

NEW MEXICO

Department of Health

Nurse Aide

Candidate Information Bulletin

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Providing Certification Examinations for the State of New Mexico

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Introduction

A message from the HSD and DOH

The New Mexico Human Services Department (HSD) and the New Mexico Department of Health (DOH) have contracted with Prometric to develop and administer the New Mexico Nurse Aide Competency Examination and manage the Certified Nurse Aide (CNA) Registry.

This bulletin contains information on becoming a New Mexico CNA. It also includes information on renewing New Mexico Nurse Aide certification.

At a glance

Follow these main steps if you are interested in becoming a CNA.



To become a CNA and member of the Registry

- 1 Review this bulletin thoroughly to understand examination application, registration, expiration and rescheduling provisions.
- 2 Complete the New Mexico Nurse Aide Registry Application (see Page 27) and send it to Prometric at the address below.
The application form is also available online at www.prometric.com/NurseAide/NM.
- 3 If required, prepare for your tests using the content outlines in this guide. (See Page 16.)
- 4 If required, take the scheduled tests, bringing the necessary identification to the test center. (See Page 10.)
If you pass, your CNA certificate will be mailed to you and your name will be added to the New Mexico Nurse Aide Registry. (See Page 14.)
- 5 Complete the Certification Renewal process within the appropriate timeframe. (See Page 15.)



To get answers not provided in this bulletin

Direct all questions and requests for information about the examination to:

Prometric
1260 Energy Lane
St. Paul, MN 55108
Phone: 866.391.1945
Fax: 800.813.6670
TDD User: 800.790.3926
E-mail: newmexicocna@prometric.com
www.prometric.com/NurseAide/NM

Direct questions about certification to:

**New Mexico Department of Health
Health Facility Licensing and Certification Bureau**
2040 S. Pacheco Street, Room 413
Santa Fe, NM 87505
Phone: 505.476.9040
Fax: 505.476.9026
E-mail: nar@state.nm.us

Understanding eligibility routes

Federal and state rules require that if you work in a Medicaid-approved nursing facility providing nurse aide care to residents, you must meet specific training and testing requirements to become certified. When applying for nurse aide certification, you must establish your eligibility.

Most of the nurse aides on the Registry become certified by completing a state-approved training program and passing the Nurse Aide Competency Examination (see Page 8 for examination information).



Important Once you determine which eligibility option you should use, be sure to select (mark) that option on the Nurse Aide Registry Application on Page 27.

Eligibility routes

New Mexico has nine different routes for eligibility. Please review the following eligibility routes to determine the one that best fits your situation.

Route 1—New Nurse Aide (New Mexico Trained)

Select this route if you have successfully completed a New Mexico state-approved nurse aide training program that is at least 75 hours in duration within the past 24 months.

If you are eligible to apply under Route 1, remember that your training program director must complete Part D of the application (see Page 27) as proof of your training.



Note To be placed on the Registry, you must take and pass both parts of the Competency Examination within 24 months of completing your training. If you do not pass both parts of the examination within 24 months of completing training, you will be required to retrain and retest.

Route 2—Military Trained

Select this route if you have obtained nurse aide-related skills and training through military service within the past 24 months.

The DOH must approve candidates applying for certification under Route 2. Contact the DOH by calling 505.476.9025 to obtain information on the approval process, including required documentation. Once the DOH has determined you meet the requirements, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.

Route 3—Graduate RN/LPN

Select this route if you have successfully completed a New Mexico state-approved RN/LPN program, but have not yet been licensed.

The DOH must approve candidates applying for certification under Route 3. Contact the DOH by calling 505.476.9025 to obtain information on the approval process, including required documentation. Once the DOH has determined you meet the requirements, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.

Route 4—Out-of-State Nurse Aide (Expired)

Select this route if you have been a nurse aide listed on another state's nurse aide registry, but your certification has expired. To be eligible to test without further training, your certification must have expired within the past 24 months. Your certification must also be in good standing without findings of resident abuse, neglect or misappropriation of resident property.

The DOH must approve candidates applying for certification under Route 4. Contact the DOH by calling 505.476.9025 to obtain information on the approval process, including required documentation. Once the DOH has determined you meet the requirements, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.



Note Out-of-state nurse aides who have current certification in another state may apply to the New Mexico DOH, Division of Health Improvement, Health Facility Licensing and Certification Bureau (HFLC) for reciprocity to New Mexico. If approved, the nurse aide may be granted a New Mexico Certified Nurse Aide Certificate without further training or testing. Contact the HFLC at 505.476.9040 for more information.

Route 5—Out-of-State or Foreign-Trained Nurse/Nurse Aide (RN/LPN/NA)

Select this route if you are an RN, LPN or NA trained in another state or country. You must have a valid nursing license from your former state/country and be in good standing on the applicable registry.

The DOH must approve candidates applying for certification under Route 5. Contact the DOH by calling 505.476.9025 to obtain information on the approval process, including required documentation. Once the DOH has determined you meet the requirements, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.

Route 6—RN/LPN Student

Select this route if you have successfully completed the required basic course work and clinicals in a New Mexico state-approved nursing program within the past 24 months.

The DOH must approve candidates applying for certification under Route 6. Contact the DOH by calling 505.476.9025 to obtain information on the approval process, including required documentation. Once the DOH has determined you meet the requirements, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.

Route 7—Expired New Mexico Certificate - less than 24 months ago

Select this route if you are on the New Mexico Certified Nurse Aide Registry but your certificate has expired within the past 24 months.

When you complete the New Mexico Nurse Aide Registry Application, you must provide your certificate number next to Route 7 in Part C of the application. Training will not be required if your expiration date is within the past 24 months at the time you apply and you complete testing within six months of applying.

Route 8—Expired New Mexico Certificate - more than 24 months ago

Select this route if you were on the New Mexico Certified Nurse Aide Registry but your certificate expired more than 24 months ago.

If you have been working in a nursing-related field during this time, you may apply to the DOH at 505.476.9025 to be considered for an Approval Letter to test without retraining. If approved by the DOH, you will be sent an Approval Letter.

The DOH requires that you:

- Send your Approval Letter, along with your completed New Mexico Nurse Aide Registry Application, to Prometric; and
- Complete testing within six months of the date on your Approval Letter.

Route 9—Expired New Mexico Certificate - Retrained

Select this route if you have a New Mexico certificate that expired more than 24 months ago and you have not worked in a nursing related field in the past 24 months.

In order to become recertified through Route 9, you must successfully complete a New Mexico state-approved nurse aide training program, then take and pass the Competency Examination.

If you are eligible to apply under Route 9, remember that your training program director must complete Part D of the application (see Page 27) as proof of your training. You must also provide your previous certificate number next to Route 9 in Part C of the application.



Note All Route 9 candidates have 24 months from the date they completed their training program to take and pass both parts of the Competency Examination.

Application and examination process

This section describes:

- How to complete the Nurse Aide Registry application.
- Fee information.
- Information on rescheduling and retesting.

Completing the Application

Once you determine your eligibility route, you will need to complete the New Mexico Nurse Aide Registry Application (see Page 27). Mail the completed form, along with any required documentation, and the test fees to Prometric.

If your eligibility route requires you to submit documentation to the DOH for review **before** submitting your application to Prometric, be sure to attach a copy of the Approval Letter sent to you from the DOH when submitting your application to Prometric.

If you are applying under eligibility routes 1 or 9, you **must** have your training program director complete Part D of the application before you send it to Prometric.



Note Complete all forms clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned, which will delay your exam date. If you do not understand any part of the application form, please call 866.391.1945.

Test sites and dates

You may take your examination at any regional test site. A calendar of available test sites and dates is posted online at www.prometric.com/NurseAide/NM. Be sure to include your preferred test site and test date on your application form.



Note Prometric must receive all application materials, any required documentation and fees, at least 15 days prior to your preferred test date. If a testing appointment is not available on the date you requested or your application materials were received after the 15-day deadline, you will be scheduled for the next available test date.

Authorization to Test Letter

Upon receipt of your completed application, Prometric will review your eligibility. If you are eligible to take the competency examination, Prometric will mail you an Authorization to Test Letter. This letter will include the date and time if your test. You **must** bring this letter and proper identification to the test site for admission to your examination.

Special test considerations

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

If you require testing accommodations under the ADA, this request must be submitted in writing and accompany your Nurse Aide Registry Application. All requests for testing accommodations must describe the accommodations being requested and include documentation such as a physician's or specialist's note on official letterhead that supports the testing need. The request will be reviewed to determine if and how we can respond to the requested accommodation. You will be notified before testing is scheduled as to the outcome of your review. Thirty days' advance notice is required for all testing arrangements. There is no additional charge for these accommodations

ESL accommodation. Translators are not permitted and translation dictionaries may not be used during the examination administration. However, the Written portion of the examination is offered in an oral version in both English and Spanish. Candidates for whom English is a Second Language should review the "Oral test" section on Page 8 to determine if this is an appropriate option for them.

Name change

If your name has changed, but you have been unable to have the name change made on your identification card and/or Social Security card, you will need to apply for tests using your name as it appears on your identification. When your identification and Social Security card have been changed to match your new legal name, you may submit a copy of the legal documents to Prometric. The change will be made in our system at that time. Please note that if you want a new certificate showing the changed name, you must pay a \$15 fee.

Fee information

The State of New Mexico will pay test fees for candidates who have been offered conditional employment or are currently employed by a Medicaid certified nursing facility. An authorized facility representative must complete Part E of your New Mexico Nurse Aide Registry Application in order for you to be qualified for the state to pay your test fees.

If you are not eligible for state payment, you must pay your own test fees in the following manner:

- Only money orders or cashier’s checks made payable to Prometric are accepted. **Personal checks and cash are not accepted.**
- Fees must be included with the Nurse Aide Registry Application. **Applications received without proper payment will be returned.**
- Your name and Social Security number must be written on the money orders/cashier’s checks.

Test and related fees are as follows:

| Test | Test Fee | 5% NM State Tax | You Pay |
|-------------------------------------|--|-----------------|----------|
| Clinical Skills and Written Test | \$95 | \$4.75 | \$99.75 |
| Clinical Skills and Oral Test | \$105 | \$5.25 | \$110.25 |
| Clinical Skills Test (retakes only) | \$60 | \$3.00 | \$63.00 |
| Written Test (retakes only) | \$35 | \$1.75 | \$36.75 |
| Oral Test (retakes only) | \$45 | \$2.25 | \$47.25 |
| Rescheduling/No Show Fee* | Equivalent to the Original Test Fee(s) | | |
| Recertifications | \$20 | \$1.00 | \$21.00 |

**This fee is required to reschedule an appointment for candidates who provided less than five days notice to change a scheduled test appointment, or who did not show up or were late for a scheduled appointment. Payment of this fee must be made before the candidate will be rescheduled. This fee is the sole responsibility of the candidate and will not be paid by the state. The reschedule fee is equivalent to the original test fee.*

Refund policy. Test fees are nonrefundable and nontransferable. Fees will only be returned to candidates who are determined to be ineligible to test.

Rescheduling and retesting

To avoid a rescheduling fee, you must contact Prometric at least **five full business days** before the day of your scheduled appointment at 866.391.1945. Rescheduling fees are the sole responsibility of the candidate and will not be paid by the state.

If you do not allow at least five full business days to reschedule your appointment, you must pay a rescheduling fee equivalent to the original test fee before another test may be scheduled.

If absent or late. If you miss your appointment or arrive late and are not allowed to test, you must pay a rescheduling fee equivalent to the original test fee. Payment of this fee must be made before you will be rescheduled.

Emergency closing. Severe weather or an emergency could require canceling scheduled tests. If this occurs, Prometric will attempt to contact you by phone;

however, you may check for test site closures by calling 866.391.1945. If the site is closed, your tests will be rescheduled without a rescheduling fee.

Retesting. You must take and pass both the Clinical Skills Test and Written Test within three attempts in a two-year eligibility period. A test fee is required each time you take a test. You are only required to retake the test you failed.



Note If you do not pass both tests within three attempts or within two years, you will need to retrain to reestablish your eligibility according to the New Mexico Human Services requirements.

Examination Overview

The Nurse Aide Competency Examination consists of two separate tests. One test is a **Written (Knowledge) Test**. The other test is a hands-on skills demonstration referred to as the **Clinical Skills Test**. You may take the tests in either order. You are not required to pass one test before taking the other.

You must pass both the Clinical Skills and Written or Oral tests within two years of completing your nurse aide training program and within three attempts. If you fail either the Clinical Skills Test or Written or Oral Test three times, you will be required to retrain.

Written (Knowledge) Test

The Written (Knowledge) Test consists of 55 multiple-choice questions that test your overall knowledge of information required as a nurse aide caring for nursing home residents. You will have two hours to complete the test.

The content outline for the Written (and Oral) Test is located on Page 16. Practice questions written in a similar style to the actual test questions are included in this bulletin on Page 22.

Oral test

The Written (Knowledge) Test is also offered in an oral version referred to as the Oral Test. The oral administration may be helpful to candidates who have a reading disability, limited reading skills or for those candidates who consider English their second language. Candidates who would like to take the Oral Test **must** select this option when completing the Nurse Aide Registry Application. This request **cannot** be made on the day of testing.

The Reading Assessment on Page 23 may help candidates determine if they should consider taking the Written Test by oral administration.

Candidates who choose to take the Oral Test will have two separate sections to take and pass. One section of the test will be the same Knowledge Test taken by all nurse aide candidates, but you will also be able to hear the questions read to you while reading and answering questions on the computer. Candidates may replay questions as many times as needed during the test.

The second section is a Reading Comprehension Test. The Reading Comprehension Test has approximately 15 questions. This test is used to find out if you have the reading skills a nurse aide who works in a nursing facility needs. To pass the Oral Test you must pass both of these sections - the Knowledge Test (nurse aide content) and the Reading Comprehension Test.

You will be given a separate score for each section. Candidates are given three opportunities to take and pass the Oral Test. Each time you take the Oral Test, you must also take the Reading Comprehension Test.

Clinical Skills Test

The Clinical Skills Test is a timed test. You will have 35 minutes to complete the skills you are asked to perform.

To pass the Clinical Skills Test, you must pass five skills. Three of the skills will come from the Clinical Skills checklist (see Page 16). While performing those three skills, you will also be scored on two additional skills - handwashing and Indirect Care. Indirect Care represents aspects of care related to resident rights, communication with the resident, resident safety and comfort, and infection control. When reviewing the checklist, you will notice that these checkpoints are a part of every skill.

Each skill is comprised of a series of checkpoints to which points have been assigned based on how critical the checkpoint is to the safe performance of the skill. For example, the checkpoint for raising the head of the bed before feeding the resident would have a higher number of points assigned to it than the checkpoint for removing the clothing protector after feeding the resident. To pass a skill, you are not required to perform the skill perfectly. When administering the test, the nurse examiner watches the candidates perform the skill and compares each candidate's performance to the checkpoints that make up each skill.

The rules for the Clinical Skills Test permit you to correct your performance while you are demonstrating a skill. However, once you have completed a skill and have begun the performance of another skill, you may not go back to correct the performance of a previous skill. You are not given additional time for correcting a skill.

The nurse who administers the Clinical Skills Test is not permitted to discuss your results or performance with you. The nurse also is not permitted to provide teaching or coaching, or debate or discuss your test results. If you fail a skill, you may find it helpful to return to the skills checklist to review the checkpoints.

Resident actor

Depending on the skill, you are required to provide an actor to play the role of the resident. A mannequin may be used on some skills. You are expected to speak and address the person playing the resident or the mannequin just as you would speak to a resident. The person acting as the resident is playing the part of a resident who is not confused, is able to speak and follow directions, and is able to move when told to do so.

You should expect to play the role of the resident for other candidates. Depending on the requirements of the skills being tested, you may be asked to play the resident for more than one candidate.

Taking your examination

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

- A list of what to bring to the test site.
- Regulations that will be enforced at the test center.
- Explanation of the computer process for the Written Test.
- A guide to understanding your examination results.
- Information about appeals.
- Information about recertification.

What to bring to the exam

You should arrive at least **15 minutes before** your scheduled test appointment. This allows time for you to sign in and for staff to verify your identification. You will need to provide all of the following items:

Authorization to Test letter. You must present the original letter sent to you by Prometric. Copies will not be accepted.

Identification. You must present two valid forms of identification before you can test. That identification **must**:

- 1 Be government-issued (e.g., driver's license, state-issued identification card, military identification or passport) that contains:
 - **Both** a current photo and your signature; and
 - The name that exactly matches the name used to apply for the examination (including designations such as "Jr." and "III").
- 2 The second form of identification must include your name and signature. Examples of identification accepted for the second form of identification include a library card, hunting license, Social Security card or a credit card. Copies will not be accepted.



Important Failure to provide appropriate identification at the time of the test is considered a missed appointment and you will be required to pay a rescheduling fee equivalent to the original test fee before another test may be scheduled. If you cannot provide the identification listed above, contact Prometric **before** scheduling your appointment to arrange an alternative way to meet this requirement.

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

- Appears to have been falsified or tampered with.
- Has a photo that does not appear to resemble the candidate testing. (Please make sure your identification has a recent photograph.)
- Has a signature that does not match the candidate's.

Late arrivals. If you are late for your test appointment, you will be denied entrance into the test. You will then have to pay a rescheduling fee equivalent to your original test fees prior to rescheduling your test.

What to wear. It is recommended that a uniform or scrubs and flat, nonskid, closed-toed shoes be worn. You may be refused entrance into the test if you fail to dress appropriately. If you are not allowed to take your test, you will lose your test fees and will have to pay another fee to reschedule your test.



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

Testing regulations

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

References

- No reference materials, papers or study materials are allowed at the test site. If you are found with these or any other aids, you will not be allowed to continue the test and your answers will not be scored.

Personal items

Prometric is not responsible for personal items brought to the test site. While a designated area may be provided, it is recommended that personal items not be brought into the test site. Note the following:

- Electronic equipment—cell phones, PDAs, pagers, cameras, tape recorders, etc.—is not permitted in the testing area.
- Pocket items—keys, wallet, etc.—must remain in your pocket during testing.
- Other personal items—briefcases, purses, etc.—are not permitted in the testing area. **Note:** It is recommended that purses not be brought to the test site as access to purses will not be allowed during testing.

Breaks

- If you leave the testing room while a test is in progress, you must sign out/in on the roster and you will lose test time.
- You are not allowed to use any electronic devices or phones during breaks.

Visitors

- No guests, visitors or family members are allowed at the test site.

Misconduct or disruptive behavior

- Candidates who engage in any kind of misconduct or disruptive or offensive behavior may be dismissed from the examination. If dismissed, examination results will be invalid. Examples are: giving or receiving help, Clinical Skills candidates or actors prompting or moving when not directed to do so, taking part in an act of impersonation, removing test materials or notes from the testing room, using rude or offensive language and behavior that delays or interrupts testing.

Weapons

- Weapons are not allowed at the test site.

If questions arise. Test center administrators are not allowed to answer any questions pertaining to the test content. If you do not understand a question on the test, you should answer the question to the best of your ability.

Taking the computerized Written Test

The Written Test is administered by computer at the test site. Previous computer experience is not required and you do not need keyboard or typing skills. You will use a computer mouse to select answers. You will receive a tutorial before the test begins to familiarize you with taking your test on a computer.

This review features:

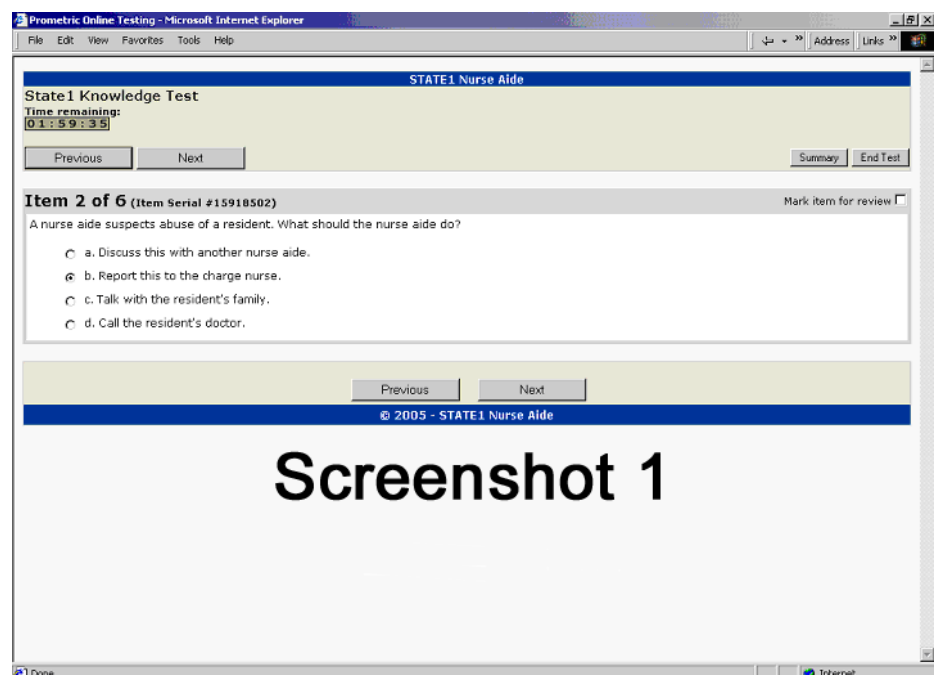
- Moving the mouse and using the mouse to select answers.
- Marking a question for review.
- Reviewing questions.
- Viewing a summary list of questions showing answered and unanswered questions.
- Submitting a test for scoring.

The screenshots on the following pages are samples of how test questions are displayed on the computer screen during the test. Notice the following features:

- The time remaining is displayed in the upper right-hand corner.
- Above the question, on the upper right-hand side, a box is available that can be checked to indicate questions you would like to look at again later. The way questions are scored is not affected by checking boxes.

In **Screenshot 1**, the candidate chose “b. Report this to the charge nurse” as the answer. You can change your answer by clicking on another response.

- Buttons are located above and below each question allowing you to move to the next question or go back to the previous question(s).
- A “Summary” button is located in the upper-right area of the screen that can be selected at any time to review how many questions have been answered and marked for review.
- An “End Test” button is also located in the upper right area of the screen. Click on this button only when you are ready to submit your test for scoring.



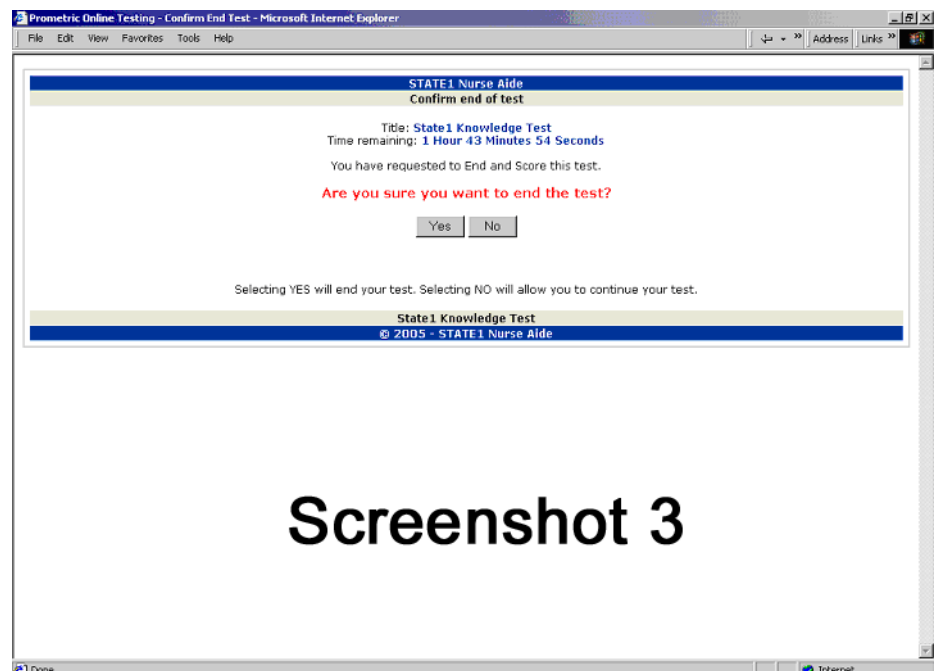
Screenshot 1

Screenshot 2 is an example of the Summary page, which provides information on questions that are marked for review, and have and have not been answered. You can open any question from this page by clicking on an item number under the column marked "Item #."



Screenshot 2

Screenshot 3 appears when you select "End Test." You will be required to answer the question "Are you sure you want to end the test?" Responding "yes" will result in the immediate scoring of your test. This test cannot be reentered under any condition. You should only answer "yes" to this question when you are completely finished with the test. It is always a good idea to review the Summary page before ending your test.



Screenshot 3

Contingency testing. In the event that a technological problem occurs on a scheduled test day, a paper and pencil version of the test will be used. Should contingency testing be implemented, same-day scoring will not be available for any portion of the Competency Examination. Candidates will be mailed their results within five business days of their test.

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

Your examination results

If you pass both parts of the examination, you will be mailed your New Mexico Nurse Aide Certificate within two business days from the date you tested. Your name will be added to the New Mexico Nurse Aide Registry.

Written or Oral (Knowledge) Test

Since your test is given on computer, you will be given a printed score report immediately after finishing your test. The score report will list an overall result, either pass or fail. The score report will also tell the percentage you got correct in each major section of the test. These percentages tell you how you did in each section to help you prepare if you need to retest. Even when you are successful, you may wish to focus on those areas that require additional attention as you begin to provide care for the public. **Test site personnel are not permitted to discuss results or performance with candidates.**

To pass the Written or Oral Test, you must get an overall number of questions correct. It is not necessary to pass each content area. This makes it possible to have a fail in several of the content areas on the Written or Oral Test and still have an overall result of pass.

Clinical Skills Test

Your score report will be given to you at the test site shortly after the completion of your test. The score report will list each skill and whether you passed or failed the skill. You must pass all five skills to pass the Clinical Skills Test. Candidates who do not pass their test will also receive information about retaking the test. **The nurse giving the Clinical Skills Test is not allowed to discuss your results or performance with you.**



Note Results are confidential and are not given out over the phone. Any questions or comments about your examination should be directed to Prometric at 866.391.1945.

Appeals process

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

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

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

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

The Appeals Committee will review your concern and send you a written response within 10 business days of receipt. **Faxed appeals will not be accepted** because an original signature is required.

Recertification

To be eligible to renew your certification, you must have worked for pay as a nurse aide for at least eight hours during your most recent 24-month certification period. You must have worked under the supervision of a licensed or registered nurse. If you qualify for recertification, your new certification period will be for two years from your last reported date of employment.

If you need to be recertified, you must complete the New Mexico Employment Verification Form Required for Nurse Aide Recertification found on Page 29 of this bulletin. The form is also available online at www.prometric.com/NurseAide/NM. Once you complete the form, you must send it to Prometric at the address shown on the form.

Examination content outlines

The following outline describes the content of the Written Nurse Aide and Clinical Skills Competency examination.

The examination will contain questions on the topics listed in the outline.

Written (Knowledge) Test Content Outline

55 questions—Two-hour limit

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

The areas of nurse aide knowledge covered in the test are listed below.

- I. Role of the Nurse Aide**
 - A. Job duties and responsibilities—reporting, personal health and safety, resident's rights, values, ethics, and legal considerations, reporting abuse and neglect
 - B. The health care team—care plans, resident care conferences, roles of team members
 - C. Communication skills
- II. Promotion of Health and Safety**
 - A. Accident prevention
 - B. Infection control
 - C. Use of restraints
 - D. Fire prevention and safety
 - E. Educating residents about health and safety
- III. Promotion of Function and Health of Residents**
 - A. Personal care skills—feeding, bathing, perineal care, nail care, skin care, toileting, grooming, dressing
 - B. Health maintenance—hydration and nutrition, protective devices, mobility and ambulation, range of motion, turning and positioning, transfer and appliances, bowel and bladder training, grooming, self care, assistive devices
 - C. Age-related changes
 - D. Psycho-social needs
- IV. Basic Nursing Skills**
 - A. Routine situations—vital signs, height, weight, skin, elimination, circulation, dietary, alertness, memory loss, confusion, sadness, fear, anxiety, withdrawn behavior
 - B. Emergency situations—chest pain, respiratory distress, choking, seizures, difficulty swallowing, diabetes, level of consciousness, falls
- V. Specialized Care**
 - A. Physical problems—hearing and vision loss, speech difficulty, mobility, paralysis, incontinence, constipation, diarrhea, nausea, catheter, tube feeding, oxygen therapy, dietary restrictions, pain
 - B. Psychological problems—confusion, memory loss, anxiety, combativeness, depression, fear, grief, pain
 - C. Care of the dying resident

Clinical Skills Checklists

The checklist for each of the skills is provided on the pages that follow. These checklists are not procedures and are not necessarily provided in the order that the candidate will perform the skill. The skills should not be learned from the checklists; however, the checklists can be helpful for you and your instructor to evaluate your performance in the classroom or clinical setting.

Indirect Care includes behaviors that are part of every skill tested for the Clinical Skills Test. Indirect Care includes communication, resident rights, safety, comfort and Standard Precautions (infection control). Indirect Care is rated during your performance of each skill. In every skill, except handwashing, the Indirect Care checkpoints are the same. They are always the first two checkpoints and the last four checkpoints. You will receive a separate score for Indirect Care.

Handwashing Notes: Your handwashing technique is evaluated at the beginning of the test. This skill is not prompted, which means you will not be told to wash your hands. Nurse aides are expected to know to wash their hands before and after physical contact (touching) with the resident. Demonstrating when handwashing is necessary is evaluated as a part of Indirect Care—Standard Precautions.

Handwashing

Does the candidate:

- 1 Wet hands and apply soap?
- 2 Work up lather cleansing front and back of hands, between fingers, around cuticles, under nails and up wrist (hands-width)?
- 3 Provide cleansing friction for a minimum of 10 seconds?
- 4 Remove all soap, rinsing while holding fingers lower than wrists?
- 5 Dry hands with paper towel and limit contact of towel to cleansed skin surfaces?
- 6 Turn off water with paper towel and dispose of towel?
- 7 Complete task without contaminating hands, such as against sink?

Bedpan

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Place protective pad on bed over bottom sheet, under buttocks before placing bedpan?

Bedpan

- 4 Position bedpan under resident according to form/shape of the selected bedpan to allow for comfort and collection?
- 5 Raise the head of bed to level of resident's comfort, after positioning the resident on the bedpan?
- 6 Provide resident with toilet paper before removing the bedpan?
- 7 Lower head of bed before removing bedpan?
- 8 Empty contents of bedpan into toilet?
- 9 Rinse, dry and store bedpan in bottom shelf/drawer of bedside cabinet?
- 10 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 11 Promote resident comfort throughout procedure?
- 12 Promote resident rights throughout procedure?
- 13 Promote resident safety throughout procedure?

Blood Pressure

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Expose the resident's antecubital area?
- 4 Position the resident's arm with palm up, and elbow at the level of the heart?
- 5 Wrap cuff evenly around arm (bladder over brachial artery), with bottom of cuff positioned within an inch above the antecubital?
- 6 Locate the brachial artery before placing the stethoscope?
- 7 Position diaphragm of stethoscope over brachial artery, and place stethoscope earpieces in his/her ears, before inflating cuff?
- 8 Inflate cuff safely (e.g., inflate not more than 30mm past point pulse last felt or heard)?
- 9 Control slow deflation of cuff?
- 10 Record blood pressure within ± 4 mm of CSO's systolic and diastolic readings?
- 11 Clean (earpieces and diaphragm of stethoscope with alcohol swab or other disinfectant) and store equipment at completion of procedure and leave work area tidy?
- 12 Utilize standard (universal) precautions throughout procedure to including handwashing at the beginning and end of task?
- 13 Promote resident comfort throughout procedure?
- 14 Promote resident rights throughout procedure?

Catheter Care

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Apply gloves before beginning catheter care?
- 4 Place incontinent pad under buttocks before beginning procedure?
- 5 Ensure water is at safe and comfortable temperature?

Catheter Care

- 6 Use soapy washcloth to clean around the catheter at the insertion site?
- 7 Change spot on washcloth for each washing stroke, wiping from front to back?
- 8 Cleanse catheter, washing away from body and down the catheter about 3-4 inches?
- 9 Use clean wet washcloth for rinsing?
- 10 Change spot on washcloth for each rinsing stroke, wiping from front to back?
- 11 Dry entire perineal area, from front to back, and catheter after completing cleaning and rinsing of each area?
- 12 Leave tubing coiled on bed, without kinks, obstructions, or loops of tubing hanging over the side of the bed?
- 13 Remove incontinent pad at the completion of the procedure?
- 14 Clean and store equipment at completion of procedure and leave work area tidy?
- 15 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 16 Promote resident comfort throughout procedure?
- 17 Promote resident rights throughout procedure?
- 18 Promote resident safety throughout procedure?

Change an Occupied Bed

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Lower head of bed before changing linen?
- 4 Position resident safely on side and on nonworking side of bed?
- 5 Roll dirty bottom linen and tuck under resident?
- 6 Place clean bottom linen on working side, securing under mattress at head of bed and along working side?
- 7 Extend clean bottom linen on working side, across bed and tuck under resident?
- 8 Ask or assist resident to turn to face opposite side of bed?
- 9 Complete placement of bottom linen, securing flat sheet under mattress at head of bed and on sides and, if using fitted sheet, by securing all four sides?
- 10 Leave bottom linen free of wrinkles?
- 11 Place clean top linen(s)?
- 12 Avoid exposure of resident throughout procedure?
- 13 Secure top linen(s) under foot of mattress allowing room for foot movement?
- 14 Leave top linens untucked on sides?
- 15 Replace pillowcase?
- 16 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 17 Promote resident comfort throughout procedure?
- 18 Promote resident rights throughout procedure?
- 19 Promote resident safety throughout procedure?

Change of Position

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Position and align resident to ensure safe turning?
- 4 Position device/padding/pillow behind resident's back to maintain side-lying position?
- 5 Align legs with knees slightly bent to alleviate hip and back strain?
- 6 Position device/padding/pillow placed between legs to avoid contact between bony prominences of knees and ankles?
- 7 Position device/padding/pillow placed between legs to ensure (upper) hip and leg in proper alignment?
- 8 Adjust resident's left arm and shoulder to avoid pressure?
- 9 Position pillow to provide support/alignment of neck and head?
- 10 Provide positioning device/padding/pillow to support right shoulder/arm?
- 11 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 12 Promote resident comfort throughout procedure?
- 13 Promote resident rights throughout procedure?
- 14 Promote resident safety throughout procedure?

Dressing

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Include resident in decision-making about clothing to wear?
- 4 Collect all garments (socks, undergarments, pants, shirt or dress) before undressing from gown?
- 5 support affected right arm while undressing and dressing?
- 6 Remove gown from affected right arm last?
- 7 Dress affected right arm first?
- 8 Gather up sleeve to ease pulling over affected arm?
- 9 Assist resident to put on underwear, T-shirt, slacks and top (or dress) and socks?
- 10 Move resident's body and extremities gently and without over-extension or force when assisting with undressing and dressing?
- 11 Adjust all clothing for comfort, neatness and alignment and close all fasteners?
- 12 Place dirty gown in designated hamper?
- 13 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 14 Promote resident comfort throughout procedure?
- 15 Promote resident rights throughout procedure?
- 16 Promote resident safety throughout procedure?

Feeding

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Raise head of bed with resident in sitting position (minimum 60 degrees) and in proper alignment, before feeding?
- 4 Offer and assist resident to wash hands before feeding?
- 5 Sit to maintain eye level contact with resident while feeding?
- 6 Apply clothing protector before feeding?
- 7 Offer fluid to drink to moisten mouth before offering food?
- 8 Use spoon to feed?
- 9 Offer fluids to drink throughout feeding (after at least every 3-4 bites of food)?
- 10 Check to see if resident has swallowed before offering next bite?
- 11 Offer encouragement to resident toward maximizing food and fluid intake?
- 12 Converse with resident during meal?
- 13 Leave area around resident's mouth clean and dry?
- 14 Remove protective clothing cover and tidy work area to completion of task?
- 15 Accurately record percent of food intake on Food Acceptance Record?
- 16 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 17 Promote resident comfort throughout procedure?
- 18 Promote resident rights throughout procedure?
- 19 Promote resident safety throughout procedure?

Hair and Nail Care

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Use comb or brush to groom hair, pulling gently through hair without tearing or breaking hair or causing discomfort to the resident?
- 4 Soak nails in water of safe, comfortable temperature before removing residue from under nails or clipping?
- 5 Remove residue from under nails with either nailbrush or orangewood stick?
- 6 Dry hands after soaking?
- 7 Leave nails smooth and free of jagged edges?
- 8 Apply lotion to hands after nails are cleaned and shaped?
- 9 Clean and store equipment at completion of procedure and leave work area tidy?
- 10 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 11 Promote resident comfort throughout procedure?
- 12 Promote resident rights throughout procedure?
- 13 Promote resident safety throughout procedure?

Height and Weight

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Ensure scale balance at zero before measuring weight?
- 4 Provide assistance to help resident onto scale platform?
- 5 Provide assistance to help resident off scale platform?
- 6 Record resident's height within ± 1 inch of CSO's measurement?
- 7 Record resident's weight within ± 2 lbs. Of CSO's measurement?
- 8 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 9 Promote resident comfort throughout procedure?
- 10 Promote resident rights throughout procedure?
- 11 Promote resident safety throughout procedure?

Measuring and Recording Conetnet of Urinary Drainage Bag

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Empty urinary drainage bag into graduated container without touching tubing against the container?
- 4 Wipe drain with alcohol swab after emptying urine contents?
- 5 Clamp and tuck drain into protective pocket of urinary drainage bag after emptying?
- 6 Leave bag secured to nonmovable part of bed, ensuring drainage bag and tubing are not touching floor?
- 7 Set graduated container on flat surface in bathroom to read?
- 8 Position self to read urine amount in graduated container at eye level?
- 9 Empty urine in graduated container into toilet, rinse container and store?
- 10 Remove gloves and wash hands before recording output?
- 11 Record output within ± 50 cc's of CSO's reading?
- 12 Record output as urine and indicate the correct time on the I&O sheet?
- 13 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 14 Promote resident comfort throughout procedure?
- 15 Promote resident rights throughout procedure?
- 16 Promote resident safety throughout procedure?
- 15 Promote resident safety throughout procedure?

Mouth Care - Brush Teeth

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Position resident in a sitting position (minimum of 45 degrees) before beginning mouth care?
- 4 Place protective covering over clothing before providing mouth care?
- 5 Moisten toothbrush with water and apply toothpaste before brushing teeth?
- 6 Brush all surfaces of teeth and the gumline with a gentle motion?
- 7 Offer resident the opportunity to rinse out mouth and spit into emesis basin as needed?
- 8 Leave area around resident's mouth clean and dry?
- 9 Clean and store equipment at completion of procedure, remove protective clothing cover and leave work area tidy?
- 10 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 11 Promote resident comfort throughout procedure?
- 12 Promote resident rights throughout procedure?
- 13 Promote resident safety throughout procedure?

Mouthcare: Dentures

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Transport dentures to sink in a denture cup or emesis basin?
- 4 Line sink with washcloth or paper towels, or fill sink with water to reduce risk of denture breakage?
- 5 Use cool or tepid running water to clean and rinse dentures?
- 6 Brush all surfaces of the dentures?
- 7 Brush dentures over sink?
- 8 Rinse dentures to ensure toothpaste/denture cleaner removed?
- 9 Store clean dentures in denture cup filled with clean cool or tepid water?
- 10 Protect resident clothing before beginning mouth care?
- 11 Provide mouth care to resident using a toothbrush/toothette/swab to massage gums, freshen mouth and remove food residue from gum pockets?
- 12 Offer resident the opportunity to rinse mouth and spit into emesis basin?
- 13 Leave area around resident's mouth clean and dry?
- 14 Clean and store equipment after use and leave area tidy?
- 15 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 16 Promote resident comfort throughout procedure?
- 17 Promote resident rights throughout procedure?
- 18 Promote resident safety throughout procedure?

Partial Bedbath

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Ensure water is at safe and comfortable temperature?
- 4 Drape/cover resident to ensure only area being cleansed is exposed?
- 5 Use washcloth without soap to wash face?
- 6 Wipe eye from the inside to out, changing to clean area of washcloth before returning to inner eye and before cleansing other eye?
- 7 Leave face clean and dry?
- 8 Contain corners of washcloth while washing and rinsing (e.g., forming mitt)?
- 9 Protect bedding by repositioning towel under resident throughout washing and rinsing?
- 10 Wash neck, hands, arms and chest using small amount of soap applied directly to washcloth (avoid soap poured directly into bath basin)?
- 11 Rinse neck, hands, arms and chest removing soap residue?
- 12 Dry neck, hands, arms and chest?
- 13 Ask or assist resident to turn safely on side to wash back?
- 14 Wash, rinse and dry back?
- 15 Warm lotion in hands before applying to resident's back?
- 16 Provide backrub using strokes to cover from base of spine and working toward neck and shoulders using gentle strokes and circular motions?
- 17 Remove unabsorbed excess lotion on resident's back?
- 18 Replace hospital gown without exposing resident and secure gown in back?
- 19 Clean and store equipment after use, and leave work area tidy?
- 20 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 21 Promote resident comfort throughout procedure?
- 22 Promote resident rights throughout procedure?
- 23 Promote resident safety throughout procedure?

Perineal Care - Female

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Apply gloves before beginning perineal care?
- 4 Replace soiled pad under resident's buttocks before beginning perineal care?
- 5 Ensure water in basin is at a safe and comfortable temperature?
- 6 Use soapy washcloth to cleanse genital area?
- 7 Pass over urinary meatus with first stroke of washcloth?
- 8 Change spot on washcloth for each washing stroke?
- 9 Wipe from front to back with all washing and rinsing strokes?

Perineal Care - Female

- 10 Remove all soap from perineal area using a fresh wet washcloth for rinsing?
- 11 Change spot on washcloth for each rinsing stroke?
- 12 Cleanse all skin folds of perineal area, front and back?
- 13 Dry entire perineal area, from front to back after completing cleansing and rinsing of each area?
- 14 Replace basin of water during task if it becomes cold or soapy?
- 15 Position resident on side for cleansing of buttocks and rectal area?
- 16 Cleanse, rinse and dry rectal and buttocks area?
- 17 Leave resident on dry underpad at completion of procedure?
- 18 Clean and store equipment at completion of procedure and leave work area tidy?
- 19 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 20 Promote resident comfort throughout procedure?
- 21 Promote resident rights throughout procedure?
- 22 Promote resident safety throughout procedure?

Pulse and Respirations

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Support resident's forearm while taking pulse?
- 4 Place fingers over radial pulse?
- 5 Count pulse for at least one full minute?
- 6 Record pulse rate?
- 7 Report pulse within +/- 4 beats per minute of CSO's measurement?
- 8 Conceal counting of respirations by not telling resident?
- 9 Count respirations for at least one full minute?
- 10 Record rate of respirations?
- 11 Report respirations within +/- 2 breaths per minute of CSO's measurement?
- 12 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 13 Promote resident comfort throughout procedure?
- 14 Promote resident rights throughout procedure?
- 15 Promote resident safety throughout procedure?

Range of Motion: Lower Extremities

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Support extremity above and below joints throughout ROM?
- 4 Take resident's hip and knee through ROM, flexing knee and hip and raising toward torso, and returning back to mattress?
- 5 Take resident's hip through abduction/adduction ROM (moving leg away from midline and returning to the midline, with leg lifted slightly off the bed)?

Range of Motion: Lower Extremities

- 6 Take resident's hip through rotation ROM (e.g., rolling leg toward midline, and out toward edge of bed, or by turning foot toward midline and out toward edge of bed)?
- 7 Flex and extend ankle through ROM exercises?
- 8 Rotate ankle through ROM exercises?
- 9 Provide three repetitions of each ROM exercise?
- 10 Ascertain resident's comfort with movement either verbally or by observing resident's face through ROM exercises?
- 11 Control extremity through ROM to ensure smooth, slow, nonforceful movement?
- 12 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 13 Promote resident comfort throughout procedure?
- 14 Promote resident rights throughout procedure?
- 15 Promote resident safety throughout procedure?

Range of Motion: Upper Extremities

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Support extremity above and below joints throughout exercises?
- 4 Take resident's shoulder through ROM, raising and lowering straightened arm, along side, toward head of bed and back to mattress?
- 5 Take resident's shoulder through abduction/adduction ROM, (moving straightened arm away from side, up toward head and returning along resident's side)?
- 6 Take resident's shoulder through rotation ROM, (positioning shoulder extended straight to the side with elbow flexed, rotating shoulder by moving forearm forward toward mattress and backward toward mattress)?
- 7 Flex and extend elbow through ROM exercises?
- 8 Rotate wrist through ROM exercises (e.g., gently moving wrist in circular motion to include flexion and extension, abduction and adduction of wrist)?
- 9 Flex and extend finger and thumb joints as ROM exercises?
- 10 Provide three repetitions of each ROM exercise?
- 11 Ascertain resident's comfort with movement either verbally or by observing resident's face throughout ROM exercises?
- 12 Control extremity through ROM to ensure smooth, slow, nonforceful movement?
- 13 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?

Range of Motion: Upper Extremities

- 14 Promote resident comfort throughout procedure?
- 15 Promote resident rights throughout procedure?
- 16 Promote resident safety throughout procedure?

Transfer

Does the candidate:

- 1 Greet resident, address by name and introduce self?
- 2 Provide explanations to resident before beginning and throughout procedure?
- 3 Place wheelchair near the bed before assisting resident to sitting position at the edge of the bed?
- 4 Lock wheelchair before beginning transfer?
- 5 Remove or swing footrests out of way before transferring resident?
- 6 Place nonskid footwear on resident before transferring resident?
- 7 Provide support to assist resident to sitting position on side of bed?
- 8 Apply gait belt securely around waist and ensure gait belt is not restricting circulation or breathing or injurious to skin integrity?
- 9 Ensure resident's feet are flat on the floor before beginning transfer?
- 10 Position wheelchair adjacent to bed before beginning transfer with the front interior wheel close to bed to facilitate pivot transfer?
- 11 Stand in front of resident, bracing resident's legs, reaching around resident, under arms to hold gait belt securely at back?
- 12 Maintain own body mechanics in assisting resident to stand?
- 13 Complete transfer as a pivot?
- 14 Maintain own body mechanics in assisting resident to sit in wheelchair?
- 15 Provide support for controlled gentle lowering of resident into seat of wheelchair?
- 16 Position resident in proper body alignment in wheelchair with resident's hips in back of seat?
- 17 Place resident's feet on footrest?
- 18 Remove gait belt at completion of transfer?
- 19 Utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- 20 Promote resident comfort throughout procedure?
- 21 Promote resident rights throughout procedure?
- 22 Promote resident safety throughout procedure?

Practice Questions for the Written Test

The questions in the Written Test are multiple choice. Each provides four options from which you choose your answer. If you are not sure of an answer, do not spend a great deal of time on it. It may be better to select the best answer or mark it for review later.

Answer every question, even if you are unsure of an answer. You will not receive credit for any question left blank.

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

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

Answers to sample questions:

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

Reading assessment

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

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.

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.

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

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

At the end of the assessment, an answer key is provided for you to score the test. If you answered 13 or more questions correctly, you most likely have the reading skills required to take the Written Test. If you get 12 or fewer questions correct, you should consider requesting an oral administration of the test (see Page 8).

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.

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

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

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

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

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

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

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

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

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

Number Correct

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

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

Application and forms

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

- New Mexico Certified Nurse Aide name or Address Change Form.
- New Mexico Nurse Aide Registry Application.
- New Mexico Employment Verification Form.



New Mexico Certified Nurse Aide Name or Address Change Form

This form is used to update examination and registry files for name or address changes.

Mail Completed Form to: Prometric, ATTN: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108

Please Print or Type Clearly

| |
|---------------------------------|
| Name (as it appears on license) |
| Certificate Number |
| Social Security Number |

Address Change/Correction

New Residence Address

| | | |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) | | |
| City | State | ZIP Code |
| Phone Number (including area code) () | | |

Former Residence Address

| | | |
|---|-------|----------|
| Residence Address (include Appt. Number/Suite/Floor, if applicable) | | |
| City | State | ZIP Code |
| Daytime Phone Number (including area code) () | | |

Name Change/Correction

| |
|----------------|
| New Name |
| Former Name |
| Corrected Name |

To change your name, this form must be accompanied by legal documentation. Acceptable forms of documentation include a copy of your marriage certificate, divorce decree or legal name change decree.

By signing and submitting this form, I certify that all information is true.

Signature: _____ Date: _____



New Mexico Nurse Aide Registry Application

(Please print clearly and neatly)

Candidates must complete Parts A, B, C and F of this application. Part D must be completed for candidates whose eligibility to test is based on having completed a state-approved training program within the past 24 months (Routes 1 and 9). Part E must be completed for candidates who are employed or have an offer of conditional employment from a Medicaid certified nursing facility. If Part E is left blank, you must enclose payment for the test fees.

For assistance in completing this application, please call Prometric at 866.391.1945 Monday through Friday between 7 a.m. and 4 p.m. (Mountain Time). Incomplete applications will be denied. **Mail completed forms**, along with the appropriate fees, to: Prometric, ATTN: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108.

Note: To be admitted to test, candidates must provide government-issued identification at the test site that lists the same name used on this application form.

Part A. Candidate Information

| | | | |
|---|---|----------------------|-------------------------------|
| Last Name | First Name | Middle Name | Maiden Name (if applicable) |
| Street Address (including Apt. number or P.O. Box, if applicable) | | | Social Security Number - - |
| City | | State | ZIP Code |
| Daytime Phone Number (including area code) () | Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth - - | |

| | | | |
|---|--|--|------------------------------|
| Education Level (Check the box next to your highest education level completed) | | | |
| <input type="checkbox"/> 0-8 years of Education | <input type="checkbox"/> 9-11 years of Education | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Other _____ | |

Part B. Test Selection and Fees If you are currently employed or have been offered conditional employment by a Medicaid certified nursing facility, Part E must be completed.)

| <input checked="" type="checkbox"/> | First-Time Tester | Fee | 5% NM State Tax | Total |
|-------------------------------------|---|------------|------------------------|--------------|
| | Clinical Skills and Written Test | \$95 | \$4.75 | \$ |
| | Clinical Skills and Oral Test (English) | \$105 | \$5.25 | \$ |
| | Clinical Skills and Oral Test (Spanish) | \$105 | \$5.25 | \$ |
| <input checked="" type="checkbox"/> | Retester | Fee | 5% NM State Tax | Total |
| | Clinical Skills Retest | \$60 | \$3.00 | |
| | Written Retest | \$35 | \$1.75 | \$ |
| | Oral Retest (English) | \$60 | \$3.00 | \$ |
| | Oral Retest (Spanish) | \$60 | \$3.00 | \$ |
| | Total Fee | | | \$ |

Payment: Fee(s) may be paid by cashier's check or money order, payable to Prometric. Your name must be written on the money order or cashier's check. **Personal checks and cash are not accepted. Fees are nonrefundable.**

Part C. Eligibility Route

(See explanation of routes in this bulletin beginning on Page 2.)

| <input checked="" type="checkbox"/> | Route |
|-------------------------------------|--|
| | 1 - New Nurse Aide (New Mexico Trained) |
| | 2 - Military Trained |
| | 3 - Graduate RN/LPN |
| | 4 - Out-of-State Nurse Aide (Expired) |
| | 5 - Out-of-State or Foreign Trained Nurse/Nurse Aide (RN/LPN/NA) |
| | 6 - RN/LPN Student |
| | 7 - Expired New Mexico Certificate. NM Certificate # _____ |
| | 8 - Expired New Mexico Certificate beyond 24 months but nurse aide has been working in nursing-related field. NM Certificate # _____ |
| | 9 - Expired New Mexico Certificate/Retrained. NM Certificate # _____ |

Part D. Training Verification

(This section must be completed for any application in which the applicant has checked Eligibility Route 1 or 9.)

| | | | |
|---|--|---|----------|
| Training Program Code: T ____/____/____/____ | | Training Completion Date: ____/____/____ | |
| Name of Approved Training Program | | | |
| Training Program Mailing Address | | | |
| City | | State | ZIP Code |
| Phone Number (including area code) () | | Fax Number (including area code) () | |

Program Director's or Instructor's Signature Date

Part E. Work Verification

If you are currently employed or have been offered conditional employment by a Medicaid certified nursing facility, this section must be filled out by an authorized facility representative in order to qualify you for state paid test fees. If this section is not completed, you must enclose a money order or cashier's check for the fees or your application will be denied.

| | |
|--|---|
| Date of Hire: (MONTH/DAY/YEAR) | Medicaid Provider Code (please provide complete code) |
| Name of Facility | |
| Facility Address | |
| City | State ZIP Code |
| I verify that this nurse aide is employed or has been offered conditional employment in this qualified nursing facility. | |

Authorized Facility Representative's Signature Date

Part F. Test Site Information

A calendar of available test sites and dates is posted online at www.prometric.com/NurseAide/NM. Completed applications and fees must be received by Prometric at least three weeks before the requested test date.

| | Exam Date | Location |
|---------------|-----------|----------|
| First Choice | | |
| Second Choice | | |

Agreement of Authorization and Confidentiality

I agree that the information in this application is correct and may be investigated by the New Mexico Human Services Department. I understand that if I have given false information in this application, I will not be allowed to take my examination and could be prosecuted by the State of New Mexico. I also understand that if I cheat or engage in other prohibited behavior during my examination, I may be disqualified from continuing to take the examination or from receiving my examination results. I understand that examination results will be sent to my approved training program where applicable. I understand that a record of the successful completion of this competency evaluation will be included in the New Mexico Nurse Aide Registry. I understand that I must inform the registry of current employment information every 24 months or my record will be removed from the registry. I have read and understand the information in the New Mexico Certified Nurse Aide Information Bulletin.

Applicant's Signature Date

Release

I do not have any physical, medical, or other condition that would be in any way affected by my participation in the examination. I hereby release Prometric, the New Mexico Human Services Department, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Applicant's Signature Date



New Mexico Employment Verification Form Required for Nurse Aide Recertification

This form is required to document and verify work experience so you may renew your New Mexico Nurse Aide Certification. To renew your certification, you must have worked for pay as a nurse aide performing nurse aide duties under the supervision of a licensed or registered nurse for at least eight hours during the previous 24-month certification period.

1. If your record in the New Mexico Nurse Aide Registry is flagged for resident abuse or neglect, misappropriation of resident property or Medicaid fraud, your certification will not be renewed.
2. Name changes require that the nurse aide include a copy of the legal documents supporting the requested name change.
3. If you qualify for recertification, your new certification period will be for two years from your last reported date of employment.

| | | |
|----------------------|-------------------------------|-------------------------|
| Current Information: | Current Registration Expires: | Social Security Number: |
| | | |

Instructions for the nurse aide:

1. Complete Section 1 of this form.
2. Take this form to your nurse aide employer to request that they complete Section 2 of this form.
3. If your work experience as a nurse aide occurred in a Medicaid approved nursing facility and the employer completed Section 2, mail completed form to Prometric. No recertification fee is required.
4. If your work experience as a nurse aide occurred in a non-Medicaid approved nursing facility or for a licensed health care facility or business, mail completed form to Prometric with a \$21 money order or cashier's check made payable to Prometric (cash and personal checks are not accepted). This fee is nonrefundable.

If you have worked as a nurse aide but your past employer refuses to complete Section 2:

1. Complete Sections 1 and 3 of this form.
2. Attach a copy of your W-2 or most recent pay stub showing employment by your former nurse aide employer.
3. Mail this form to Prometric with a \$21 money order or cashier's check made payable to Prometric (cash and personal checks are not accepted). This fee is nonrefundable.

Mail Completed Forms to: Prometric, ATTN: NM NA Program, 1260 Energy Lane, St. Paul, MN 55108

Forms should not be submitted more than 30 days before your current certification expiration period. Forms received more than 60 days after the certification expiration will not be processed. It is recommended that you make a copy of this completed form for your records before mailing. For assistance in completing this form, please call Prometric at 866.391.1945 Monday through Friday between 7 a.m. and 4 p.m. (Mountain Time).

Section 1: Nurse Aide Information

| | | | |
|---|---|------------------|-------------------------------|
| Last Name | First Name | Full Middle Name | Maiden Name (if applicable) |
| Street Address (including Apt. number or P.O. Box, if applicable) | | | Social Security Number - - |
| City | | State | ZIP Code |
| Home Phone Number (including area code) () | Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male | | Date of Birth - - |
| Signature of Nurse Aide: | | | Date |

Section 2: Employment Verification

Instructions:

- Employers must complete this section to verify that the nurse aide worked for their nursing facility, health care facility or business for at least eight hours for pay during the last 24 months performing nurse aide duties under the supervision of a licensed or registered nurse. For Medicaid approved nursing facilities, this includes nurse aides who are or were employed by the facility and/or nurse aides who worked at the facility but were employed by another staffing entity.
- If you are a Medicaid approved nursing facility, an authorized facility representative must complete and sign this section.
- If you are a non-Medicaid approved nursing facility, health care facility or business, this section must be completed and signed by both the Administrator/Director and a licensed, practical or registered nurse who supervised the nurse aide.
- Completing Section 2 is not an endorsement of the nurse aide, the quality of the nurse aide's work or eligibility for rehire. You are simply verifying that the nurse aide worked as a nurse aide for pay providing nurse aide duties at your facility/business.

| | | |
|--|--|----------|
| Name of Nursing Facility or Business | Facility/Business Phone Number (including area code) () | |
| Facility or Business Mailing Address | | |
| City | State | ZIP Code |
| Is your facility a Medicaid Approved Nursing Facility? (check one only) | | |
| <input type="checkbox"/> Yes (Provide Medicaid Provider Code below) <input type="checkbox"/> No (Provide License Number below) | | |
| Medicaid Provider Code (please provide complete code) | License Number: | |
| | Type of facility/business (check one): <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Long Term Care | |
| Nurse Aide's Date of Hire: ___/___/___ | Did the nurse aide work for your facility/business for a minimum of eight hours providing nurse aide duties for pay working under the supervision of a licensed, practical or registered nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Nurse Aide's Last Date of Employment: ___/___/___ | | |

I agree that the information provided in Section 2 of this verification form is correct and may be investigated. I understand that if I have given false information on this form, I may be prosecuted by the State of New Mexico.

| | | |
|--|---|------|
| Name of Authorized Facility Representative (please print) | Signature of Authorized Facility Representative | Date |
| Name & License # of Supervising Licensed or Registered Nurse | Signature of Supervising Licensed or Registered Nurse | Date |

Section 3: Employment Verification Supported by Pay Stub or W-2

Instructions: Nurse aides may only use this section if their employer refused to complete Section 2. If the employer refused, the nurse aide must complete and sign below. The nurse aide must include the \$21 (includes NM State Tax) renewal fee.

| | | | |
|------------------------------|--|----------|--|
| Name of Facility or Business | Phone Number (including area code) () | | |
| Mailing Address | | | |
| City | State | ZIP Code | |
| Type of Facility (check one) | <input type="checkbox"/> Medicaid approved nursing facility <input type="checkbox"/> Assisted Living <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Other (specify): _____ | | |

I worked at this nursing or health care facility or business from ___/___/___ to ___/___/___ as a nurse aide providing nurse aide related duties for pay under the supervision of a licensed or registered nurse. I attest to the accuracy of the information provided in Sections 1 and 3 of this verification form, as well as to my claim that the employer listed was asked to complete this verification and refused. I understand that it may be investigated. I further understand that if I have given false information on this form, I may be prosecuted by the State of New Mexico.

Signature of Nurse Aide: _____ Date: _____

PROMETRIC
1260 Energy Lane
St. Paul, MN 55108
866.391.1945

**FIRST
CLASS
MAIL**