applied to the correct individual(s). Retesters must write their name and the candidate ID from their Retest Letter on the form of payment. Application forms received without proper payment will be returned and will delay processing and/or taking an exam. **Exam fees are nonrefundable and nontransferable.**

Rescheduling your exam

At an In-facility exam site. Requests to reschedule your exam at a nursing home or training program must be received **at least five full business days before the scheduled exam date** or your exam fees will be forfeited.

At a regional exam site. Requests to reschedule your exam at a regional exam site must be received **at least five full business days before your scheduled appointment**. If you do not provide at least five business days notice prior to your scheduled exam date, your exam fees will be forfeited.

Last day to reschedule without penalty.

Call by 5 p.m. EST on:	For an exam scheduled on the following:
Monday	Monday, Saturday or Sunday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

This schedule **does not** include holidays. Since holidays are not business days, they do not count against the five days (call earlier).

If absent or late. If you miss your appointment, your exam fees will be forfeited. If you arrive late and are denied entrance into an exam, your exam fees for that exam will be forfeited. You will have to pay another exam fee and reschedule your exam. You will still be allowed to take an exam scheduled later in the day without forfeiting your entire exam fee.

Emergency closing. Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric will attempt to contact you by phone. You may also check for exam site closures by calling 800.805.9128. If the site is closed, your exams will be rescheduled without penalty.

Special exam considerations

ADA accommodation. Reasonable exam accommodations are provided to allow candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA) an opportunity to demonstrate their skills and knowledge.

If you will be taking an exam at a regional exam site and you require special accommodations under the ADA, the request must be submitted in writing with your NYS NAR application form. For candidates whose exam is being arranged by a nursing home or training program, the request for accommodations must be made in writing at the time the facility is submitting a request for an exam date. All requests for accommodations must describe the accommodation(s) being requested and include documentation, such as a physician's note, on official letterhead that supports the special need.

Thirty days' advance notice is required for all exam arrangements. You will be notified before your exam is scheduled as to the outcome of the review. There is no additional charge for these accommodations.

If you are requesting an ADA accommodation for a reader, you will be provided an oral version of the exam administered using a prerecorded CD and CD player. The Nurse Aide Evaluator will administer this version of the exam unless there is documentation that the CD is not a reasonable accommodation. The Reading Comprehension section of the exam is not administered to ADA candidates.

Additional exam considerations. You are not allowed to bring anything with you into the exam room except your ID and pencils. If you have a condition that requires you to bring other items into the exam room, such as an inhaler, food, drink or pillows, you must also make this request at the time you submit your NYS NAR application. These items will not be allowed in the exam room without prior approval from Prometric.

ESL accommodation. The NYS Nursing Home Nurse Aide Competency Examination is offered only in English. Translators and translation dictionaries are not permitted during the exam administration. ESL candidates should review the Oral exam information on Page 12 to determine if this is an alternative.

Overview of the exams

This section contains:

- General information about the Clinical Skills exam.
- Hints for taking the Written exam.
- How to take an Oral exam.

General information about Clinical Skills exam

The Clinical Skills exam is **not** timed. You will be scored on five skills during your exam. While performing three assigned skills, you will also be scored on two additional skills - Handwashing and Indirect Care. Indirect Care represents aspects of care related to resident rights, communication with the resident, resident safety and comfort, and infection control that are performed throughout every skill.

To pass the Clinical Skills exam, you must pass all five skills. Each skill is comprised of a series of checkpoints to which points have been assigned based on how critical the checkpoint is to the safe performance of the skill. For example, the checkpoint for raising the head of the bed before feeding the resident would have a higher number of points assigned to it than the checkpoint for removing the clothing protector after feeding the resident. To pass a skill, you are not required to perform the skill perfectly, but you are required to achieve enough points to demonstrate competency of the skill. When administering the exam, the Nurse Aide Evaluator (NAE) watches the candidates perform the skill and compares each candidate's performance to the checkpoints that make up each skill. A list of the checkpoints is available online at www.prometric.com/NurseAide/NY.

NAEs who administer the Clinical Skills exam are registered nurses who have completed training and have been approved to administer the exam. NAEs are not permitted to teach or coach you or to answer questions on how to perform a skill. The NAE is an exam administrator and not an instructor.

Resident actor/volunteer

Depending on the skill, you may need a volunteer actor to play the role of the resident. You are expected to speak to the person playing the resident as you would speak to a resident. The person acting as the resident is playing the part of a resident who is not confused, is able to speak and follow directions, and is able to move when told to do so. You should expect to play the role of the resident for other candidates. Depending on the requirements of the skills being examined, you may be asked to play the resident for more than one candidate.

A candidate/volunteer release form is required for the exam. The General Instructions/Candidate/Volunteer Release form is located on Page 30 of this handbook. If you are under the age of 18, or your volunteer is under the age of 18, you must have a parent or guardian sign this form in advance of taking your exam and bring it with you to the exam to give to the NAE.

Procedures and rules

When the NAE brings you and the volunteer into the exam room, you will both be read a set of instructions. You will also be given an orientation to the exam room and you will have the opportunity to look around at the equipment and supplies in the room. After you complete the orientation to the exam room, you will be given a card listing the three skills you will perform for your exam. Each skill includes a set of instructions. You must perform the skills in the order listed on the instruction card. You are allowed to look at the instruction card at any time during your exam.

The rules for the Clinical Skills exam permit you to correct your performance while you are demonstrating a skill. You must tell the NAE that you are making a correction during the skill. Once you have completed a skill and have indicated to the NAE that you are done with the skill, you may not go back to correct the performance of a previous skill.

Use of gloves

Standard precautions require that candidates wear gloves for the following skills: bedpan, catheter care, measuring contents of urinary drainage bag, mouth care (brushing teeth and denture) and perineal care. You will not be marked incorrect for applying gloves when they are not required. However, you will be rated on the correct removal of the gloves.

Stopping the Clinical Skills exam

During the Clinical Skills exam, the NAE will stop the exam if the resident/actor/volunteer is in imminent danger. The exam may also be stopped if the candidate fails to progress in the performance of the skill. While the Clinical Skills exam is not timed, it is important that candidates demonstrate progress and advancement in their performance of a skill.

Hints for taking the Written exam

The Written exam consists of 60 multiple-choice questions. The content outline for the Written (and Oral) exam is located on Page 21. The questions on the exam will cover the information listed in the content outline.

Questions are in multiple-choice format with only one correct answer. Practice questions written in a similar style to the actual exam questions are included in this handbook on Page 23.

The following hints may be useful to keep in mind when taking your exam:

- Read each question carefully and find the response that best answers the question; there are no “trick questions” on the exam.
- If you are not sure of an answer, do not spend a great deal of time on it. It may be better to select the best answer or mark it for review later.
- Answer every question; you will not receive credit for any question left blank.
- Be sure to completely fill the appropriate bubble on your answer sheet and completely erase any incorrect marks. Answers recorded in the exam book but not on the answer sheet will be counted as incorrect.
- Double-check your answer sheet(s) before turning it in to ensure that you have provided only one answer to each question. Questions with more than one answer marked will be considered incorrect.

Taking the Written exam in Oral format

The Written exam is also offered orally. The oral administration may be helpful to candidates who have a reading disability, marginal reading skills or for those candidates who consider English their second language. Candidates who choose to take the oral exam will be provided with a compact disc (CD) player with a headset. Candidates will hear the exam questions read to them from a prerecorded CD. The candidate is allowed to replay any question. Candidates will be provided with a printed exam booklet and will answer questions on the same answer sheet used by candidates taking the Written exam.

The Oral exam contains an additional section of exam questions on Reading Comprehension. This section is required to demonstrate minimal English literacy skills that are required for working as a nursing home nurse aide. The Reading Comprehension section of the Oral exam is administered separately and consists of 16 questions. You will be allowed an additional 30 minutes to complete this section. Candidates must pass the Reading Comprehension section in order to pass the Oral exam. Each time a candidate takes the Oral exam, she/he will be required to take the Reading Comprehension section, even if it was passed in a previous attempt. The results of the Reading Comprehension section will be reported on the official score report as pass or fail.

The Reading Assessment on Page 24 may help candidates determine if they should consider taking the Written exam by oral administration. Candidates who fail the Reading Comprehension section of the Oral exam may want to ask their nursing home or training program about literacy programs offered in their community. These programs may help candidates improve their reading skills.

Candidates have three opportunities to pass the Written and/or Oral exam. For example, a candidate who takes the Written exam and fails, and then decides to take the oral administration of the Written exam, will have only two opportunities to pass the Oral exam since one attempt was already made with the Written exam.

Taking your exam

Knowing what to expect when taking your exam may help you prepare for it. This section contains information about:

- Exam procedures and required identification.
- What to bring to your exam.
- Exam regulations.
- Your exam results.
- Appeals process.

Exam procedures and required identification

You should arrive **30 minutes before** your scheduled exam appointment. This allows time for you to sign in and for staff to verify your identification.

You must present **two valid forms of identification** before you can take an exam. The name on both identifications must be the same as the name used to register for the exam. Photocopies of either identification will not be accepted.

- 1 The first form of identification **must be** current (non-expired), contain **both** a current photo and your signature, and meet one of the following criteria:
 - A government-issued (e.g., driver's license, alien registration card, military identification or passport); or
 - Provide proof of current employment/enrollment from the facility in which you are examining in the form of an official employment or school identification. This ID must have a picture and a signature.
- 2 The second form of identification **must be a** signature ID. This ID must match the name on your picture identification and the name you used when registering for the exam. Examples of acceptable signature IDs include Social Security cards, library cards, and credit cards.

Your primary identification will be held by the NAE while you are taking the Written or Oral exam and will not be returned to you until your examination booklet (with CD for Oral exam) and answer sheet have been returned.



Important Failure to provide appropriate identification at the time of the exam is considered a missed appointment and all exam fees will be forfeited. No refunds will be given.

Exam personnel have the right to refuse admission to any candidate when the identification presented:

- Appears to have been falsified or tampered with.
- Has a signature on the primary form of ID that is not clear and easily read.
- Has a photo that does not appear to resemble the candidate (please make sure your identification has a recent photograph).
- Has a signature that does not match the candidate's.

What to bring to your exam

Besides the identification noted above, you should bring the following items with you to the exam center:

- Admission Letter.
- Two sharpened No. 2 pencils with erasers.
- Flat, nonskid shoes with enclosed toes for the Clinical Skills exam.
- A watch with a second hand (required for the pulse and respiration skill).
- A volunteer to play the role of the resident during the Clinical Skills exam, if you are taking an exam at a regional exam site. If you are taking an exam at a nursing home or training program, they may also require you to provide your own volunteer.
- A signed release form by a parent or guardian if you are under 18 years of age.
- A signed release form by your volunteer or by the parent or guardian if he/she is under 18 years of age.

Resident actor/volunteer requirements

The person who volunteers to act as the resident must be at least 16 years of age and speak English. If the volunteer is also a nurse aide candidate, she/he must have already passed the Clinical Skills portion of the examination.

Volunteers are required to wear pants, a shirt with long sleeves, socks, and flat, nonskid shoes. Because you may have to dress the volunteer, it is recommended that the pants and shirt be sized for ease of dressing. Sweat pants or elastic waist pants work well for this purpose. The volunteer also needs to wear a bathing suit, leotard, or shorts and a tank top under her/his clothing.

When you are identifying a person to play the role of the resident, it is important that you consider the appropriateness of the person. Your volunteer must allow you to perform on him/her all of the skills in the exam. This would include such items as dressing, feeding, foot care, measuring weight, mouth care, waist restraint, etc. If, for example, a volunteer refuses to allow her/his nails to be filed or hair to be combed, you will not be allowed to take an exam. If you do not have a volunteer, or your volunteer refuses to have a skill performed on her/him, you will not be examined. This will result in forfeiture of the Clinical Skills exam fee.



Important Since completing both the Clinical Skills and Written (Oral) exams may take several hours, it is recommended that you bring snacks and/or lunch and beverages (nonalcoholic). While eating and drinking are not allowed during the exam, candidates will be directed to areas where they are allowed to eat while waiting for the exam. Do not depend on vending machines being available at the exam facility.

Exam regulations

To ensure that all candidates are examined under equally favorable conditions, the following regulations and procedures will be observed at each exam center. Failure to follow any of these security procedures may result in the disqualification of your examination. Prometric reserves the right to audiotape and videotape any examination session.

References. No reference materials, papers, study materials, dictionaries, notes, textbooks, translators or calculators are allowed at the exam center. If you are found with these or any other aids, you will not be allowed to continue the exam and your answers will not be scored. Your exam fees will be forfeited.

Personal items Prometric is not responsible for personal items brought to the exam center. While a designated area may be provided, candidates **will not** have access to personal items during exam nor during breaks. It is recommended that personal items not be brought into the exam center.

Note the following:

- Electronic equipment—cell phone, PDA, pager, camera, tape recorder, programmable calculator, etc.—is not permitted in the exam area. All electronic items will be collected by the NAE and returned at the end of exam.
- Pocket items—keys, wallet, etc.—must remain in your pocket during the exam.
- Other personal items—briefcases, purses, backpacks, coats and hats, etc.—are not permitted in the exam area.

Breaks. If you leave the exam room to use the rest room while an exam is in progress, you must sign out/in on the attendance roster and you will lose exam time. Only one candidate may be excused from the exam room at a time. Candidates may not leave the examination to smoke. You are not allowed to use any electronic devices or phones during breaks.

Visitors. No guests, visitors or family members are allowed at the exam center. School and/or training program personnel are not allowed in the exam room.

Misconduct or cheating. Candidates who engage in any kind of misconduct or cheating will be dismissed from the examination; the NYSDOH will be notified and the candidates involved will receive failing scores. Examples are: giving or receiving help, taking part in an act of impersonation, referring to notes, viewing another candidate's exam, removing exam materials or notes from the exam room, or discussions among candidates.

Disruptive behavior. Disruptive behavior by a candidate may result in a warning to the candidate or dismissal from the exam at the NAE's discretion. To protect the safety of the candidate and the volunteer, the NAE may refuse to exam any candidate who she/he believes is impaired due to the use of drugs or alcohol. Dismissed candidates will receive failing scores.

Weapons. No weapons of any kind are not allowed at the exam center.

Copyrighted questions

All exam questions are the copyrighted property of Prometric Inc., a Delaware corporation. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these exam questions by any means, in whole or in part, without our written permission. Doing so may subject you to severe civil and criminal penalties, including up to five years in prison and/or a \$250,000 fine for criminal violations.

If questions arise

NAEs are not allowed to answer any questions pertaining to the exam content. If you do not understand a question on the examination, you should answer the question to the best of your ability.

Group irregularities

Unlike cases of individual candidate misconduct, occasionally exam irregularities occur that affect a group of candidates. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to exam content and/or the unauthorized general availability of exam content, as well as other disruptions of exam administrations (e.g. natural disasters and other emergencies). When group exam irregularities occur, Prometric will conduct an investigation to provide information to the NYSDOH. Based on this information, the NYSDOH may direct Prometric either not to score the exam or to cancel the exam score. When it is appropriate to do so, the NYSDOH will arrange with Prometric to give affected candidates the opportunity to take the exam again, as soon as possible, without charge. Affected candidates will be notified of the reasons for the cancellation and their options for retaking the exam. The appeal process described on Page 17 does not apply to group exam irregularities.

Your exam results

Exam results are released to the NYSDOH and to the sponsoring nursing home and/or training program in mandatory reports. Exam results are confidential and are not given out to unauthorized individuals or over the phone.

Passing results

If you pass both the Clinical Skills and Written or Oral exams, you will receive a New York State (NYS) Nursing Home Nurse Aide Certificate and wallet card, and you will be listed on the NYS Nursing Home Nurse Aide Registry (NAR). Your initial certification will be issued for two years. More information about the Registry can be found on Page 18.

Clinical Skills exam results

Your Clinical Skills exam will be taken and scored by computer at Prometric to determine your official result. If you fail the exam, you will receive the official score report within five business days of your exam date, along with information about retesting.

Written (Oral) exam results

The Written or Oral exam is not scored on the day of the exam. If you fail the Written or Oral exam, an official score report will be mailed to your address of record within five business days of your exam date. Your score report will include diagnostic information that provides feedback on your areas of strength and weakness for the various sections of the exam. If you did not pass the exam, you will also receive information about retesting.

Retesting

If you did not pass an exam, you are required to re-register in order to retest. You **must complete** the Retest Letter you receive with your official score report to re-register. If the Retest Letter is misplaced, call 800.805.9128. You **may not** use the NYS NAR application form to reschedule. The Retest Letter contains a unique identifying number assigned to each candidate that is needed to schedule a retest. You will not be able to reschedule or retest without a Retest Letter.

If you will be retesting at a Regional Exam Site, send the Retest Letter to Prometric along with the appropriate exam fees. If you are retesting through a nursing home or training program, give the Retest Letter to the person who scheduled your initial exam.



Important Both exams must be passed within two years from the date you completed your nurse aide training program.

Pass rates

If you would like information on your facility's or training program's pass rates, you may locate this information online at www.prometric.com/NurseAide/NY.

Retraining

If you applied through **Routes 1** or **7** and do not pass both exams within the required timeframe, you must retrain through a **different** NYS-approved nurse aide training program before reapplying.

Optional services

Hand scoring. If you would like your exam scored again by hand, complete the Service Request Form on Page 29. The charge for hand scoring is \$25.

Duplicate score report. You may request a duplicate of your official score report by completing the Service Request Form on Page 29. There is a \$15 processing fee per report.

Duplicate nurse aide certificate. You may request a duplicate NYS Nursing Home Nurse Aide Certificate by completing the Service Request Form on Page 29. There is a \$15 fee for the duplicate certificate.

Appeals process

Our goal is to provide a quality exam and a pleasant exam experience for every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. We provide an opportunity for general comments at the end of your exam. Your comments will be reviewed by our personnel, but you will not receive a direct response.

If you are requesting a response about exam content, registration, scheduling or exam administration (exam site procedures, equipment, personnel, etc.), please submit an appeal in writing.

Your appeal letter must include your name and candidate ID number, the exam title, the date you tested and the details of your concern, including all relevant facts. Be sure to include your signature and return address. Mail your appeal letter to:

Prometric
ATTN: Appeals Committee
1260 Energy Lane
St. Paul, MN 55108

The Appeals Committee will review your concern and send you a written response with acknowledgement of receipt within 10 business days.



Important **Faxed appeals will not be accepted** because an original signature is required.

Nurse Aide Registry

The New York State (NYS) Nursing Home Nurse Aide Registry (NAR) contains the names of nurse aides who have either successfully completed both portions of the Nurse Aide Competency Examination or who have met other requirements for certification established by NYS.

This section contains information about:

- Registry verification.
- Recertification.
- Lapsed certificate.
- Change of address or name.

Registry verification

Before an individual can work as a nurse aide in a nursing home, the facility must contact the NAR and verify the person has met the state's certification requirements and that the individual is listed as active and in good standing on the NAR. Verification may be done by calling 800.321.6443 or online at www.prometric.com/NurseAide/NY.



Important You are responsible for keeping your address and name information up-to-date in the NAR.

Documentation of sustained findings and/or convictions for resident abuse, neglect, mistreatment or misappropriation of resident property are placed in the nurse aide's Registry record. These findings and/or convictions make the nurse aide ineligible to work in any capacity in a nursing home. Findings and convictions are public information and are disclosed to anyone who calls to verify a nurse aide's standing on the Registry.

Recertification

Your NYS Nursing Home Nurse Aide Certificate is valid for 24 months. It will expire two years from the last day of the month in which you were certified. For example, if you were certified on January 14, 2008, your certification will expire on January 31, 2010. You will be mailed a reminder notice approximately 45 days before your certification expiration. The notice will go to your home address currently listed on the Registry. Contact your current or most recent employer about your recertification.

To be eligible to recertify, you must have worked for pay as a nurse aide in a NYS nursing home or at a NYS-approved nurse aide employer for at least seven hours within the previous 24-month period. All NYS licensed Residential Health Care Facilities (RHCFs) are approved as nurse aide employers. If you work for a NYS nursing home or a NYS-approved nurse aide employer, your employer **must** recertify you and pay the recertification fee. This includes any nurse aide employed by and paid by a staffing or employment agency, a family member, or a resident, who physically worked in the nursing home as a nurse aide but did not work for the nursing home.



Important If you have not worked for pay for a minimum of seven hours during the previous 24 consecutive months, or your health care employer is not approved by the NYSDOH, your certificate cannot be renewed. You will be required to retest or retrain and retest using one of the certification routes described on Page 3.

If you **are currently working** as a nurse aide in a NYS RHCFC or for another NYS-approved nurse aide employer, you will be recertified for 24 months from the last day of the month in which your current certification expires.

If you **are not currently working**, you will be recertified for 24 months beginning from the last day you worked as a NYS nurse aide at the NYS-approved nurse aide employer. The last work date is reported on the NYS NAR recertification form by your last nurse aide employer. Your last nursing home or approved nurse aide employer is responsible for completing and submitting your NYS NAR recertification form and paying the recertification fee, if you are eligible to be recertified.

When your NYS NAR recertification form is processed and you are determined eligible for renewal, a new certificate and wallet card showing your new expiration date will be mailed to you. The NYS NAR will be updated with your current information.

Your new expiration date will be the last day of the month that is 24 months (two years) from **either** the date your recertification form is processed by the Registry **or** the date you last worked as a NYS nurse aide for a NYS-approved nurse aide employer, **whichever is earlier**.

The following chart explains recertification dates based on the example of a CNA whose certification expires on January 15, 2009.

CNA worked	Nursing home recertifies in	New certification expires
in a NYS nursing home during January 2009	January 2009	January 31, 2011
in a NYS nursing home during January 2009	December 2008	December 31, 2010
last as a nurse aide on August 10, 2007	December 2008	August 31, 2009

If a hold has been placed on your certification by the NYSDOH for funds you owe to the state, your recertification form will not be processed until the hold is removed. Any nurse aide denied renewal based on a hold will need to contact the NYSDOH directly at profcred@health.state.ny.us for more information.

Lapsed certificate

If you have not worked for pay as a nurse aide in a NYS nursing home (or for a NYSDOH-approved nurse aide employer) for a minimum of seven hours during the previous 24 consecutive months, your certification has lapsed. To renew your certification, you must retest, or retrain and retest, depending upon the original method of certification.

Change of address or name

It is **your responsibility** to keep your information correct and current with the NYS Nursing Home Nurse Aide Registry.

Address change

If your address changes after you have been certified as an NYS Nurse Aide, you must send a completed Service Request form (see Page 29) to Prometric. There **is no charge** for updating your address with the NYS Nursing Home NAR.

Name change

If your name changes after you have been certified as an NYS Nurse Aide, you must send written notification and legal documentation of the name change. Complete the Service Request form on Page 29, attach a copy of your legal documentation and mail both to Prometric. Acceptable forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree.



Important There is no charge for updating your name or address with the NYS NAR. However, there is a \$15 fee to receive a new certificate reflecting your name change (see Page 17 for more information).

Exam content outlines

The following outlines describe the content of the Nurse Aide Written and Clinical Skills Competency Exams.

The exams will contain questions on the topics listed in the outlines.

Written (Knowledge) Exam Content Outline

60 questions—Two-hour limit

Note: Ten questions on this exam are used for statistical purposes only and will not be included in the scoring process.

I. Role of the Nurse Aide [9 questions, 18%]

A. Personal Responsibilities

1. Reporting requirements
2. Promoting personal health and safety
3. Protecting resident rights
4. Organizing work
5. Workplace standards including ethical and unethical behaviors

B. Nurse Aide as a Member of the Health Care Team

1. Understanding roles of multidisciplinary team members
2. Principles of teamwork (e.g., collaboration, cooperation, sharing information)
3. Resident care conferences
4. Resident plan of care
5. Responsibility to provide care according to plan of care

C. Interpersonal Relations and Communication Skills

1. Principles of communication
2. Types of communication
3. Factors affecting communication
4. Supportive communication techniques

II. Promotion of Safety [8 questions, 16%]

A. Potential hazards in the resident environment

B. Common injuries and related risk factors

C. Providing a safe and comfortable environment

1. Comfort needs of the resident
2. Accident prevention including fall prevention protocols
3. Use of restraints and restraint alternatives

D. Fire prevention and safety

E. Infection control

1. Maintaining a clean environment
2. Factors that contribute to spread of disease causing organisms
3. Practices that decrease the risk of exposure to disease causing organisms
4. Signs and symptoms of infections

F. Emergencies

1. Responses to emergency and disaster situations
2. Providing for immediate life-safety of residents
3. Evacuations procedures

III. Promotion of Function and Health of Residents [12 questions, 24%]

A. Personal care skills

1. Feeding
2. Bathing
3. Perineal care
4. Foot/nail care
5. Mouth care
6. Skin care
7. Toileting
8. Grooming
9. Dressing/undressing

B. Health maintenance and restoration

1. Circulation and skin integrity
2. Nutrition
3. Hydration
4. Elimination (bowel and bladder)
5. Mobility
6. Promoting self-care and independence

C. Age-related changes

1. Cognitive
2. Emotional
3. Physical

D. Psychosocial needs of residents

1. Basic human needs including support of diversity
2. Responses to change (e.g., role changes, living situation, finances, health and body image, aging)
3. Affects of institutionalization (e.g., socialization, dependency, loss of privacy)
4. Promoting resident sense of well-being including emotional support strategies

IV. Basic Nursing Skills [13 questions, 26%]

A. Routine, chronic, non-life-threatening situations

1. Observing, reporting and responding (physical status)
 - a. Basic anatomy and functions of body systems
 - b. Characteristics of body functions observable by nurse aide (including related measurement procedures)
2. Observing, reporting and responding (behavioral changes)
 - a. Level of alertness
 - b. Memory loss
 - c. Confusion
 - d. Impaired self-protection (judgment)
 - e. Emotional stress (e.g., crying, acting out, demanding-aggressive communication)
 - f. Sadness
 - g. Fear
 - h. Anxiety

- i. Agitation
 - j. Defense mechanisms (e.g., denial, withdrawal, projection, blaming)
- B. Acute Emergency Situations: observing, reporting and responding**
 - 1. Chest pain
 - 2. Respiratory distress
 - 3. Choking/aspiration
 - 4. Seizures
 - 5. Difficulty swallowing
 - 6. Diabetic situations
 - 7. Changes in level of consciousness
 - 8. Cardiac arrest
 - 9. Falls
 - 10. Bleeding
 - 11. Burns
 - 12. Vomiting
 - 13. Changes in mobility, speech or other potential signs of stroke
 - 14. Sudden onset of confusion or agitation
- V. Providing Specific Care [8 questions, 16 %]**
 - A. Physical problems**
 - 1. Common physical impairments and related care
 - 2. Impact of impairments on resident safety, care and comfort
 - 3. Providing for safety, care and comfort of residents with physical impairments
 - B. Psychological problems**
 - 1. Common psychological impairments and related care
 - 2. Impact of impairments of resident safety, care, comfort and ability to communicate needs
 - 3. Providing for safety, care and comfort of residents with psychological impairments
 - C. Care of the dying resident and post-mortem care**
 - 1. Grief process
 - 2. Responding to the emotional needs of the resident, other residents, family and caregivers in the grief process
 - 3. Factors influencing responses to grief such as spiritual beliefs, culture and past experience
 - 4. Physical changes and needs as death approaches
 - 5. Post-mortem care procedures
- VI. FOR ORAL EXAM ONLY - Additional Reading Comprehension Section [16 questions]**

Clinical Skills

The following is a list of the high level clinical skills that you may be asked to perform during the exam. A complete checklist for these skills may be found online at www.prometric.com/NurseAide/NY.

Indirect Care includes behaviors that are part of every skill tested on the Clinical Skills exam. Indirect Care includes communication, resident rights, safety, comfort and Standard Precautions (infection control). Indirect Care is rated during your performance of each skill.

Handwashing Note: Your handwashing technique is evaluated at the beginning of the exam. This skill is not prompted, which means you will not be told to wash your hands. Nurse aides are expected to know to wash their hands before and after physical contact (touching) with the resident.

- I. Clinical Skill List**
 - A. Ambulation**
 - B. Bedpan**
 - C. Catheter Care**
 - D. Change an Occupied Bed**
 - E. Change of Position**
 - F. Dressing**
 - G. Feeding**
 - H. Foot Care**
 - I. Hair and Nail Care**
 - K. Measure and Record Contents of a Urinary Drainage Bag**
 - L. Measure and Record Pulse and Respirations**
 - M. Measure and Record Weight**
 - N. Mouth Care – Brush Teeth**
 - O. Mouth Care - Dentures**
 - P. Partial Bed Bath**
 - Q. Perineal Care - Female**
 - R. Range of Motion – Lower Extremity**
 - S. Range of Motion – Upper Extremity**
 - T. Transfer**
 - U. Waist Restraint**

Practice questions for the Written exam

The following samples may be useful to review for the type of questions that may be included in the Written exam.

1. **A nurse aide meets a new resident who is being admitted to the long term care facility. What should the nurse aide do first?**
 - A. Get ice water for the resident.
 - B. Greet the resident and introduce self.
 - C. Arrange the resident's personal belongings.
 - D. Talk with the resident's family.
2. **A nurse aide finds clean linen lying on the floor near the linen cart. What should the nurse aide do?**
 - A. Place the linen back on the cart and cover the cart.
 - B. Place the linen in a resident's room for immediate use.
 - C. Discard the linen in the soiled linen hamper.
 - D. Leave the linen on the floor for housekeeping staff to remove.
3. **A resident needs a bed bath. The nurse aide enters the room and greets the resident. What should the nurse aide do next?**
 - A. Fill a basin with warm water.
 - B. Change the resident's bed.
 - C. Ask the resident to get undressed.
 - D. Explain what the nurse aide plans to do.
4. **A nurse aide suspects abuse of a resident. What should the nurse aide do**
 - A. Discuss this with another nurse aide.
 - B. Report this to the charge nurse.
 - C. Talk with the resident's family.
 - D. Call the resident's doctor.
5. **A resident has an indwelling urinary catheter. When caring for this resident, which of the following should the nurse aide report to the charge nurse immediately?**
 - A. The urine in the drainage bag is clear and light yellow in color.
 - B. The urine drainage bag is hanging below the level of the bladder.
 - C. The resident complains of pain and burning.
 - D. The resident tells the nurse aide that he hates to have a catheter.
6. **A resident dresses himself, but his shirt is inside out. What should the nurse aide say to the resident**
 - A. "You look like a clown. Why not let me dress you?"
 - B. "Let me dress you the next time, that is what I am paid for."
 - C. "I am glad you dressed yourself. Perhaps we can fix your shirt."
 - D. Say nothing at all to the resident.
7. **A nurse aide finds a resident crying in her room. Which of the following is the best response by the nurse aide ?**
 - A. "It's okay. We all have bad days."
 - B. "This is the best place to have a good cry."
 - C. "I will tell the social worker that you are upset."
 - D. "Will it help to tell me why you are crying?"
8. **As a person ages the skin normally becomes**
 - A. more red and flaky.
 - B. more yellow and wrinkled.
 - C. looser and drier.
 - D. tighter and smoother.
9. **A nurse aide brings a breakfast tray to a resident who is usually alert. The resident is staring into space and does not answer to her name. What should the nurse aide do?**
 - A. Restrain the resident.
 - B. Give the resident some orange juice.
 - C. Ask the resident if she wants to sleep.
 - D. Call the charge nurse at once.
10. **Before taking a resident's oral temperature, what question should the nurse aide ask the resident?**
 - A. "Would you like to wash out your mouth with mouthwash?"
 - B. "Have you had anything hot or cold to eat or drink within the last ten minutes?"
 - C. "Would you like to remove your dentures?"
 - D. "Would you like your breakfast before I take your temperature?"

Answers to sample questions:

1-B; 2-C; 3-D; 4-B; 5-C; 6-C; 7-D; 8-C; 9-D, 10-B.

Reading assessment

This reading assessment is designed to help you determine whether you have the reading skills needed to take the Written exam.

There are seven short paragraphs below. After each paragraph, there are three questions. Each question has five choices. Only one answer is correct. Circle the correct response.

After you take this exam, a key is provided for you to score the exam. If you answered 13 or more questions correctly, you most likely have the reading skills required to take the Written exam. If you get 12 or fewer questions correct, you should consider requesting an oral administration of the exam (see Page 12).

It was spring. The young girl breathed the warm air, threw off her shoes and began to run. Her arms swung. Her feet hit sharply and evenly against the ground. At last she felt free.

1. **What time of year was it?**
 - A. Summer
 - B. Fall
 - C. Spring
 - D. December
 - E. July
2. **What was the young girl doing?**
 - A. Running
 - B. Jumping
 - C. Going to sleep
 - D. Driving a car
 - E. Fighting
3. **How did she feel?**
 - A. Hot
 - B. Free
 - C. Angry
 - D. Cold
 - E. Unhappy

There were footsteps and a knock at the door. Everyone inside stood up quickly. The only sound was that of the pot boiling on the stove. There was another knock. No one moved. The footsteps on the other side of the door got quieter and quieter as the person walked away.

4. **The people inside the room**
 - A. hid behind the stove.
 - B. stood up quickly.
 - C. ran to the door.
 - D. laughed out loud.
 - E. began to cry.
5. **What was the only sound in the room?**
 - A. People talking
 - B. Birds singing
 - C. A pot boiling
 - D. A dog barking
 - E. A man shouting
6. **The person who knocked at the door finally**
 - A. walked into the room.
 - B. sat down outside the door.
 - C. shouted for help.
 - D. walked away.
 - E. broke down the door.

Jesse could smell the fish market long before he could see it. As he came closer he could hear merchants calling out about fresh catches and buyers arguing about prices. Soon he could see the market itself, brightly lit and colorful. He could see fishing boats coming in. Their decks were covered with silver-gray fish.

7. **What kind of market did Jesse see?**
 - A. A vegetable market
 - B. A meat market
 - C. A fish market
 - D. A flower market
 - E. A fruit market
8. **What does he see coming in?**
 - A. Tug boats
 - B. Rowboats
 - C. Passenger boats
 - D. Fishing boats
 - E. Sailboats
9. **What covered the decks of the boats?**
 - A. Rope
 - B. People
 - C. Car
 - D. Boxes
 - E. Fish

Tiger is a large, yellow cat. At night she prowls outside and is very fierce. When she hears a noise, she lowers her head and walks with stiff legs. All the other cats are afraid to come into her yard.

10. **When does Tiger prowl?**
 - A. At dawn
 - B. At dinnertime
 - C. In the afternoon
 - D. In the morning
 - E. At night
11. **What does Tiger do when she hears a noise?**
 - A. She runs away
 - B. She walks with stiff legs
 - C. She hides under the bushes
 - D. She walks on tiptoe
 - E. She pretends she doesn't hear it
12. **Who is afraid to come into her yard?**
 - A. All the other cats
 - B. The dog next door
 - C. The people who live in the house
 - D. The mail carrier
 - E. Most of the birds

The model number of this radio is A-707. Weak sound may indicate weak batteries. Replace with fresh batteries. Failure of the radio to operate may indicate a loose connection. All connections should be checked. If the radio still does not work properly, bring it to our service department, 17-B West 17th Street.

13. What is the model number of the radio?
 A. A-707
 B. 17-B
 C. W-17
 D. B-17
 E. AB-17
14. What should be done if the sound is weak?
 A. Use weak batteries
 B. Send the model number to the service department
 C. Replace the batteries with fresh batteries
 D. Replace the connections
15. What is the address of the service department?
 A. 17-A West 17th Street
 B. 17-B West 17th Street
 C. 17-A West 7th Street
 D. A-707 West 71st Street
 E. 17-B West 71st Street

The cat brushed against the old woman. The woman did not move. She stood and stared into the window of the house. The party inside looked warm and friendly; no one noticed her. The old woman walked sadly on, followed by the cat.

16. What kind of animal was with the woman?
 A. Mouse
 B. Dog
 C. Horse
 D. Cat
 E. Bird
17. What did the woman see inside the house?
 A. A party
 B. Some dogs
 C. An old man
 D. A meeting
 E. A salesclerk
18. The woman is described as being?
 A. Old
 B. Young
 C. Thin
 D. Fat
 E. Small

His pen dropped from his hand. His head began to nod. All at once he was asleep. Everyone in the room laughed, for he had come to work only five minutes ago.

19. What dropped from his hand?
 A. A pen
 B. A pencil
 C. A piece of paper
 D. A telephone
 E. A book
20. What was he doing after his head began to nod?
 A. Talking
 B. Sleeping
 C. Crying
 D. Laughing
 E. Leaving
21. When had he come to work?
 A. Half an hour ago
 B. Three hours ago
 C. Yesterday
 D. Five minutes ago
 E. Forty minutes ago

Answer Key

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

Number Correct

13 to 21: You most likely have the reading skills to take the Written exam.

12 or less: You may prefer to take the oral version of the Written exam.

Application and forms

This section provides printable copies of various forms and information that may be needed or helpful for completing them. It contains the following:

- New York State Nursing Home Nurse Aide Registry Application (NYS NAR application).
- New York State Service Request Form.
- Candidate/Volunteer Release Form
- Certified Nurse Aide Survey for Recertification.



New York State Nursing Home Nurse Aide Registry Application

Please print clearly and neatly. Fill out form completely.

If you are a retester, you may not use this form and must use your Retest Letter. If you do not have a copy of your retest letter, contact Prometric for a duplicate. Retest candidates will not be scheduled without a Retest Letter.

Section 1. Candidate Information: MUST be completed by all applicants.

Last Name	First Name	Middle Name	Other/Maiden Name (if applicable)		
Street Address (including Apt. number or P.O. Box, if applicable)					
City		State		ZIP Code	
Home Phone Number (including area code) ()		County (or Code)	Date of Birth - -		
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		Which language do you speak and understand best? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____			
Current Nursing Home Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Not Employed (If you are currently working in a nursing home, have your Employer complete Section 4 of this application)					
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country? If this question is not answered, you will not be scheduled to test or be placed on the NYS Registry.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal? If this question is not answered, you will not be scheduled to test or be placed on the NYS Registry.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently hold a certification as a nurse aide or are you listed on the nurse aide registry in any state other than New York? If yes, list all the states below and indicate if you are in good standing on the Registry in that state. Good standing means that you have no findings or convictions of resident abuse, neglect or misappropriation of resident belongings. Add an additional sheet of paper if more space is required.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Issuing State	Good standing?	Issuing State	Good standing?	Issuing State	Good standing?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	Certification Route (Check only one . See further explanation of routes in this handbook beginning on Page 3.)				
	Route 1. New Nurse Aides				
	Route 2. Reciprocity/CNA From Another State				
	Route 3. Graduate Nurses				
	Route 4. NYS RNs and LPNs: Enter NYS RN/LPN License Number: _____				
	Route 5. Out-of State and Foreign-Trained Nurses				
	Route 6. Trained and Lapsed: Enter NYS Nurse Aide Certificate Number: _____				
	Route 7. Lapsed—Other: Enter NYS Nurse Aide Certification Number: _____				
<input checked="" type="checkbox"/>	Exam Site (Check only one . See Page 7 of this handbook for Regional Exam Site Locations and Codes.)				
	My employer or training program has arranged/will arrange for me to take the examination(s) at their location.				
	I am registering to exam at Regional Exam Site: _____ Code #: _____ (You will be scheduled for the next available appointment at the Regional Exam Site indicated above or in another regional site within a 50-mile radius.)				

Section 2. Applicant's Affidavit: MUST be completed by all applicants.

Agreement of Authorization and Confidentiality	
1	I agree that the New York State Division of Residential Care and Service may investigate the information in this application
2	I understand that exam results will be sent to my approved training program and/or employing nursing home (when applicable).
3	I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by New York State. Further, I understand that if I cheat or engage in other prohibited behavior during the exam I may be disqualified from continuing to take the exam or my exam results may be invalidated.
4	I understand that a record of the successful completion of this competency evaluation and information from and contained on this form will be included in my record in the New York State Nursing Home Nurse Aide Registry.
5	I have read and I understand the information in the New York State Nursing Home Nurse Aide Certification Handbook.
Signature of Applicant	
Date	

Section 3. Optional Applicant Information.

Education Level (Check the box next to your highest education level completed. Check only one box.)		
<input type="checkbox"/> 4th grade or less	<input type="checkbox"/> High School diploma or GED	<input type="checkbox"/> Two-year college degree
<input type="checkbox"/> Between 5th and 8th grades	<input type="checkbox"/> Trade or Technical School Certificate	<input type="checkbox"/> More than two years college, no degree
<input type="checkbox"/> Some High School, did not graduate	<input type="checkbox"/> One or two years college, no degree	<input type="checkbox"/> Four-year college degree or more
Ethnic Group (Check only one box.)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Other Hispanic or Latin American	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	

Section 4. MUST be completed by your employer.

(This section must be completed by your employer if you are employed in NYS by a Health Care Provider with a Nurse Aide Employer Facility Code.)

Employer Facility Code Number: 3 3	Date of Hire: (MONTH/DAY/YEAR)
What Type of Nurse Aide Employer is the Facility? <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Staff Agency <input type="checkbox"/> Other : _____	
Name of Facility or Agency Where Employed	
Address of Employer	
City	State ZIP Code
Employer's Signature	Date

Section 5. MUST be completed by the training program coordinator.

(This section must be completed for any applicant who has checked Certification Routes 1, 3, 5 or 7.)

Training Program Code Number: 3 3	Date Program Completed: (MONTH/DAY/YEAR)
Name of Nurse Aide Training Program	
Training Program Mailing Address	
City	State ZIP Code
This exam taker has successfully completed a state-approved Nurse Aide Training Program. Training Program Coordinator/Instructor Signature	Date

Section 6. Fees.

(Retesters must use the Retest Letter to reapply.)

<input checked="" type="checkbox"/>	First-Time Tester (or lapsed tester), Routes 1, 3, 5, 6, 7	Fee	Total
	Clinical Skills AND Written exams	\$115	\$
	Clinical Skills AND Written Oral (for ADA only – must have ADA paperwork)	\$115	\$
	Clinical Skills AND Oral exams	\$135	\$
<input checked="" type="checkbox"/>	Reciprocity and NYS RNs/LPNs Routes 2 and 4	Fee	
	Application Processing Fee—no exam required	\$50	\$
		Total Fee	\$

Payment: Fee(s) may be paid by money order, certified check made payable to "NY Commissioner of Health, NYNA". Your name and ID (if available) must be written on the form of payment. **Personal checks and cash are not accepted. Fees are nonrefundable.**

Mail to:
Prometric
 ATTN: NY Nurse Aide Program
 1260 Energy Lane
 St. Paul, MN 55108



New York State Service Request Form

Mail this form and fees to: Prometric, Attention NY Nurse Aide, 1260 Energy Lane, St Paul MN 55108.

I am requesting the following service(s): Candidate name and candidate ID must be written on the form of payment in order to be accepted.

<input checked="" type="checkbox"/>	Service Requested	Sections to be Completed	Fee
	Name Change	1 and 2	No Charge
	Address/Phone Number Change	1 and 3	No Charge
	Duplicate Certificate	1	\$15 per copy*
	Hand Score Request	1 and 4	\$25 per copy*
	Duplicate Score Report	1 and 4	\$15 per copy**

***Payable to "NY Commissioner of Health, NYNA":** Fee(s) may be paid by certified check or money order. **Personal checks and cash are not accepted.**

****Payable to Prometric:** Fee(s) may be paid by certified check or money order. **Personal checks and cash are not accepted.**

Section 1. New York State Nurse Aide Information

Candidate ID Number	Nurse Aide Certification Number (if applicable)	
Last Name (as it appears on our records)	First Name and Middle Name (as they appear on our records)	
I authorize the services checked above to be performed. Any documents requested will be mailed to my address of record.		Date
Nurse Aide/Applicant Signature		

Section 2. Name Change

(Note: If you also want your certificate and wallet card to reflect your new name, you must also request a Duplicate Certificate and include the \$15 fee.)

NEW Last Name	NEW First Name and Middle Name
Copy of Documentation attached: <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Legal Name Change Decree <input type="checkbox"/> Other : _____	

Section 3. Address/Phone Number Changes

(Note: If you also want your certificate and wallet card to reflect your new address, you must also request a Duplicate Certificate and include the \$15 fee.)

NEW Address (include apartment number)		
NEW City	NEW State	NEW ZIP Code
NEW County	NEW Home Phone	

Section 4. Hand Score Request/Duplicate Score Request

<input checked="" type="checkbox"/>	Check exam(s) to be hand scored/or score report (s) needed	Date of Exam
	Clinical Skills exam	
	Written or Oral exam	



Candidate/Volunteer Release Form

You are receiving this form because you are taking the Nurse Aide Clinical Skills Exam. The Clinical Skills Exam is part of the Competency Evaluation you are required to pass to become certified as a nurse aide in your state. During this exam, you are expected to perform skills that nurse aides perform as part of the daily care of nursing home residents. A nurse aide evaluator (NAE) will be instructing you during the exam and evaluating how you perform the skills. For this exam, you will be asked to perform three skills from the list below:

Ambulation Bedpan Catheter Care Change an Occupied Bed Change of Position Dressing Feeding	Foot Care Hair and Nail Care Measure and Record: <ul style="list-style-type: none"> ▪ contents of urinary drainage bag ▪ pulse and respirations ▪ weight Mouth Care – Brush Teeth	Mouth Care – Dentures Partial Bedbath Perineal Care - Female Range of Motion - Lower Extremity Range of Motion - Upper Extremity Transfer Waist Restraint
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Some of the skills will be performed on a mannequin and some will be performed on a volunteer playing the role of a resident. In New York, candidates are required to bring a volunteer to play the role of the resident. In the role of the resident, the skills that may be performed on the volunteer include:

▪ Assistance in walking	▪ Measuring blood pressure	▪ Moving from the bed into a wheelchair
▪ Brushing teeth	▪ Measuring pulse and breathing	▪ Placement on a bedpan (clothes on)
▪ Changing bed linens while in bed	▪ Measuring weight	▪ Turning onto side in bed
▪ Combing hair, cleaning and shaping nails	▪ Moving an arm or leg through simple exercises	▪ Washing and applying lotion to one foot
▪ Feeding of a small snack		

When you are playing the role of the resident, you must be able to participate in all the skills identified above. If you are unable to participate in any of the skills, please speak with the NAE before the exam begins. If you decide you want to stop playing the resident during the exam, you have the right to do so. Inform the NAE that you wish to stop. A stopped exam will result in a failure for the candidate who must then reapply and repay prior to retesting.

RELEASE SIGNATURE

To take the Clinical Skills Exam and/or volunteer as the resident, you are required to sign this release form. By signing, you agree that you are responsible for your own personal safety during the exam. You also agree to fully release and discharge Prometric and its employees and agents from all claims, suits, damages, losses and expenses of any kind arising out of/ or relating to the Clinical Skills exam. You further state that you:

- Have carefully read this release;
- Understand its final and binding effect;
- Are signing it voluntarily;
- Agree to play the role of the resident for the Clinical Skills Exam; and
- Have read and understand the exam instructions.

Thank you for your valuable contribution to the New York State Nurse Aide Certification Program.

Printed Name of Candidate/Volunteer

Signature

Date

If you and/or your volunteer are under 18 years of age, a signature from your parent or legal guardian is required below in order to allow you to test or play the role of the resident.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date



Certified Nurse Aide Survey for Recertification

Prometric would like to hear what you think about the recertification process for certified nurse aides. Your certification was approved for renewal and we believe you have a valuable perspective on this process. Participation in the survey is voluntary. Your responses will remain anonymous and confidential. Please take a few minutes to complete this survey and return it to us by faxing to 800.813.6670 or mailing to Prometric, ATTN: NY Nurse Aide Survey, 1260 Energy Lane, St. Paul, MN 55108. Thank you.

Recertification Process

For questions 1-8, indicate which statements are true or false about the recertification process.

1	I received a recertification reminder notice. (If "False," skip to question 6)	<input type="checkbox"/> T <input type="checkbox"/> F
2	I received my recertification reminder notice at least six weeks before the expiration date on my certificate. (If "True," skip to question 5)	<input type="checkbox"/> T <input type="checkbox"/> F
3	I changed my address during my last certification period	<input type="checkbox"/> T <input type="checkbox"/> F
4	I reported my address change to the New York State Nurse Aide Registry	<input type="checkbox"/> T <input type="checkbox"/> F
5	The recertification reminder clearly explained the process for recertification	<input type="checkbox"/> T <input type="checkbox"/> F
6	My current or most recent nurse aide employer responded helpfully and quickly to my request to be recertified	<input type="checkbox"/> T <input type="checkbox"/> F
7	I was required to pay my own recertification fee	<input type="checkbox"/> T <input type="checkbox"/> F
8	I received my updated certificate and wallet card in a timely manner	<input type="checkbox"/> T <input type="checkbox"/> F

Customer Service

For questions 9-12, indicate which statements are true or false about any calls you made to Prometric's customer service call center for assistance at any time during the recertification process. If you did not call, then skip these questions.

9	The call center operator answered the phone with a friendly greeting and provided his/her first name	<input type="checkbox"/> T <input type="checkbox"/> F
10	The call center operator was friendly and helpful	<input type="checkbox"/> T <input type="checkbox"/> F
11	I waited less than two minutes for my call to be answered	<input type="checkbox"/> T <input type="checkbox"/> F
12	All of my questions were answered satisfactorily	<input type="checkbox"/> T <input type="checkbox"/> F

Please use the bottom of this page to share other feedback about our services.

Name of Employer: _____ Date Survey Completed: _____

PROMETRIC
1260 Energy Lane
St. Paul, MN 55108

**FIRST
CLASS
MAIL**