

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/NY 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.