

# Delaware 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
- New facilities (facilities that have not tested with Prometric in the past) must fill out this In-facility agreement and request form. Additional agreements and forms may be requested from [www.prometric.com/NurseAide/DE](http://www.prometric.com/NurseAide/DE) or by calling 866-664-9504. The agreement must be filled out by the facility, and all supply and system requirements must be met. Prometric reserves the right to discontinue use of a facility if security breeches or requirements are not met.
- A site review, signed agreement and request forms must be received by Prometric 30 days in advance of the requested testing date.
- Returning facilities (facilities that have previously tested with Prometric in 2008) will only be required to send the request form to Prometric 30 days in advance of requested test date.
- There must be a minimum of eight applicants per exam date, or payment for eight applicants, if fewer than eight individuals are testing.
- Each Nurse Aide Evaluator can only test 8 candidates a day, if your facility is approved to test more than 8 candidates you must indicate that on the request form.
- Prometric will attempt to schedule a Nurse Aide Evaluator for one of the requested dates.
- Prometric will e-mail the facility, with the scheduled test date and test site code for the facility.
- After candidates have completed the information in Section E of the Registry Application, with the test code and test date provided to the facility by Prometric, **all** candidate applications must be sent together with payment and a copy of the completed request form to Prometric 15 business days prior to the confirmed test date.

**Part I Contact Information:** Complete the information in the table below.

Name of DE Approved Training Program or LTCF		
Mailing Address		
City	State	Zip Code
Training Program Coordinator/Instructor	Telephone No. (Include Area Code)	
	Fax No.	
	Email Address	

## Part II Testing Model

The Connecticut Nurse Aide Competency Evaluation consists of a performance-based Clinical Skills Test (demonstration) and a Written or Oral Test. Prometric is able to deliver these tests on computer with Internet connection. The advantage of our Internet-based testing (IBT) is that it provides for immediate onsite scoring. The computer system requirements for IBT delivery of testing are:

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| <ul style="list-style-type: none"> <li>▪ Pentium 166+ with at least 32 megs of RAM</li> <li>▪ Windows 95/98 or higher</li> <li>▪ Microsoft Internet Explorer 5.0 or higher</li> <li>▪ 56K/v90 or higher speed modem</li> <li>▪ T-1 cable connection preferred</li> <li>▪ 100 megabytes free disk space (hard drive)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Monitor</li> <li>▪ Mouse</li> <li>▪ Keyboard</li> <li>▪ Printer</li> <li>▪ Audio card</li> <li>▪ Headset</li> </ul> |
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### Part III Agreement

The space, equipment and supply requirements for In-Facility Testing are detailed below in Part IV and the procedures for requesting in-facility testing is detailed below in Part V. Review the agreement terms below and sign the agreement. Fax pages (1, 2 and 6) of this agreement to Prometric at 800.813.6670 along with directions to your training program/facility and a description of the areas that will be used for testing. The Agreement may also be mailed to the following address: DE Nurse Aide; Prometric; 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 Demonstration and the Written or Oral Tests are provided;
- ensure adequate inventories of the supplies based on the volume of candidates to be tested;
- ensure that all the supplies and equipment required for the administration of the Clinical Skills Demonstration are set-up to simulate a resident's unit and equipment 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 (volunteer) and that candidates and volunteers have signed the release forms;
- pre-screen 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 can result in suspension of in-facility testing. Compliance issues will be reported to the DOH. The facility is also expected to work collaboratively with the NAE towards ensuring efficiency in the administration of testing.

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Signature of Authorizing Facility Representative

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Date

### Part IV Required Space, Equipment and Supplies

In order to qualify for in-facility testing, the training program/facility is required to provide the required space, equipment and supplies needed to provide for 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

#### Oral and Written Test

#### Space and Equipment

##### A. General

- lighting in testing room should be appropriate for office work
- well ventilated with temperature controls that provide for the general comfort of candidates
- quiet environment conducive to the concentration required for test taking
- room used exclusively for testing during administration
- restroom available to candidate within facility, preferably within proximity of testing room
- privacy provisions for testing such as ability to close door to testing room

##### B. Computer Administration

- computer station with chair
- multiple computer stations should be separated a minimum of 3 feet all directions

- accommodations to reduce potential monitor glare such as computer station arrangement, lighting or screens
- Computer specifications for IBT (see Part II)

**Supplies:**

- A. Computer Administration: Paper in printer and supplies for paper and pencil testing (contingency administration in the event of paper and pencil administration)

**Clinical Skills Administration**

**Space:**

- A. Room with closed door to provide for the privacy of testing.
- B. Area simulated to be resident room in LTCF. Actual resident room can be used in LTCF 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 running water and hand controls for turning on and off water located in testing room or within immediate proximity of testing room (Note: If outside of testing room must be accessible throughout testing.)
- D. Privacy curtain (or other privacy provision)

**Equipment:**

**Resident Room Environment:**

Working hospital bed with regular mattress (no air mattresses, etc.). Height of bed must be able to be raised and lowered

Side rails on bed optional

Sink with running water (both hot and cold) and hand-controlled faucets located in clinical skills room

Call bell (designated device, does not need to be operational)

Side chair (2)

Provision for privacy (curtain screen/screen) - partial does not need to wrap; minimum 2 feet

Soiled linen hamper

Overbed table - working controls and level surface

Bedside cabinet (night table)- must have shelves or drawers

Commode chair or toilet (required)

Wheelchair with footrests and brakes - standard

**Basic Supplies:**

Bath Basins (2) (rectangular shape preferred for footcare)

Emesis basin

Bedpans (fracture and regular)

Combs (6)

Drinking Cups - disposable (12)

Denture

Denture container/cup

Toothpaste (2)

Toothbrushes (6)

Gloves (non-latex all sizes)

Lotion

Emery Boards (6)

Orange Sticks (6)

Paper Towels

Soap (2)

Toilet tissue

Underpads (incontinent pads)(6)

Water Pitcher

Napkins

Plastic spoons, forks, knives (6)  
Snack containers of Jell-O, pudding or applesauce- not expired (6)  
Drinkable water  
Straws (optional)

**Linens:**

Bath blanket or similar item (4)  
Flat sheets (6)  
Fitted sheets (6) must fit mattress size  
Pillowcases (8)  
Pillows (minimum 5)  
Patient gowns (6)  
Towels (12)  
Washcloths (24)  
Clothing protector (bibs)(4)

**Clothing: to fit mannequin**

Button or snap shirt (extra large; 2 with long sleeves)  
Sweat pants or similar item - elastic waist pant shorts (2 extra large)  
Socks

**Additional items:**

Full-size Mannequin - with female genitalia that allows for catheter insertion (not life weight mannequin, must have moveable joints)  
Blood Pressure Cuff  
Stethoscope with double earpiece (teaching)  
Stand up scale (non-digital) or may use chair scale (non-digital)  
Gait or transfer belt (2 large)  
Disinfectant (2)  
Clock with second hand  
Indwelling catheter  
Urinary drainage bag (must be able to be inserted and stay within mannequin; fit securely in mannequin with no tape)  
Clear or opaque graduate container for measuring urine (not urinal; not metal and marked with cc's)  
Alcohol swabs (individually wrapped)  
Toothettes (optional)  
Yellow food coloring  
Sphygmomanometer

**Part V Procedure for requesting In-Facility Testing**

New facilities (facilities that have not tested with Prometric in the past) must obtain an In-facility agreement and request form from [www.prometric.com/NurseAide/DE](http://www.prometric.com/NurseAide/DE) or by calling 866-664-9504 to request the form. The agreement must be filled out by the facility, and all supply and system requirements must be met. Signed agreements and request forms must be received through mail or fax by Prometric 30 days in advance of the requested testing date. Returning facilities (facilities that have previously tested with Prometric in 2008) will only be required to send the request form (page 6) to Prometric 30 days in advance of requested test date.

All request forms must be received and contain three different testing date requests. After receiving a request form and/or In-facility agreement, confirmations will be faxed and/or emailed to the facility verifying their testing date and their test code. After candidates have completed the information in Section E of the Registry Application, with the test code and test date provided to the facility by Prometric, **all** candidate applications must be sent together with the facility's confirmation form and all payments to Prometric.

The facility is then required to mail all applications and payments with their confirmation form to Prometric. There must be a minimum of six applicants per exam date, or payment for six applicants, if fewer than six individuals are testing. Each Nurse Aide Evaluator can only test 8 candidates per day, if you are testing more than 8 candidates you must submit multiple forms with different dates or if your facility is approved to test

more than 8 a day you need to alert prometric on page 6 of how many candidates are testing. Testing fees may be paid by facility check, money order or certified check made payable to Prometric or by credit card (Visa or Mastercard). A facility check for the group is allowed. If individual payments are made, the candidate's name must appear on each money order/certified check. No cash or personal checks accepted. *Testing fees are nonrefundable and nontransferable.* Candidates who do not show up for testing or who are not admitted to testing (e.g., late or insufficient identification) will forfeit their testing fees.

Mail to:

DE Nurse Aide Program - IFT  
Prometric  
1260 Energy Lane  
St Paul, MN 55108

If using traceable delivery to mail applications, we do not recommend using USPS certified mail if you are trying to ensure delivery in an expedient timeframe.

Notes:

- (1) Individual candidates can be rescheduled for another testing date if the request is made before five-business days preceding the scheduled test date. Payment for eight candidates is still required if the rescheduling drops the amount of candidates to below eight.
- (2) It is the responsibility of the In-Facility site to notify candidates of their scheduled testing day. The training program will be faxed or emailed a confirmation of the days of testing.

**Part VI Day of Testing**

Candidates are not expected to provide a person to play the role of the resident for testing. Other candidates present to test will act as their actors. Instructors may not play the role of the resident.

Candidate and Volunteer (Actor) Release Forms will be issued to candidates on the day of testing.

Training programs/facilities are asked to remind candidates about identification requirements for admission to testing to ensure candidates are not denied testing by providing insufficient identification. Copies of identification documents cannot be accepted. Identification must be in the same name as the name the candidate registered to test. The only exception to this requirement is if the candidate provides the NAE with a copy of a legal document that supports the name change.

# Application Processing Request for In-Facility Testing

## Part I Notification of Testing

**Instructions:** When your training program is prepared to schedule a testing date for your CNA applicants, complete Part I of this form to notify us of your requested test dates. Fax or mail the form to our DE team at **(800) 813-6670**. Use a separate form for each testing date. A minimum of six candidates is required for testing.

Name of DE Approved Training Program		
Mailing Address		
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City	State	Zip Code
Address of Testing Location ~ONLY COMPLETE IF DIFFERENT THAN MAILING ADDRESS~		
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City	State	Zip Code
Training Program Coordinator/Instructor		Requested Testing Date
		Option #1
Training Program Contact Info:		Option #2
Phone #	Fax #	
Email Address		Option #3
Note: Each NAE can only test 8 candidates on a scheduled event. If you are testing more than 8 candidates several different days must be requested on separate forms. If you site has been approved to test more than 8 candidates please alert us to this information in adjoining box.		# of candidates

## To Be Filled out by Prometric

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

**Instructions:** All requests must be received 30 days before requested testing. Prometric will fax a confirmation with test date and site code for the applications back to the facility. Candidate applications and testing fees must be received by Prometric a minimum of **fifteen business days** before the scheduled test date, completed. The facility requesting testing must submit the applications in a batch, attaching this form as the cover page, ensuring Part I is completed. Testing fees may be paid by facility check, money order, credit card, or certified cashier's check made payable to Prometric. A facility check for the group is allowed. If individual payments are made, the candidate's name must appear on each money order/certified/cashier's check. Cash and personal checks are not accepted. *Testing fees are nonrefundable and nontransferable.* Candidates that do not show up for testing or candidates that cannot be admitted to testing (e.g., lack of ID) will forfeit entire testing fees.

DE Nurse Aide Program - IFT  
 Prometric  
 1260 Energy Lane  
 St Paul, MN 55108

If using traceable delivery to mail applications, we do not recommend using USPS certified mail if you are trying to ensure delivery in an expedient timeframe.

**Note:** Individual candidates can be rescheduled for another testing date if the request is made before five-business days preceding the scheduled test date as long as a minimum of 6 candidates remain scheduled for the test date or the facility is paying for a minimum of 6 students to test. All candidates may be rescheduled with a \$25.00 fee. To reschedule a candidate, call 866.499.7485.