

# NEW YORK STATE

*Department of Health*

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## *Nursing Home Nurse Aide Certification Program Manual*

*Registration materials available online at  
[www.prometric.com/NurseAide](http://www.prometric.com/NurseAide)*

*Published by*

PROMETRIC 

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

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## Introduction

### *Program overview*

In 1987, the federal government mandated training and competency testing of all individuals performing nurse aide duties on a full-time, part-time, per diem or any other basis in nursing facilities receiving Medicare and Medicaid funding. Besides meeting competency requirements in accordance with state and federal regulations, working nurse aides must be listed in good standing on the New York State (NYS) Nursing Home Nurse Aide Registry (NAR).

The New York State Department of Health (NYSDOH) has contracted with Prometric Inc. (Prometric), to develop and administer the NYS Nursing Home Nurse Aide Competency Examination and manage the NAR. The exam consists of two parts: 1) a Clinical Skills exam (practical portion); and 2) a Written (knowledge) exam. These exams are used to establish standards of minimal competency and are developed based on the skills and knowledge required to provide safe and competent care to residents of nursing homes.

This manual 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. It also contains forms that may be useful as references.

### *Contact information*

Questions regarding examinations, certification, recertification, duplicate certificates, and the NAR should be directed to:

**Examination and Scheduling Services:** 800.805.9128

**Recertification and Registry Services:** 800.321.6443

**Automated Registry Verifications:** 800.918.8818

**Online Registry Verifications:** [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide)

**Prometric**

1260 Energy Lane, St. Paul, MN 55108

Fax: 800.813.6670

Web site: [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide)

## *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 CHRC 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 the nurse aide for the cost of the fingerprinting or the fingerprinting check. The nursing home will have the nurse aide's fingerprints taken and submit the fingerprints and any applicable fees to the NYSDOH. The NYSDOH will submit the nurse aide's fingerprints to the DCJS for its and the FBI review.

The nursing home must review the results of each search when making employment decisions. Individuals must be provided the opportunity to review and explain the information on the criminal history record report and may withdraw their application for employment without prejudice prior to the nursing home's decision on employment and, upon such withdrawal, the nursing home shall destroy any criminal history records obtained for that individual.

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### *Conviction categories*

The NYSDOH Regulations Title 10, NYCRR Part 402 contains specific categories of convictions that will affect an individual's ability to work in a nursing home or home care agency. If the individual has 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 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 a candidate's ability to work. For crimes that do not fall within the criteria above, the NYSDOH has the discretion to disapprove a candidate for work. Additional information on the NYSDOH CHRC program may be found on the NYSDOH's Web site at [www.nyhealth.gov](http://www.nyhealth.gov).

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## *Understanding certification routes*

New York State (NYS) has seven routes for establishing eligibility to either take the Competency Examination to become a nurse aide or to be accepted directly into the NYS Nursing Home Nurse Aide Registry (NAR).

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### *Certification route 1 - new nurse aides*

This certification route is for individuals who are neither certified as a NYS Nurse Aide nor qualified to pursue another certification route. The majority of nurse aides on the NYS NAR use this route.

Individuals who choose route 1 must:

- Complete a NYS-approved nursing home nurse aide training program within the last 24 months (the training program coordinator must complete Section 5 of the application form).

- Complete the application form found on Page 29. If the individual is currently employed by a NYS nursing home, the employer must complete Section 4 of the application.
- Submit the completed application form to the nursing home nurse aide employer or training program. If the individual is employed in a nursing home, the employer **must pay** the candidate's exam fee. If the candidate is not able to take the exam at a nursing home or through her/his training program, the application and fee should be mailed to Prometric, who will schedule the candidate to take the exam at a Regional Exam Site.
- Pass the Clinical Skills exam and Written or Oral exam within two years of the training completion date. The candidate has only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year period.

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*Certification  
route 2 -  
reciprocity/CNA  
from another  
state*

This certification route is for individuals who are nurse aides listed with another state's registry that meets the federal nursing home nurse aide requirements and who want to become certified in NYS.

Individuals who choose route 2 must:

- Complete and submit the application form found on Page 29.
- Submit a copy of their current out-of-state nurse aide certificate(s).
- If the name on the nurse aide certification is different from the current name, submit proof of name change (i.e., marriage license).
- Pay the appropriate fees.

If the state in which the candidate is currently certified does not provide expiration dates on its registry, the candidate must provide proof of employment. Proof of employment must be printed on facility letterhead from the most recent employer in the state where the individual is currently certified. It must indicate that the candidate has worked at least seven hours for pay as a nurse aide in the past 24-month period. The letter must state that the candidate has performed nurse aide duties and it must be signed by an authorized supervisor at the facility.

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*Certification  
route 3 -  
graduate nurses*

This certification route is for individuals who are U.S.-trained graduate nurses. No further training is required. Before taking an exam under route 3, individuals must first receive eligibility approval from the NYSDOH. Application materials must be submitted to:

New York State Department of Health  
NATP/NAR Program  
Mailstop: CA/LTC  
Empire State Plaza  
Albany, NY 12237



**Important** If the nursing school does not have a nurse aide training program code, the school should contact the New York State Education Department.

Individuals who choose route 3 must:

- Submit a completed application form found on Page 29.
- Submit a copy of the candidate's nursing school diploma.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting the application. Individuals 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.

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*Certification  
route 4 - RNs  
and LPNs  
licensed in  
the U.S.*

This certification route is for individuals who are currently active RNs or LPNs licensed in the United States. No further training or testing is required.

Individuals who choose route 4 must:

- Complete and submit the application form found on Page 29, along with appropriate fees. If the individual is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide a copy of the current RN/LPN license. The license will be verified with the NYS Education Department.

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*Certification  
route 5 - foreign-  
trained nurses*

This certification route is for individuals who are foreign-trained nurses. Before taking an exam under Route 5, individuals must first receive eligibility approval from the NYSDOH.

Application materials must be submitted to:

New York State Department of Health  
NATP/NAR Program  
Mailstop: CA/LTC  
Empire State Plaza  
Albany, NY 12237

The items that must be submitted in order to determine eligibility to take an exam under route 5 include:

- A completed application form found on Page 29. If the candidate is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of the application form.
- A copy of the candidate's Social Security card.
- A copy of the candidate's nursing license.
- A copy of the candidate's nursing school diploma.
- Documentation of the candidate's nursing school coursework.
- A copy of the candidate's admission letter or score report if the candidate has or will take the NYS RN or LPN examination.

To complete route 5, the candidate must:

- Be approved by the NYSDOH to take an exam under route 5 and have received the application back from the NYSDOH.
- Submit the approved application form along with appropriate fees.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting the application. Candidates 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.

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### *Certification route 6 - trained and lapsed*

This certification route is for individuals who have successfully completed a NYS-approved nursing home nurse aide training program on or after July 1, 1989, and whose certification has lapsed. Certification is considered lapsed if the nurse aide has 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.

Individuals who choose route 6 must:

- Complete and submit the application form found on Page 29, along with the appropriate exam fees. If the nurse aide is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide their NYS nurse aide certification number on the application.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting the application. Individuals 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.

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### *Certification route 7 - lapsed - other*

This certification route is for individuals whose nurse aide certification is currently lapsed and was obtained through Deeming, Waiving, or Reciprocity, or if training was completed before July 1, 1989.

Individuals who choose route 7 must:

- Complete retraining and have the training program coordinator complete Section 5 of the NYS NAR application form.
- Complete and submit the application form found on Page 29, along with appropriate exam fees. If the nurse aide is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide their NYS nurse aide certification number on the application.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of the new training completion date. Individuals 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.

## *Scheduling exams*

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Before a candidate can take an exam, he/she must submit the following to Prometric:

- 1 The NYS NAR application form. This form can be found on Page 29 of this manual, online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide), or in the NYS Nursing Home Nurse Aide Certification Handbook.
- 2 The appropriate fee(s). See the "Fee information" section on Page 7 for more information.

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## *Exam locations*

There are two location options for candidates to take exams: In-Facility testing and regional exam site locations.

### In-Facility testing

Nursing homes and training programs that wish to have candidates take exams in their facilities must complete two forms:

- The In-Facility Testing Agreement form (see Page 33); and
- The Request for In-Facility Testing form (see Page 37).

**In-Facility Testing Agreement Form.** This agreement form lists the space, equipment and supply requirements needed to administer the Competency Examination in a standardized manner. The In-Facility Testing Agreement must be received by Prometric 30 days prior to when the facility would like to begin testing.

**Request for In-Facility Testing Form.** Once the In-Facility Testing Agreement form is on file with Prometric, the nursing home or training program may then request in-facility testing by submitting a Request for In-Facility Testing form. There must be a minimum of four candidates testing for a testing date to be approved.

After Prometric receives the form, a Nurse Aide Evaluator will be scheduled for one of the facility's requested exam dates and Prometric will fax the form back to the facility. The facility must then send the fees and completed applications of the candidates testing on the exam day to Prometric 10 business days prior to the requested testing date. Applications and fees will not be accepted on the testing day.

### Regional exam sites

The following candidates are permitted to take exams at a regional exam site:

- Any candidate who is not employed in a nursing home or who is not affiliated with a NYS-approved nurse aide training program;
- Any candidate who is employed in a nursing home that is not allowed to have in-facility testing;
- Any candidate who completed a training program within the last 24 months, but the program is now closed;
- Any candidate who completed a training program within the last 24 months, but has relocated and it would be a hardship to return to the training program for testing; or
- Any candidate who completed a training program that has been prohibited from providing in-facility testing by the NYSDOH.

Candidates who are eligible to take an exam at a regional exam site will need to submit a completed application form with the required exam fees to Prometric. Prometric will schedule the candidate to take the exam on the next available exam date at the exam location indicated on her/his application form.

Within five business days of receipt of the completed application, Prometric will send the candidate an admission letter, which states the time, date, and location of the exam.



**Important** If the exam date assigned is not convenient, the candidate must contact Prometric immediately at 800.805.9128 to reschedule.

NYS Nursing Home Nurse Aide Competency Examinations are administered at the following 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-Nassau	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. An up-to-date list of exam facilities can be obtained online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide) or by calling 800.805.9128.

*Fee information*

NYS is required to pay the exam fees for any candidates who are currently employed in a NYS nursing home. Federal regulations prohibit nursing homes from charging any individual for the cost of nurse aide training, including textbooks and materials, or for the cost of the Competency Examination.

If a nurse aide who has paid for her/his own training and testing becomes employed at a nursing home within 12 months of the completion of training, or 12 months of the date of testing, the nurse aide may be eligible for reimbursement for a portion of the tuition and fees paid.

The nursing home will submit copies of the nurse aide’s receipts for the tuition and exam fees to the NYSDOH. The state will issue the payment directly to the nursing home, which will reimburse the nurse aide. For more information on reimbursement, contact the NYSDOH at 518.474.8446.

Payments must include the name of the candidate(s) testing that day. Prometric will only accept payment for the candidates scheduled each individual day. Future payments or applications without payments will not be accepted. Purchase orders and vouchers must be included with the exam applications for each individual day and must include only the names of candidates testing that day. Applications received without a form of payment will not be accepted and will be returned. Payments received without applications will not be accepted and will be returned. This will cause a delay in scheduling candidates for testing.

Payment may be made by money order, company check or certified check made payable to the NYS Commissioner of Health, NYNA. A facility check for the group is allowed for the amount covering the candidates testing on each event date. The names of the candidates covered by the facility check must be listed on the check. If individual payments are made, the candidate's name must appear on each money order/certified check. **Personal checks and cash are not accepted.** Exam fees are nonrefundable and nontransferable.

Exams and related fees are as follows:

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

*Rescheduling exams*

**At an In-facility site.** Nursing homes and training programs that have requested in-facility testing are required to give notice **at least five full business days before the scheduled exam date** when a scheduled candidate will not be taking an exam. Exam fees will be forfeited for candidates who are unable to take the exam and do not give proper notice. NAEs may not authorize substitutions or addition of candidates at the exam site. Additions to testing can only be made with a completed application and exam fees.

**At a regional exam site.** Candidates must provide notice **at least five full business days before the scheduled appointment** of their intent to reschedule or cancel an exam appointment at a regional exam site. Candidates who provide less than five business days notice will forfeit all exam fees.

**If absent or late.** Candidates who miss the exam appointment or arrive late and are denied entrance into the exam, will forfeit the exam fees.

*Special exam considerations*

Prometric complies with the provisions of the Americans with Disabilities Act (42 USCS Section 12101 et seq.). If an individual has a disability, she/he may request special accommodations. Requests for special accommodations at a regional exam site must be submitted with the exam application. Requests for special accommodations for in-facility testing must be made by the training program or facility at the time the exam date is requested.

It is necessary that the request include written information from the candidate's physician or specialist that documents the disability and describes the specific accommodations or assistance being requested. When an Individualized Education Plan (IEP) is on file for the candidate, the training program need only provide a summary of the IEP's requirements specific to testing such as the candidate's need for oral testing or additional time.

A letter on facility letterhead will be accepted only if the facility:

- Attests that they have reviewed the IEP information and the submitted request to Prometric is accurate.
- Understands and acknowledges that Prometric shall not have any responsibility for evaluating the IEP or confirming the information submitted in connection with the request.

**Calculator accommodation.** There are no questions requiring calculations in the Written or Oral exam. For the Clinical Skills exam, the only skill that requires addition is the measuring of the weight when the candidate needs to add the measurements from the top and bottom of the balance bar. The documentation provided for accommodations should specify if the use of a calculator will be required for the Clinical Skills exam. If the candidate will be using a calculator, the calculator must be a simple four-function calculator.

**Additional exam considerations.** Candidates are not allowed to bring anything with them into the exam room except their IDs and pencils. If candidates have a condition that requires them to bring other items into the exam room, such as inhaler, food, drink or pillows, they must make this request at the time of submitting their exam 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 11 to determine if this is an alternative.

## *Overview of the competency exam*

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This section contains:

- An overview of the examination process.
- General information about the Clinical Skills exam.
- Hints for taking the Written exam.
- Information about the Oral exam.

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### *General information about the Clinical Skills exam*

The Clinical Skills exam is administered in an area set up to simulate a resident care unit. When the exam is administered in a nursing home, testing may be administered in a resident unit that is not currently in use, provided the testing does not impose on the rights of the residents. It is critical to the exam to provide a setting that closely resembles the environment the candidates will work in to ensure an accurate assessment of the candidates' abilities to work safely with residents.

Candidates are scored on five skills during the exam. While performing three assigned skills, the candidate will also be scored on two additional skills - Handwashing and Indirect Care. Indirect Care is care related to resident rights and preferences, communication with the resident, resident safety, comfort and needs, and infection control. To pass the Clinical Skills exam, the candidate 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. The number of points (weights) assigned to each checkpoint is confidential and secure exam information. Therefore, they are not disclosed. To pass a skill, a candidate is not required to perform the skill perfectly, but is required to achieve enough points to demonstrate competency of the skill.

**Clinical Skills Checklist.** It may be helpful for candidates, training instructors and nursing home supervisors to review the Clinical Skills checklist available online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide). The checklist is a resource guide for practicing skills, as well as for evaluating the candidate's performance of the skills in the classroom and clinical setting. The checklists are not procedures and should not be used to teach the skill.

**Nurse Aide Evaluator (NAE).** NAEs who administer the Clinical Skills exam are registered nurses who have completed training and have been approved to administer the exam. The NAE watches the candidate perform the skill and compares each candidate's performance to the checkpoints that make up each skill. NAEs are exam administrators and are not permitted to teach or coach candidates or to answer questions on how to perform a skill.

**Orientation and Instruction sheet.** Depending on space, the NAE will review the candidate's identification outside or inside the exam room, including having the candidate sign the exam site roster for signature verification. The NAE will give the general instructions to the candidate.

The candidate will be given an orientation to the exam area, equipment and supplies. After this orientation, the candidate will be given a copy of the **General Instructions for the Nurse Aide Clinical Skills Test** to read. These instructions describe the basic rules for the exam and other candidate considerations. A copy of this document, along with samples of the forms that a candidate will use to document measurements during the exam, are available for review at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide).

**Correcting a skill.** The rules for the Clinical Skills exam permit candidates to correct their performance while demonstrating a skill. The candidate must tell the NAE that he/she is making a correction during the skill. Candidates are not allowed to explain how they would do a skill or talk their way through the skill. The entire skill, including Indirect Care elements, must be performed. If a skill requires water, the skill must be performed using water. Once the candidate has completed a skill and has begun the performance of another skill, he/she may not go back to correct a previous skill.

**Resident actor.** Candidates should expect to play the role of the resident for other candidates who are taking the Clinical Skills exam. 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.

**Stopping the testing of a skill.** The Clinical Skills exam will be terminated by the NAE for two reasons:

- 1 The resident (actor) is in imminent danger.
- 2 The candidate fails to progress in the performance of the skill.

If the testing of a skill is stopped, the candidate will be directed to proceed to the next 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. The candidates will not be marked for applying gloves when they are not required. However, they will be rated on the correct removal and disposal of the gloves.

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### *An overview of the Written exam*

The Written exam consists of 60 multiple-choice questions. Candidates have 90 minutes to complete the exam. The content outline for the Written (and Oral) exam is located on Page 24. 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.

### **Sample test**

A Nurse Aide Certification Sample Test is located in the back of the New York State Nursing Home Nurse Aide Certification Handbook. The sample test is intended to help candidates become familiar with the exam format. How well a candidate does on this sample test does not predict results on the actual exam.

### **Hints for taking the Written exam**

When taking the exam, candidates should:

- Read each question carefully and find the response that best answers the question; there are no “trick questions” on the exam.
- Answer every question; no credit is given for any question left blank.
- Be sure to completely fill the appropriate bubble on the 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 the answer sheet(s) before turning it in to ensure that there is only one answer for each question. Questions with more than one answer marked will be considered incorrect.

Practice questions written in a similar style to the actual exam questions are included in the NYS Nursing Home Nurse Aide Certification Handbook.

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### *Taking the Written exam in Oral format*

The Written exam is also offered orally. The oral format may be helpful to candidates who have a reading disability, marginal reading skills or for those candidates who consider English their second language. The Reading Assessment on Page 26 may help candidates determine if they should consider taking the Written exam by oral administration. Candidates who would like to

take the Oral exam should select this option on the application form. This request **cannot** be made on the day of testing.

A candidate who chooses to take the oral exam will be provided with a CD player and a headset. Exam questions will be read to the candidate from a prerecorded CD. The candidate is allowed to replay any question. The candidate 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 has an additional Reading Comprehension section. This section is required to demonstrate minimal English literacy skills that are mandatory for working as a nursing home nurse aide. The Reading Comprehension section of the Oral exam is administered separately and consists of 16 questions. The candidate is allowed an additional 30 minutes to complete this section. The candidate 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 candidate's official score report as pass or fail.

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.

## *Exam administration responsibilities*

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The success of the competency evaluation program is dependent on the cooperative efforts and collaboration of candidates, nursing homes, training programs, Nurse Aide Evaluators (NAEs), the New York State Department of Health (NYSDOH) and Prometric. The efforts made by nursing homes and training programs to ensure their compliance with the requirements for examinations are appreciated.

Prometric is responsible for contacting and scheduling the NAE to administer the exams. Prometric also contacts the facility to verify the scheduled exam date(s) and provide the name of the assigned NAE within 24 hours of securing an NAE or at least two days prior to the first scheduled exam date.

Responsibilities of NAEs, facilities and candidates are described in the following sections.

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### *Nurse Aide Evaluators' role*

The NYSDOH requires that registered nurses who administer the exam have a minimum of one-year nursing experience in long-term care in RHCs. Prometric has the primary responsibility for the administration of the Competency Examination and the retention of qualified registered nurses as NAEs to administer the Competency Examination.

Registered nurses retained by Prometric to administer the Competency Examination complete mandatory training on required testing procedures and receive periodic supervisory/monitoring visits by Senior NAEs to ensure they follow the standardized procedures for every exam administered.

**The Nurse Aide Evaluator is responsible for:**

- Administering exams in a standardized manner to ensure that all candidates tested throughout New York State (NYS) have a similar exam experience.
- Verifying that the appropriate space, supplies and equipment are provided for the administration of the Clinical Skills exam and Written or Oral exam.



**Important** NAEs are not allowed to teach or coach candidates, nor can they provide feedback to the facility or training program about candidate performances.

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### *Facility responsibilities*

The nursing home or training program should designate an individual at the facility who is responsible for coordinating the Competency Examination with Prometric. An individual should be designated to be responsible for the facility throughout the entire exam day.

**The Nursing Home or Training Program is responsible for:**

- Ensuring that each candidate has received a copy of the NYS Nursing Home Nurse Aide Certification Handbook and encouraging the candidate to read the handbook.
- Submitting a Request for In-Facility Testing form to Prometric a minimum of 10 business days in advance of the requested exam date with completed applications and exam fees. Prometric is required to offer the facility or training program an exam date that is within five business days of the exam date requested by the facility or training program.
- Setting up the designated exam space before the scheduled arrival of the NAE so exams can begin on time.
- Providing equipment in good working order and adequate inventories of supplies to accommodate all candidates who are taking an exam.
- Having a representative available to orient the NAE to the exam and candidate waiting areas, as well as other resources such as restrooms. If requested, the NAE should be escorted to her/his car at the conclusion of the exams.
- Establishing procedures to ensure that an appropriate candidate is available to play the role of the resident for each Clinical Skills exam. More information about the role of the resident actor can be found on Page 15.

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### *Nurse aide candidate reminders*

A complete overview of what nurse aide candidates need to know to register and schedule their exam, what the exam will cover and how to take the exam is included in the NYS Nursing Home Nurse Aide Certification Handbook. It would be helpful for a nursing home or training program to review the following items with their nurse aide candidates to increase the candidate's preparedness for taking the exam.

**Remind candidates to bring the following items with them to the exam:**

- Required identification (see below). It is recommended that nursing home employers and training programs check to make sure their candidates have the required identification prior to scheduling them for an exam.
- Admission Letter (if taking an exam at a regional exam site).
- Two sharpened No. 2 pencils with erasers.
- A watch with a secondhand (required for the pulse and respiration skill)..

Since candidates taking the Clinical Skills exam will play the role of the resident for other candidates, they should be reminded to dress in pants, a shirt with sleeves, socks and flat, nonskid shoes with enclosed toes. It is recommended that the clothing be sized for ease of taking on and off. A sweat suit works well for this purpose and uniforms are acceptable as long as they consist of pants and a top. Resident actors should wear a bathing suit, leotard or gym shorts and tank top under their clothing so they can be easily redressed by the candidate.

**Required identification.** Candidates must present **two valid forms of identification** before they can take the 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. IDs that are torn, cracked or taped will not be accepted.

- 1 The first form of identification **must be** current (non-expired), contain **both** a current photo and the candidate's signature, and meet one of the following criteria:
  - Be 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 the candidate is testing 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 the picture identification and the name the candidate used when registering for the exam. Examples of acceptable signature IDs include Social Security cards, library cards, gym cards, and credit cards.

Personal identification will be held by the NAE while candidates are taking the Written or Oral exam and will not be returned until after the exam booklet (with CD for Oral exam) and answer sheet have been returned. Candidates are responsible for reclaiming their identification documents before leaving the exam site.



**Important** Nursing home employers and training programs may want to remind candidates that failure to provide appropriate identification at the time of the exam is considered a missed appointment.

If the candidate is taking the oral administration of the Written exam, be sure she/he is familiar and comfortable with operating a standard portable CD player and encourage her/him to feel comfortable asking the NAE for help operating the CD player if necessary.

## *Set up for Clinical Skills exam*

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This section provides information on:

- The general preparation of the exam room.
- Materials, equipment and supplies needed for the Clinical Skills exam.
- The role of the resident actor.

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### *General preparation*

The candidate is entitled to privacy when taking an exam and access to the room designated for testing will be restricted during the exam administration. The facility should identify an area for candidates who are not yet testing to wait. A restroom within the facility, preferably within proximity of testing room, should be available to candidates.

The room where candidates take the Written (or Oral) Exam should be well lit and have adequate ventilation to provide for the reasonable comfort of the candidates. It should be a quiet environment conducive to the concentration required for test taking.

The Clinical Skills exam is administered in a setting prepared as a resident's room. The rooms used for the administration of the Clinical Skills exam must have a privacy curtain or privacy screen. The room should be well lit and of a size that allows the candidate and NAE to move freely around the bed.

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### *Materials, equipment and supplies*

In order to ensure the exams are administered in a standardized manner throughout the state, it is essential that all the required space, equipment and supplies listed in the In-Facility Testing Agreement form (see Page 33) are provided. In the event that a facility fails to provide these, testing of scheduled candidates may be jeopardized. Facilities and training programs failing to provide the required space, equipment or supplies will be reported to the New York State Department of Health (NYSDOH).

The rooms should be set up with supplies and equipment stored to simulate a resident unit. The amount required will depend on the number of candidates taking exams. To avoid interruptions and potential delays in testing caused by needing additional supplies, it may be prudent to overstock. The facility may want to provide a table or cart in the room to place extra items and linens.

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### *Role of the resident actor*

The exam is intended to simulate actual resident care. Candidates are required to play the role of the resident for other candidates who are taking the Clinical Skills Test. Nursing homes and training programs are expected to establish procedures to ensure that each candidate taking the Clinical Skills exam has an appropriate resident actor available.

Candidates will receive specific instructions explaining the resident actor's role before the exam begins. The candidate playing the role of the resident must:

- Speak and understand English.
- Have no physical, medical, mental, or other condition that would be affected in any way by his/her participation as a resident actor.
- Require no more than one person for transfer.

- Be willing to have skills performed on him/her, including brushing teeth, feeding and grooming.

A few of the skills will be performed on a mannequin, but the person playing the role of a resident should expect that some of the following skills may be performed on him/her.

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

Resident actors should be appropriate for the skills that need to be tested. For example, a person with nail tips would not be an appropriate resident actor since one of the skills is nail care. Resident actors are expected to follow the directions given by the candidate during the exam, such as moving, turning or standing when instructed to do so.



**Important** If a resident actor refuses to have a skill performed on her/him, and the candidate cannot complete the skill, the candidate will fail the skill.

Unless there is an emergency, a safety concern or some special need, the resident actor should only speak during the exam to respond to questions or directions from the candidate. The resident actor may not assist the candidate in any way during the exam. A candidate’s exam will be stopped and the candidate asked to leave the testing event if cueing from the resident actor takes place.

## *Exam policies and procedures*

This section has information on:

- Security regulations that are enforced during the exam.
- A guide to understanding exam results.
- Retesting procedures.

### *Security regulations*

To ensure that all candidates are tested under equally favorable conditions, the following regulations and procedures will be observed at each exam site. Failure to follow any of these regulations may result in the disqualification of a candidate’s exam. Prometric reserves the right to audiotape and videotape any exam session.

**Arrival time.** Candidates must arrive 30 minutes before their scheduled appointment times and are expected to wait patiently if testing is delayed because earlier candidates have not completed their exam.

**Food and Beverages.** While eating and drinking are not allowed during the exam, candidates will be directed to areas where they are allowed to eat while in between exams. Since completing both the Clinical Skills and Written (Oral) exams may take several hours, it is recommended that candidates bring snacks and/or lunch and beverages (nonalcoholic) with them.

**References.** No reference materials, papers, study materials, dictionaries, notes, textbooks, translators or calculators are allowed in the exam area. If candidates are found with these or any other aids, they will not be allowed to continue the exam, their answers will not be scored and the exam fees will be forfeited.

**Personal items.** Prometric is not responsible for personal items brought to the exam site. It is recommended that personal items, including purses, not be brought into the exam site. Note the following:

- Electronic equipment is **not** permitted in the exam area. This includes **cell phones**, PDAs, pagers, cameras, tape recorders, etc. All of these items will be collected by the Nurse Aide Evaluator (NAE).
- Other personal items are not permitted in the exam area. This includes purses, briefcases, backpacks, coats, hats, etc.



**Important** Every time a candidate enters the exam room, he/she will be asked to turn his/her pockets inside out to confirm that he/she has no prohibited items. The NAE will collect any materials that violate the rules.

**Restroom Breaks.** Candidates who leave the exam room while an exam is in progress must sign out/in on the roster and will lose exam time. Only one candidate may be excused from the exam room at a time. Candidates may not leave the exam room to smoke. Candidates 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. Candidates **should not** bring children to the exam site. 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, cell phones ringing in the exam center, taking part in an act of impersonation, referring to notes, viewing another candidate's exam, resident actors prompting or moving when not directed to do so, removing exam materials or notes from the exam room, using rude or offensive language, 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 candidates, the NAE may refuse to give an exam to any candidate whom 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 allowed at the exam center.

**Copyrighted questions.** All test questions are the property of Prometric Inc. and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

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## *Exam results*

After the exam, the answer sheets are sent to Prometric and scored by computer to determine official results. Official results are sent to candidates within five business days following the day of the exam.

The nursing home or training program will receive a report from Prometric that provides the exam performance of each of the candidates they sponsored. Reports are mailed within 10 business days of the end of each week. If there are any discrepancies in these reports, please contact Prometric at 800.805.9128.

### Passing candidates

Candidates who pass both parts of the Nurse Aide Competency Examination will receive a New York State Nursing Home Nurse Aide Certificate and wallet card and will be listed on the New York State Nursing Home Nurse Aide Registry. Initial certifications will be issued for two years. More information about the Registry can be found on Page 19.

### Unsuccessful candidates

Candidates who do not pass an exam will receive a score report that includes diagnostic information by knowledge or content area. The nursing home or training program should review the diagnostic information shown on the Clinical Skills exam score report with the candidate prior to retesting. Candidates who failed the exam will also receive information about retesting along with their score reports.

### Score reports not received

Should a candidate state that she/he has not received her/his score report or certificate within two weeks of the exam administration day, please contact Prometric at 800.805.9128. Be advised that exam results will not be given over the phone. If the candidate's address has changed, it may be necessary to request a duplicate certificate or duplicate score report. A fee will be charged for duplicate certificates or duplicate score reports when candidates fail to provide notification of address changes in a timely manner and original documents were previously mailed and have not been returned by the postal service. However, a fee will not be charged to reproduce official score reports or certificates required because of nonreceipt of the documents that were mailed to the address on record, as long as notification of nonreceipt is received within 30 days of the date of issue.

### Quality assurance surveys

Nursing home and training program coordinators, instructors and candidates may complete the Nurse Aide Employer Registry Recertification Survey and the In-Facility Testing Survey. These surveys are used to gather data on the exam and recertification processes. Candidate survey responses do not affect candidate exam scores. Completing either survey is voluntary. The surveys are available online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide).

## Retesting procedures

If a candidate does not pass an exam, he/she will be required to re-register in order to retest. The candidate **must complete** the NYS NAR application form to reschedule.

If the candidate will be retesting at a Regional Exam Site, the candidate will send the application to Prometric along with the appropriate exam fees. If the candidate is retesting at a nursing home or training program, he/she should give the application to the person who scheduled his/her initial exam. That person should also schedule the candidate to retest.



**Important** Candidates may attempt to pass the Clinical Skills and written exam up to three times. Both exams must be passed within two years from the date the candidate completed his/her nurse aide training program.

**Retraining.** Candidates who applied through **routes 1 or 7** and do not pass both exams within two years of completing the NYS-approved nurse aide training program must retrain through a different NYS-approved nurse aide training program before reapplying.

## Nurse Aide Registry

The New York State (NYS) Nursing Home Nurse Aide Registry (NAR) contains the names of nurse aides who hold a Certified Nurse Aide (CNA) certificate in New York.

## Registry verification

Before an individual can work as a nurse aide in a nursing home, federal regulations require the facility to 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 must be secured before the individual can be hired or used by the facility in any capacity. Printed NAR verifications should be maintained by the nursing home in each employee's personnel folder.

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.

### Obtaining verification

The NAR is accessible for verifications 24 hours a day, seven days a week. Verification may be made:

- Online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide).
- Using Interactive Voice Response (IVR) by dialing 800.918.8818.
- Monday through Friday, 8 a.m. to 5 p.m., Eastern time, by dialing the IVR phone number above and requesting connection to a live operator.

When contacting the IVR or Web site for verification of a nurse aide's status, the person making the inquiry will be asked to identify if he/she is a nurse aide employer and, if so, will then be instructed to enter the assigned nurse aide employer code.

On the IVR or Web site, a search can be made using either the nurse aide's name, Prometric ID or certification number. The IVR system will verbally report the nurse aide's status and the caller has the option to request a printed fax back verification, which will be faxed to the caller within 24 hours. Requests for printed verification to be mailed to the caller must be made through the live operator. Printable verifications will be provided for NAR inquiries made through the Web site.

Nursing homes are required to check the nurse aide's standing on the registry in any state the employer is aware that the nurse aide may have previously been certified or listed on a registry. Should the employer obtain information from any state registry indicating findings or convictions for resident abuse, neglect, mistreatment or misappropriation of resident belongings, the nurse aide may not be employed or used by the nursing home. The nursing home is also required to immediately report this information about the nurse aide to the NYS NAR.

### Hiring nurse aides from other states

Nursing homes may hire a nurse aide who is certified and on the registry in another state if the nurse aide's certification is current and in good standing. The facility must obtain verification from the state or states in which the nurse aide is certified before the nurse aide may be hired or used by the facility. The facility must also ensure that the nurse aide has applied for NYS Nursing Home Nurse Aide certification following certification route 2 (see Page 3).

If the nurse aide has applied for certification under route 2, the facility may utilize the nurse aide during this period as long as:

- The facility maintains a copy of the nurse aide's NYS NAR application form submitted for reciprocity, or can verify that such an application is in fact being submitted within the next two business days, or has in fact been submitted for NYS reciprocity; and
- Registry verifications are made and received by the facility from each state where the nurse aide has been listed on a registry.

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### *Recertification overview*

The nurse aide's initial 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 the nurse aide was certified. For example, if the nurse aide was certified on January 15, 2010, the certification will expire on January 31, 2012.

### Renewal notification

Nurse aides will be mailed a reminder notice approximately 45 days before their certification expiration. The notice will be mailed to the home address currently listed on the NAR. It is **not** necessary for the nurse aide to have received this reminder notice or for the nurse aide to take this notice to the nursing home or NYS-approved nurse aide employer. **Nursing homes are required by state regulations to submit the nurse aide's Recertification Application and fee.**

## Recertification eligibility

To be eligible for recertification, the nurse aide must have worked for pay as a nurse aide at or in a NYS nursing home or a NYS-approved nurse aide employer for at least seven hours within the previous 24-month period. If an employer is not a NYS nursing home or is not approved by the NYSDOH as a nurse aide employer, the nurse aide's work experience will not qualify the nurse aide for renewal. Nurse aides are **not** permitted to recertify themselves. Any non-nursing home nurse aide employer who desires to participate in the recertification process must contact the NYSDOH for approval.

## Lapsed certifications

A nurse aide certificate has lapsed if the nurse aide has not worked in a NYS nursing home (or for an NYS-approved nurse aide employer) for a minimum of seven hours during the previous 24 consecutive months. To renew a lapsed certification, a nurse aide must retest, or retrain and retest, depending upon the original method of certification.

Nurse aides whose certifications have lapsed but are in good standing, may not begin to work in a nursing home as a nurse aide until recertified. Nurse aides whose certifications lapse while they are still working in the nursing home may continue to work as nurse aides in that nursing home only, provided that nursing home immediately submits or has submitted the required Recertification Application Form and fee to Prometric.

## Length of recertification

If the nurse aide **is currently working** as a nurse aide in a NYS RHCF or for another DOH-approved nurse aide employer, she/he will be recertified for 24 months from the last day of the month in which the current certification expires.

If the nurse aide **is not currently working**, she/he will be recertified for 24 months beginning from the last day 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 (see Page 31) by the last nurse aide employer. If the nurse aide is eligible to be recertified, the nursing home where the nurse aide was last employed is responsible for completing and submitting the NYS NAR recertification form and paying the recertification fee.

Once the NYS NAR recertification form is processed and the nurse aide is determined eligible for renewal, a new certificate and wallet card showing the new expiration date will be mailed to the nurse aide and the NYS NAR will be updated with the current information.

The new expiration date will be the last day of the month that is 24 months (two years) from **either** the date the recertification form is processed by the NAR **or** the date the employee 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 31, 2012.

CNA worked	Nursing home recertifies in	New certification expires
in a NYS nursing home during January 2012	January 2012	January 31, 2014
in a NYS nursing home during January 2012	December 2011	December 31, 2013
last as a nurse aide on August 10, 2010	December 2011	August 31, 2012

### Name and address changes

It is the nurse aide’s responsibility to keep his/her information correct and current with the NAR. Nurse aide employers are encouraged to remind nurse aides to make these updates. A Service Request Form (see Page 28) should be used for submitting name and address changes. However, changes may also be submitted in letter form, which may be faxed, emailed, or mailed to Prometric.



**Important** There is no charge for updating a name with the NYS NAR. However, there is a \$15 fee to receive a new certificate reflecting that name change.

### *Completing and filing the recertification form*

All nursing homes are responsible for recertifying and paying the recertification fee for each nurse aide who is currently working for or in the nursing home at the time her/his certification expires. All nursing homes are also responsible for recertifying and paying the recertification fee for all nurse aides who last worked for pay as a nurse aide for or in that nursing home within the previous 24 months. This includes all agency-employed nurse aides or private-duty nurse aides who physically work or worked in the nursing home but were not employed by the nursing home. [10 NYCRR 415.26(d)(6)(iii)].

The NYS NAR recertification form (Page 31) requires that demographic information about the nurse aide be provided. The employer completing the NYS NAR recertification form is responsible for updating the nurse aide’s personal information, such as her/his current address. If the NYS NAR recertification form includes a name change for the nurse aide, the NYSDOH does not require that name change documents be submitted if the employer is aware of the legal name change. Otherwise, the nurse aide should provide the employer with proof of her/his name change, such as marriage license or divorce decree.

The facility must mail the completed NYS NAR recertification form with the \$40 recertification fee payable to the “NYS Commissioner of Health, NYNA” to Prometric. Company checks, money orders, state vouchers and certified checks are accepted forms of payment. **Personal checks are not accepted.**

All certified checks, money orders, purchase orders and vouchers must be received with the application and may only include the one candidate being requested. Forms received without fees will be returned.



**Important** The nursing home or approved nurse aide employer may not charge the nurse aide for any cost or fees associated with recertification or the completion of the NYS NAR recertification form.

The NYS NAR recertification form should be submitted prior to the certification expiration date. It is suggested that all recertification forms for nurse aides whose certification expires at the end of the month be batched and submitted by the employer during the first or second week of the expiration month.

Should a nurse aide be determined ineligible for renewal based on an incomplete form, nonpayment, nonfulfillment of employment requirements, forms submitted too early or because of a hold placed by the NYSDOH, a notice will be sent directly to the nurse aide at her/his address of record. If additional information is required, the nurse aide will be advised to contact the employer who submitted the NYS NAR recertification form for resubmission of the missing information or fees.

Nurse aide employers will also receive a monthly report that will provide information on all recertifications received from the employer for the month, and error messages for any nurse aide whose NYS NAR recertification form was not successfully processed and remains pending or denied. The nurse aide employer may submit the nurse aide's missing information by completing another NYS NAR recertification form. The employer must complete the nurse aide's name Prometric ID and/or certification number, plus any of the information that is listed as missing in the error messages.



**Important** Error messages may be based on illegibility, so please make every effort to ensure that information provided is legible.

When an error message is related to nonpayment of recertification fees, please include the nurse aide's name, Prometric ID and/or certificate number on the check and send the check with another NYS NAR recertification form providing just the nurse aide's name and Prometric ID and/or certification number, unless there were other errors requiring additional information.

## Exam content outlines

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

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

### Written (Knowledge) Exam Content Outline

60 questions—90 minutes

**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 a candidate may be asked to perform during the exam. A complete checklist for these skills may be found online at [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide).

**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 the performance of each skill.

**Handwashing Note:** A candidate's handwashing technique is evaluated at the beginning of the exam. This skill is not prompted, which means candidates will not be told to wash their 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. Ambulate the resident using a transfer/gait belt
- B. Assist resident needing to use a bedpan
- C. Change bed linen while the resident remains in bed
- D. Change resident's position to a supported side-lying position
- E. Dress a resident who has a weak arm
- F. Empty contents of resident's urinary drainage bag, and measure and record urine output on an Intake and Output (I&O) form
- G. Feed a resident who is sitting in a chair
- H. Measure and record a resident's radial pulse
- I. Measure and record a resident's respirations
- J. Provide catheter care to a female resident who has an indwelling urinary catheter
- K. Provide foot care to a resident who is sitting in a chair
- L. Provide mouth care to a resident who has a denture
- M. Provide mouth care to a resident who has teeth
- N. Provide perineal care to a female resident who is incontinent of urine
- O. Provide resident hand and nail care
- P. Provide resident a partial bed bath and back rub
- Q. Provide resident with passive range of motion (ROM) exercises to one elbow and wrist
- R. Provide resident with passive range of motion (ROM) exercises to one shoulder
- S. Provide resident with passive range of motion (ROM) exercises to one hip, knee and ankle
- T. Transfer the resident from the bed into a wheelchair using a pivot technique and a transfer/gait belt

# Reading assessment

This reading assessment is designed to help nurse aide candidates determine whether they 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.

At the end of the exam, a key is provided to score the exam. If the candidate answered 13 or more questions correctly, he/she most likely has the reading skills required to take the Written exam. If the candidate gets 12 or fewer questions correct, he/she should consider requesting an oral administration of the exam (see Page 11).

**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:** Candidate most likely has the reading skills to take the Written exam.

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

# 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	

# New York State Nursing Home Nurse Aide Registry Application

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



**Note:** Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not match the name on the identification you provide on the day of testing, you will not be allowed to take your exam.

Last Name		First Name		Middle Name	Other/Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)					Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male
City		State	ZIP Code	County	
Home Phone Number (including area code) (       )			Email Address		
Social Security Number -       -			Date of Birth -       -		
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)					
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"/>	<b>Certification Route</b> (Check <b>only one</b> . See further explanation of routes in this handbook beginning on Page 2.)				
	Route 1. New Nurse Aides				
	Route 2. Reciprocity/CNA From Another State				
	Route 3. Graduate Nurses				
	Route 4. RNs and LPNs licensed in the U.S.: Enter RN/LPN License Number: _____				
	Route 5. Foreign-Trained Nurses				
	Route 6. Trained and Lapsed: Enter NYS Nurse Aide Certificate Number: _____				
	Route 7. Lapsed—Other: Enter NYS Nurse Aide Certification Number: _____				
<b>Exam Site Information</b> (Check <b>one</b> of the following options.)					
<input type="checkbox"/>	<b>In-facility Site:</b> My employer or training program is scheduling my exams and I will take the exams at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).				
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to take my exams at a Regional Exam Site. I will receive an admission letter with my specific exam date, time and location.				
	<b>First Choice Exam Site:</b>		<b>Second Choice Exam Site:</b>		

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

<b>Agreement of Authorization, Confidentiality, and Release Statement</b>	
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.
6	I understand that I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the New York State Department of Health, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
Signature of Applicant	
Date	

### Section 3. Optional Applicant Information.

Education Level (Check the box next to your highest education level completed. Check <b>only one</b> 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 <b>only one</b> 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: <b>3 3</b>	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: <b>3 3</b>	Expected Program Completion Date: (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.

Exam Title	Exam Fee	Total
Clinical Skills AND Written exams (first-time tester)	\$115	\$
Clinical Skills AND Oral exams (must have ADA paperwork)	\$115	\$
Clinical Skills AND Oral exams	\$135	\$
Clinical Skills Retest (Prometric ID number _____)	\$68	\$
Written Retest (Prometric ID number _____)	\$57	\$
Oral Retest (Prometric ID number _____)	\$67	\$
Additional Services	Fee	
Reciprocity/CNA From Another State and NYS RNs and LPNs Application Processing	\$50	\$
Duplicate Score Report	\$15	\$
Hand Score Report	\$25	\$
	<b>Total</b>	<b>\$</b>

**Payment:** Fee(s) may be paid by money order or 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 Nursing Home Nurse Aide Registry Recertification Form



**Instructions:**

Please print clearly, neatly and completely.

The facility where the nurse aide works or last worked must complete this form. This includes verifying the nurse aide’s personal information. The facility must provide a **\$40** company check, certified check or money order made payable to the NYS Commissioner of Health, NYNA. This renewal fee is a nonrefundable processing fee.

Complete both sides of this form then mail to Prometric. A fee shall not be charged by the operator to any nurse aide for any costs associated with recertification [10 NYCRR 415.26(d)(6)(ii)].

<b>Nurse Aide Information</b>									
First Name and Middle Initial:									
Last Name*:									
Social Security Number:									
Prometric ID:									
Date of Birth:									
Home Phone Number:									
Email Address:									
NYS Nurse Aide Certification Number:									
Home Address: <i>(This is the address where the new certificate will be mailed.)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____</td> <td style="border: none; width: 20%;">_____</td> </tr> <tr> <td style="border: none;">Street Address or P.O. Box #</td> <td style="border: none;">Apt. #</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State County Zip Code</td> </tr> </table>	_____	_____	Street Address or P.O. Box #	Apt. #	_____	_____	City	State County Zip Code
_____	_____								
Street Address or P.O. Box #	Apt. #								
_____	_____								
City	State County Zip Code								

*\*If this name is a change from what is currently listed on the registry certification, please list the name that is on the current certification: \_\_\_\_\_.*

<b>Nurse Aide Employer Information</b>									
Name of Facility/Agency:									
Address of Facility/Agency:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____</td> <td style="border: none; width: 20%;">_____</td> </tr> <tr> <td style="border: none;">Street Address or P.O. Box #</td> <td style="border: none;">Apt. #</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;">State Zip Code</td> </tr> </table>	_____	_____	Street Address or P.O. Box #	Apt. #	_____	_____	City	State Zip Code
_____	_____								
Street Address or P.O. Box #	Apt. #								
_____	_____								
City	State Zip Code								
Phone Number of Facility:									
Employer Facility Code:									
Provide dates of employment for this nurse aide: <i>(Staffing agencies should provide dates worked at the NYS health care facility.)</i>	First date of work: (MONTH/DAY/YEAR): _____  Is the nurse aide currently employed at the facility listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No  If No, provide date of termination: (MONTH/DAY/YEAR): _____								

**Turn over to complete second side of form.**

Prometric ID: \_\_\_\_\_

**To be completed by staffing agencies only.**

Please provide the name of the NYS health care facility or NYS health care provider where the nurse aide worked.

\_\_\_\_\_  
Name of NYS health care facility or NYS health care provider

**Signature of Facility Operator or Designee**

The individual named herein has worked for pay as a nurse aide, under the supervision of a registered nurse, at the health care facility listed above, for at least seven hours within the previous 24-month period. I certify to the best of my knowledge that the information put forth on this New York State Nursing Home Nurse Aide Registry Recertification Form is true and correct.

\_\_\_\_\_  
Signature of Facility Operator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Printed or typed)

**Please Note:**

If the Recertification is denied or pending for incomplete information, notification may be sent directly to the nurse aide who will be directed to contact the employer. You will receive a monthly report indicating the names of the nurse aides for whom you have submitted renewals during the month and the status of their recertifications. Nurse aides whose certifications are pending for additional information or fees will be included on the report. The nurse aide employer may use another New York State Nursing Home Nurse Aide Registry Recertification Form to submit the missing information by completing the nurse aide's name, Prometric ID and/or certificate number on the form, and the missing information. If the error message is related to non-payment, any fees sent in must include the nurse aide's name and Prometric ID and/or certification number.

**Important Reminder:** Remember to include the \$40 recertification fee with this form. Payment may be made by company check, certified check or money order. Make checks payable to: NYS Commissioner of Health, NYNA. Personal checks and cash are not accepted.

**We suggest that you make a photocopy of this form for your records.**

**Questions:** If you have any questions, please call Prometric at 800.321.6443.

**Mail this completed form and your \$40 recertification fee to:**

Prometric  
Attn: NYS Nurse Aide Registry Recertification  
1260 Energy Lane  
St Paul, MN 55108

# In-Facility Testing Agreement



## Instructions:

- Please read this entire agreement. Your facility must meet all requirements in order to be approved as an In-Facility.
- This signed agreement must be received by Prometric 30 days in advance of the requested test date.
- New facilities that have not tested with Prometric in the past must complete this In-Facility contract and request form. Additional contracts and forms may be obtained from [www.prometric.com/NurseAide](http://www.prometric.com/NurseAide) or by calling 800.805.9128.
- Returning facilities that have not previously filled out this agreement will only be required to send the request form to Prometric 10 days in advance of requested test date.
- Prometric reserves the right to discontinue use of a facility if security breeches or requirements are not met.

## Part I – Contact Information

Name of NY Approved Training Program or LTCF:		
Mailing Address		
City	State	Zip Code
Phone No. (Include Area Code):	Fax No.:	
Training Program Approval Number:	Email Address:	
Training Program Coordinator/Instructor:		

## Part II – Agreement

The space, equipment and supply requirements for In-Facility testing are detailed in Part III and the procedures for requesting In-Facility testing are detailed in Part IV. Review the agreement terms below and sign the agreement. This Agreement page and the Request for In-facility Testing form (Page 37), along with directions to your training program/facility and a description of the areas that will be used for testing must be sent to Prometric. Submit by fax to: 800.813.6670; or by mail to: Prometric, Attn: NYS NA Program, 1260 Energy Lane, St. Paul, MN 55108.

### On behalf of my LTCF or training program, we agree to the following terms:

- Ensure that the required space, equipment and supplies described herein for the administration of the Clinical Skills Exam and the Written or Oral Exam are provided;
- Ensure adequate inventories of supplies based on the volume of candidates to be tested (a minimum of four candidates is required per testing event);
- Ensure that all the supplies and equipment required for the administration of the Clinical Skills Exam are set up to simulate a resident’s unit and equipment is in working order before the arrival of the Nurse Aide Evaluator;
- Ensure that candidates or the training program have provided for a person to play the role of the resident actor;
- Prescreen candidates to assure that they have the required identification documents for admission to testing; and
- Permit site visits by Prometric, DOH and Senior NAEs to monitor and observe testing and test site compliance.

I understand that failure to comply with the space, equipment and supply requirements may result in suspension of In-Facility testing. The facility will work collaboratively with the NAE toward ensuring efficiency in the administration of testing. I understand that Prometric reserves the right to deny and/or cancel testing at my facility at any time. Compliance issues will be reported to the DOH.

\_\_\_\_\_  
Signature of Authorizing Facility Representative

\_\_\_\_\_  
Date

## Part III – Required Space, Equipment and Supplies

In order to qualify for In-Facility testing, the training program/facility must provide the required space, equipment and supplies needed to conduct a standardized test administration. These requirements are detailed below.

### **Candidate waiting areas**

- A. Area where candidate can wait for testing (including designated area where candidate is permitted to eat)
- B. Public restrooms, preferably within proximity of testing room

### **Oral and Written Test Space and Equipment**

- A. Lighting in testing room should be appropriate for office work.
- B. Well ventilated with temperature controls that provide for the general comfort of candidates.
- C. Quiet environment conducive to the concentration required for test taking.
- D. Room used exclusively for testing during administration.

### **Clinical Skills Administration Space**

- A. Room with closed door to provide for the privacy of testing and of sufficient size to allow for all equipment and supplies.
- B. Area simulated to be resident room in LTCF. Actual resident room can be used as long as use of space does not infringe on resident's use of room or resident's rights since testing cannot be interrupted.
- C. Sink with hot and cold running water and hand controls for turning water on and off located in testing room. Water from sink faucet must be potable (drinkable).
- D. Privacy curtain (curtain does not need to wrap around bed area but needs to be long enough for candidates to push and pull to demonstrate provision of privacy)
- E. Clock with second hand positioned on wall so it is directly visible from bed.

### **Clinical Skills Administration Equipment**

- A. Resident Room Environment:
  - Working hospital bed with regular mattress (no air mattresses, etc.). Must be able to raise and lower height and head of bed. Side rails on bed are optional but preferred.
  - Stocked paper towel dispenser at sink area
  - Liquid soap dispenser at sink for handwashing
  - Call light device (designated device does not need to be operational but must be corded)
  - Side chair (2)
  - Soiled linen hamper
  - Overbed table with level surface and wheels (should have working controls to raise and lower)
  - Bedside cabinet (night table) - must have three drawers or one drawer and two shelves
  - Commode chair or toilet (required)
  - Wheelchair with footrests and brakes – standard size (swinging or removable footrests preferred)
- B. Basic Supplies:
  - Bath basins (2) (shape necessary for footcare)
  - Bedpans (fracture and regular)
  - Emesis basins (2)
  - Denture
  - Denture brush
  - Denture container/cup with lid
  - Lotion
  - Toothpaste (2)
  - Soap for bathing (liquid soap preferred); soap dish if bar soap is used

C. Single Use and Disposable Supplies:

- Toothbrushes (individually wrapped) (8)
- Sponge-tip applicators (e.g., Toothettes individually wrapped) (8)
- Straws (individually wrapped)
- Plastic spoons and forks (6) (individually wrapped preferred)
- Snack-size containers of Jell-O-type gelatin, pudding or applesauce- not expired (6)
- Emery Boards (6)
- Orangewood Sticks (6)
- Alcohol pads/wipes (individually wrapped) (12)
- Gloves (non-latex- all sizes)
- Toilet paper (1 roll)
- Napkins
- Drinking Cups 6-8 oz cups (8); 3-oz cups (10)
- Hand wipes (individual)(8)
- Tissues (1 box)
- Paper towels stocked in paper towel dispenser as well as additional supply for use at bedside

D. Linens (must be freshly laundered and clean for each exam event):

- Flat sheets (6)
- Fitted sheets (6) must fit mattress size
- Pillowcases (16)
- Bath blanket or similar item (4)
- Pillows (minimum 5)
- Hospital-style gowns (6) (prefer without shoulder/arm snaps)
- Hand towels (20)
- Bath-size towels (20)
- Washcloths (60)
- Clothing protectors (bibs) (6)
- Underpads (disposable or reusable) (6)

E. Clothing to fit mannequin:

- Long-sleeved button or snap front shirt extra large size (2)
- Long-legged pants, elastic waist sweat pants style preferred (2 extra large)
- Socks (4 pair of non-tube socks; sock should have defined/formed heel area)

F. Additional items:

- Full-size Mannequin – with female genitalia that allows for catheter insertion; must have moveable joints; mannequins should weigh less than 45 lbs. (life-weight style mannequins are not permitted).
- Gait or transfer belt (2 large)
- Disinfectant spray or wipes (bleach based) (used to disinfectant basins for multi-candidate use)
- Indwelling catheter (for insertion and retention in mannequin when testing catheter care))
- Urinary drainage bag
- Clear graduate container marked with cc's for measuring urine; markings for measurements should display in black for ease of reading (urinals, measuring-style cooking cups and metal containers are not permitted)
- Yellow food coloring
- Funnel
- Syringes irrigation syringe (to facilitate filling of urinary drainage bag) and small syringe to inflate catheter balloon
- 2 pencils

## Part IV – Procedure for Requesting In-Facility Testing

The In-Facility Agreement must be filled out by the facility, and all supply requirements must be met. Signed agreements must be submitted by mail or fax to Prometric 30 days in advance of the requested testing date. Returning facilities (facilities that have not previously filled out this agreement) will only be required to send the In-Facility contract to Prometric 10 days in advance of requested test date.

All Request for In-Facility Testing forms must be received and contain three different testing date requests. There must be a minimum of four candidates testing for a testing date to be approved. After receiving a request form, confirmations will be faxed and/or emailed to the facility verifying the testing date. After candidates have completed the Nurse Aide Registry Application, all candidate applications must be sent together with the facility's confirmation form and all payments to Prometric 10 business days prior to the confirmed test date. The facility will be faxed or emailed a confirmation of the test days.

Each Nurse Aide Evaluator can only test eight candidates per day. If a facility needs to test more than eight candidates, the facility must submit multiple Request for In-Facility Testing forms with different requested test dates. If your facility is approved to test more than eight candidates in a day, be sure to indicate how many candidates are testing on the Request for In-Facility Testing form. Testing fees may be paid by facility check, money order or certified check made payable to NY Commissioner of Health. A facility check for the group is allowed, however it may only be for the amount covering the candidates testing on each event date. We will not accept future payments or applications without payments. Candidates covered by the facility check must be listed on the check. If individual payments are made, the candidate's name must appear on each money order/certified check. No cash or personal checks are accepted. Exam fees are nonrefundable and nontransferable.

Candidates who do not show up for testing or who are not admitted to testing because they arrived late or had insufficient identification will forfeit their testing fees. It is the responsibility of the In-Facility site to notify candidates of their scheduled test day. Individual candidates may be rescheduled for another test date if the request is made before **five business days** preceding the scheduled test date. Additions **will not be accepted** without a completed application and exam fees. To reschedule a candidate, call 800.805.9128.

Materials may be sent to: Prometric; Attn: NYS NA In-Facility Testing Request; 1260 Energy Lane; St. Paul, MN 55108. If are trying to ensure delivery in an expedient timeframe, we do not recommend using USPS certified mail. Materials may also be faxed to 800.813.6670.

## Part V – Day of Testing

Training programs/facilities may want to remind candidates about identification requirements for admission to testing to ensure candidates are not denied testing by providing insufficient identification. Identification must be in the same name as the name the candidate used when registering to test unless the candidate also provides the NAE with a copy of a legal document that supports the name change.

Candidates are expected to play the role of a resident during testing. Instructors may not play the role of the resident.

# Request for In-Facility Testing



## Part I – Request for Testing

Instructions: When your facility is prepared to schedule a testing date, complete Part I of this form. Use a separate form for each testing date you are requesting. All requests must be received by Prometric 10 days before requested test date. Prometric will fax or email test date confirmation information back to the facility.

Name of New York Approved Training Program		
Mailing Address		
City	State	Zip Code
Address of Testing Location (only complete if different from the mailing address)		
City	State	Zip Code
Training Program Coordinator/Instructor Name		Facility Contact Email Address
Facility Contact Phone Number		Facility Contact Fax Number
Email Address		
Requested Testing Date: Option #1	Option #2	Option #3
Note: Each NAE can test only eight candidates per day. If you have more than eight candidates, you must fill out a separate request form and request another test date. If your site has been approved to test more than eight candidates per day, please alert us to this information in adjoining box.		Number of Candidates to be Tested (a minimum of four candidates is required)

To be completed by Prometric:

Training Program Test Code	Testing Date
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## Part II – Group Processing Request

- Completed candidate applications and test fees must be received by Prometric a minimum of 10 business days before the scheduled test date.
- The facility requesting testing must submit the applications in a batch, attaching this form as the cover page.
- The facility must also have a completed In-Facility Testing Agreement (Page 33) on file with Prometric.
- Test fees may be paid by facility check, money order, or certified cashier's check made payable to NY Commissioner of Health. A facility check for the group is allowed, but must be in the amount for the candidates testing on a specific day only and all candidates' names must be on the check. If individual payments are made, the candidate's name must appear on each money order/certified/cashier's check. Cash and personal checks are not accepted. Test fees are nonrefundable and nontransferable.
- It is the responsibility of the In-Facility site to notify candidates of their scheduled test day. Candidates who do not show up for testing or who are not admitted to testing because they arrived late or had insufficient identification will forfeit their testing fees. Rescheduling procedures are explained on Page 8 of the NYS Certification Program Manual.

**Mail Request for In-Facility Testing materials to:** Prometric, Attn: NY NA IFT Processing; 1260 Energy Lane; St. Paul, MN 55108. If are trying to ensure delivery in an expedient timeframe, we do not recommend using USPS certified mail. **Or FAX** materials to 800.813.6670.

# New York State Offices and County Codes

PROMETRIC



1 - Northeastern Area	
01	Albany County
09	Clinton County
10	Columbia County
12	Delaware County
15	Essex County
16	Franklin County
17	Fulton County
19	Greene County
20	Hamilton County
28	Montgomery County
38	Otsego County
41	Rensselaer County
45	Saratoga County
46	Schenectady County
47	Schoharie County
56	Warren County
57	Washington County

2 - Buffalo Area	
02	Allegany County
04	Cattaraugus County
06	Chautauqua County
14	Erie County
18	Genesee County
31	Niagara County
36	Orleans County
60	Wyoming County

3 - Rochester Area	
07	Chemung County
25	Livingston County
27	Monroe County
34	Ontario County
48	Schuyler County
49	Seneca County
50	Steuben County
58	Wayne County
61	Yates County

4 - Syracuse Area	
03	Broome County
05	Cayuga County
08	Chenango County
11	Cortland County
21	Herkimer County
22	Jefferson County
24	Lewis County
26	Madison County
32	Oneida County
33	Onondaga County
37	Oswego County
44	St. Lawrence County
53	Tioga County
54	Tompkins County

5 - New Rochelle Area	
13	Dutchess County
29	Nassau County
35	Orange County
39	Putnam County
43	Rockland County
51	Suffolk County
52	Sullivan County
55	Ulster County
59	Westchester County

6 - New York City Area	
70	Bronx County (Bronx)
71	Kings County (Brooklyn)
72	New York County (Manhattan)
73	Queens County (Queens)
74	Richmond County (Staten Island)