

# ARKANSAS

*Department of Human Services  
Office of Long Term Care*

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*Nursing Assistant  
Candidate Information Bulletin*

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***Providing Certification Examinations for the State of Arkansas***

800.818.8917 • Fax: 800.813.6670 • [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR)

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## Introduction

### *A message from DHS/OLTC*

The Arkansas Department of Human Services (DHS), Office of Long Term Care (OLTC) has contracted with Prometric to develop and administer its Nursing Assistant Competency Exam and to manage the Nursing Assistant (NA) Registry.

This bulletin describes the procedures for becoming an Arkansas Certified Nursing Assistant (CNA) and a member of the Arkansas Nursing Assistant Registry. This bulletin also provides information on the requirements for renewing the Arkansas Nursing Assistant certification. The OLTC oversees the certification process.

### *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 exam application, registration, expiration and rescheduling provisions.
- 2 Complete the Eligibility Screening Application (see Page 27) and send it to Prometric.  
The application form can be downloaded from our Web site at:  
[www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR).
- 3 You may prepare for your exams using the exam content outlines in this bulletin. (See Page 16.)
- 4 If you pass your exams, your CNA certificate will be mailed to you and your name will be added to the Arkansas Nursing Assistant Registry. (See Page 13.)
- 5 Complete the Certification Renewal process within the appropriate timeframe. (See Page 14.)



#### *To get answers not provided in this bulletin*

Direct all questions and requests for information about exams to:

**Prometric**  
Arkansas Nursing Assistant Testing Program  
1260 Energy Lane  
St. Paul, MN 55108  
Phone: 800.818.8917  
Fax: 800.813.6670  
[www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR)

Direct questions about Arkansas program regulations to:

**Arkansas Office of Long Term Care**  
**Nursing Assistant Training Program, Mail Slot S405**  
P.O. Box 8059  
Little Rock, AR 72203-8059  
Phone: 501.682.1807  
Email: [cna.oltc@arkansas.gov](mailto:cna.oltc@arkansas.gov)

## Understanding certification options

To apply for certification, you must first establish your eligibility to test. The OLTC provides seven certification options for establishing that eligibility.

Options 1 through 6 require an applicant to pass a Competency Examination (see Page 16) to become an Arkansas CNA. Under Option 7 and Option 8, the OLTC will determine on a case-by-case basis whether the applicant applying for certification will be added directly to the Arkansas Nursing Assistant Registry or whether the applicant will be required to complete the Competency Examination.



**Important** Be sure to select (mark) the certification option that fits your eligibility circumstances on your Eligibility Screening Application form (see Page 27).

### Certification options

Please review the following certification options to determine the one that best fits your situation.

#### Option 1—New Nursing Assistants

##### Select this certification option if you have:

- Completed an Arkansas-approved nursing assistant training program within the last 12 months; **and**
- Previously never been certified as an Arkansas CNA.

##### To apply for testing under Option 1:

- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide Prometric with a copy of your training completion document. (The training completion document or certificate must include the date you completed your state-approved training and the official name of the training program that issued it);
- Determine whether your training program will be scheduling your testing at your training site or whether you will need to request testing at a Regional Test Site; **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Important** You must pass your Competency Exam within one year of completing your training and within three attempts. If you do not pass both parts of the exam within one year of completing training or within three attempts, you will be required to retrain and retest.

## Option 2—Previously Certified in the State of Arkansas

Select this certification option if you previously have been certified in Arkansas as a CNA but have allowed your certificate to expire.

**Certification renewal.** If your certificate is less than 24 months old, you may be eligible for renewal. (See the “Certification renewal” section on Page 14.)

**Expired certification.** A nursing assistant certification has expired and is invalid if the nursing assistant has not worked for pay as a CNA for a minimum of eight hours during her/his most recent 24-month certification period. If your nursing assistant certification has expired for over 24 months, you must retest.

### To apply for testing under Option 2:

- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide your previous certificate number (if available); **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Important** You must complete your competency exam within one year of testing eligibility approval. Applicants successfully completing testing will be issued a new certificate with a new certificate number.

## Option 3—RN or LPN Students

Select this certification option if you are an RN or LPN student who has completed and passed your program’s course of Basic Nursing I or an equivalent course. You will not be required to complete further training, but you are required to take and pass the competency examination within one year of testing eligibility approval and within three attempts.

Before you can apply for testing, you must first contact the OLTC at 501.682.1807 for more information on applying under this Option.

### To apply for testing under Option 3:

- Obtain approval from the OLTC.
- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide the approval letter from the OLTC that indicates you are allowed to take the competency examination; **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Note** An individual who has been or currently is licensed as an RN or LPN in any state who wants to apply for nursing assistant certification must apply under Option 8.

## Option 4—Home Health Aide

Select this certification option if you have completed training as a home health aide.

### To apply for testing under Option 4:

- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide a copy of your training completion certificate from a home health aide program approved under federal requirements. The document verifying training must show completion of a minimum of 75 hours of training and/or federal testing requirements as a home health aide; **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Important** While you are not required to complete further training for this option, you are required to take and pass the competency exam within one year of testing eligibility approval and within three attempts. This option does not apply to personal care aides.

## Option 5—No Longer Available

The Medical Specialist from the U.S. Armed Forces certification option is no longer available. If you might have considered this option, contact the OLTC at 501.682.1807 for more information on applying under Option 8 instead.

## Option 6—Trained in Another State

Select this certification option if you completed a state-approved geriatric training program in another state but did not complete testing and were not added to that state’s Nursing Assistant (Nurse Aide) Registry.

Before you can apply for testing, you must first submit to the OLTC proof of training that meets federal requirements (if your training does not meet the requirements, you may be required to complete additional training). Once approved by the OLTC, you may apply for testing.

### To apply for testing under Option 6:

- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide the approval letter from the OLTC that indicates you are allowed to take the competency examination; **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Note** For more information on applying under this option, contact the OLTC at 501.682.1807 or via e-mail at [cna.oltc@arkansas.gov](mailto:cna.oltc@arkansas.gov).

## Option 7—Certified in Another State

Select this certification option if you have been certified as a nursing assistant (nurse aide) in another state. The OLTC will determine whether you will be added directly to the Arkansas Nursing Assistant Registry or whether you will be required to take the competency examination.

### To apply under Option 7:

- Obtain a copy of the DMS-798, Exemption/Reciprocity Request Form from the OLTC by calling 501.682.1807; **and**
- Submit the completed form to the OLTC along with a copy of your certificate/registration document from every state where you are listed on the Nursing Assistant (Nurse Aide) Registry.



**Note** The OLTC will contact all other states to verify your status on their Registries before transferring your certification through reciprocity. The OLTC will notify you of their search results. If your certification is not current (active), you will be required to take the competency examination. Please do not send your Exemption/Reciprocity Request Form to Prometric.

## Option 8—Other

If you have a situation that does not fit any of the previous options, please contact the OLTC at 501.682.1807 for more information on applying under this option. Your information will be reviewed by the OLTC and they will determine your eligibility status and issue a letter approving testing, if eligible.

### Once approved by the OLTC for testing under Option 8:

- Complete the Eligibility Screening Application (see Page 27);
- Complete the Examination Scheduling Form (see Page 29);
- Provide the approval letter from the OLTC that indicates you are allowed to take the competency examination; **and**
- Mail the completed forms to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 7 for further details.)



**Note** If you are determined eligible to take the competency examination, you will be required to complete the testing within one year of your eligibility to test as approved by the OLTC.

# *Application and exam process*

This section describes:

- How to complete the required forms.
- Exam locations.
- Fee information.
- Rescheduling procedures.

## Completing the Application and Scheduling forms

Once you determine your certification route, you must submit the following to Prometric:

- 1 An Eligibility Screening Application (see Page 27).
- 2 An Examination Scheduling Form (see Page 29).
- 3 Any other required documentation based on the option you chose.
- 4 All testing fees and any other related fees (see Page 7).



**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 800.818.8917.

### In-Facility Testing

Training programs and nursing homes not prohibited from testing may request to have their candidates tested at their facility. In-facility testing should be requested when the facility submits the candidate applications to Prometric. Candidates will be scheduled to test within 14 days of Prometric processing the completed applications. The facility will receive verification from Prometric of the scheduled date for testing and candidates will receive an Authorization to Test letter confirming their exam date, time and location.

### Regional Test Sites

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

Prometric will schedule your exam at the regional test site you indicate on your Examination Scheduling Form and mail you an Authorization to Test letter listing the time, date and specific location of your exam appointment. If the scheduled exam date is not convenient, call 800.818.8917 immediately upon receipt of your letter to reschedule your appointment for another testing date.

Arkansas Nursing Assistant Competency Examinations are administered at the following Regional Test Sites:

Regional Test Site	Test Site Code
Batesville	ARNA-BATE
Burdette	ARNA-BURD
Charleston	ARNA-CHAR
DeQueen	ARNA-DEQCCC
Harrison	ARNA-HARR
Little Rock (active 9/28/09)	ARNA-LITTRO
Malvern	ARNA-MALV
Mena (active 9/15/09)	ARNA-MENA
Monticello	ARNA-MONT
Mountain Home	ARNA-MOU2
Paragould	ARNA-PARA
Russellville (active 9/15/09)	ARNA-RUSS
Searcy	ARNA-SEA
Springdale	ARNA-SPR

Texarkana	ARNA-TEXA2
Warren	ARNA-WARE
West Memphis	ARNA-CRHWMM



**Important** Regional test center locations are subject to change. If you need to verify a location, please call 800.818.8917.

*Fee information*

The State of Arkansas will pay the testing fees for any candidate who is currently employed in an Arkansas nursing home or who has an offer of employment from a nursing home at the time of applying for testing. In order for the state to pay the testing fees, candidates must include with their application form a letter from the nursing home documenting their employment or offer of employment. The letter must be original, on the nursing home’s letterhead and signed by the nursing home’s administrator.

If you submit a letter of employment or offer of employment from an Arkansas nursing home that is determined to be invalid, you will be required to pay the eligibility screening fee for the denied application before you can reapply.

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

- Fees may be paid by money order, certified or company check, or MasterCard or Visa credit cards. **Personal checks and cash are not accepted.**
- Submit separate money orders/certified checks for the eligibility screening fee and the testing fee.
- Fees must be included with the application form. **Application forms received without proper payment will be returned.**
- Your name and Social Security number must be written on the money orders/ certified checks.

Exams and related fees are as follows:

	First Time	Retake	Reschedule
Clinical Skills and Written (or Oral)	\$79	\$79	\$79*
Eligibility Screening Fee (nonrefundable)	\$10		
Clinical Skills		\$45	\$45*
Written (or Oral)		\$34	\$34*

*\*This fee is required to reschedule a testing appointment for candidates who provided less than five days notice to change a scheduled exam, did not show up for their scheduled exam, or arrived late for a scheduled exam.*



**Note** If you are paying by credit card, fill in the required information in section 5 on the Eligibility Screening Application form. Please be aware that by signing the application you are authorizing Prometric to charge your credit card for the fees you selected.

**Refund policy.** If you paid your own fees and are determined to be ineligible to test, the exam fee will be returned. The eligibility screening fee will not be refunded. If you were denied eligibility then reapply, you will need to pay all testing **and** eligibility screening fees again.

If you receive a letter of employment or offer of employment after you have paid your own testing fees, no refunds will be given.



**Note** If you fail to complete testing during your eligibility period, you will not be refunded any unused testing fees, nor will testing fees be carried over to a new eligibility period. **Testing fees are nonrefundable and nontransferable.**

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### *Special test considerations*

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

If you require testing accommodations under the ADA, you must submit professional documentation of the disability with your Eligibility Screening Application form to help us determine the necessary testing arrangements. Thirty days' advance notice is required for all testing arrangements. You will be notified before testing is scheduled as to the outcome of the review. There is no additional charge for these accommodations.

**English as a Second Language (ESL) accommodation.** The Arkansas Nursing Assistant Competency Examination is offered only in English. Translators are not permitted, and translation dictionaries may not be used during the exam administration. ESL candidates should review the "Oral test" section on Page 9 to determine if this is an option.

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### *Rescheduling your appointment*

To reschedule your appointment without paying a reschedule fee, you must contact Prometric at least **five full business days** before the day of your scheduled appointment. If you do not allow at least five full business days to reschedule your appointment, you will be required to pay a reschedule fee in order to schedule another exam appointment. The reschedule fee is equivalent to the test fee for which you were originally scheduled.



**Note** Reschedule/no show fees are the sole responsibility of the candidate and will not be paid by the state.

Rescheduling fees will apply as follows:

- **No fee** if you reschedule on the fifth business day or sooner prior to your appointment date.
- **Amount of your originally scheduled exam fee** if you reschedule on the fourth business day or less prior to your appointment date.

**No show or late.** If you miss your appointment or arrive late and are not allowed to test, you will be required to pay a reschedule fee in order to schedule another exam appointment. The reschedule fee is equivalent to the test fee for which you were originally scheduled.

**Emergency closing.** Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric will attempt to contact you by phone; however, you may check for testing site closures by calling 800.818.8917. If the site is closed, your exams will be rescheduled without a reschedule fee.

## Overview of exams

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The Arkansas Nursing Assistant Competency Examination consists of two separate tests. The **Written test** consists of 60 multiple-choice questions that test your overall knowledge. The **Clinical Skills test** requires candidates to demonstrate skills performed in the care of long-term care facility residents.

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

If you are applying for eligibility to test for the first time, you will be taking both the Clinical Skills test and the Written test on the same day and at the same location.

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### Written Test

The Written (Knowledge) Test consists of 60 multiple-choice questions that test your overall knowledge of information required as a nursing assistant caring for nursing home residents. You will have two hours to complete the test.

The content outline for the Written 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 24.

### Oral test

The Written Test is also offered orally. 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 take the oral test will be provided with a CD player and a headset. Candidates will hear the exam questions read to them from a prerecorded CD. Each question is read to the candidate twice. The candidate is allowed to replay any question. Candidates will be provided with a printed test booklet and will answer questions on the same answer sheet used by candidates taking the Written Test.

The Reading Assessment on Page 25 may help candidates determine if they should consider taking the Written Test by oral administration.

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### Clinical Skills Test

The clinical skills test is a timed test that requires you to demonstrate five skills. You will have one hour to complete the skills you are asked to perform.

To pass the Clinical Skills test, you must pass all five skills. Three of the skills will come from the Clinical Skills checklists (see Page 17). 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 checklists, you will notice that these checkpoints are a part of every skill.

Each skill is comprised of a series of checkpoints. The Clinical Skills Observer, the registered nurse who will administer the Clinical Skills test, will refer to these checkpoints while observing your performance. Points have been assigned to each checkpoint, based on how critical the checkpoint is to the safe performance of the skill. For example, the checkpoint for raising the head of the bed before feeding the resident would have a higher number of points assigned to it than the checkpoint for removing the clothing protector after feeding the resident.

The state makes decisions about the number of points required to pass each skill based on the minimal competency recommendations of a panel of nurse experts. To pass a skill, you are not required to perform it perfectly, but you must obtain the number of points required by the state.

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 Clinical Skills Observers have completed training in administering the exam. They are not approved as teachers, and are not permitted to teach or coach you. If you fail a skill, you may find it helpful to review the procedures and the checkpoints with your instructors.

## *Taking your exam*

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

- A list of what to bring to the exam.
- Tips for taking the Written Test.
- Regulations that will be enforced at the testing center.
- A guide to understanding your exam results.
- Information about appeals.

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### *What to bring to the exam*

You should arrive at least **15 minutes before** your scheduled exam 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:

**Identification.** You must present one valid form of identification before you can test. That identification document **must**:

- Be government-issued (e.g., driver's license, alien registration card, military identification or passport).
- Contain **both** a current photo and your signature.
- Have a name that exactly matches the name used to apply for the exam (including designations such as "Jr." and "III").

**Social Security card.** You must also present your signed Social Security card for admission to testing. Copies will not be accepted.

If you have recently lost your Social Security card, you may bring a letter from the Social Security Administration, dated within 30 days of the date on your application, which shows you have applied for a duplicate Social Security card and verifies your Social Security number. In order to be tested with such a letter instead of your actual Social Security card, you must also present two supporting documents from other third-party sources, such as school records, medical records, bank statements, IRS documents, etc.

If you have not been issued a Social Security card because your immigration status is limited, you must provide your Permanent Resident card (green card) (previously known as the Alien Registration Receipt Card) issued by the U.S. Citizenship and Immigration Services.

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 testing using your name as it appears on your identification. When your identification and Social Security card have been changed to your legal name, you may submit a copy of the legal documents to Prometric. The change will be made in the examination database and/or Registry at that time. Please note that there will be a fee for a new certificate with your changed name.



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

**Additional items to bring to the testing center:**

- Authorization to Test letter.
- Two sharpened No. 2 pencils with erasers.
- For the Clinical Skills test, wear flat, nonskid shoes with enclosed toes and clothing that is conducive to safety of the candidate and actor during performance of skills. (Candidates will be required to play the role of the resident/actor for other candidates during the Clinical Skills test.)



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

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### *Tips for taking the Written Test*

Use the following suggestions to help you prepare and take the Written Test.

- Each question on the Written Test is in a multiple-choice format with four options and one correct answer.
- Read each question carefully.
- If you are not sure of an answer, do not spend a great deal of time on it. The Written Test is timed. It may be better to select the best answer or make a note of the question and come back to it later.

- Find the response that best answers the question; there are no “trick questions” on the exam.
- Answer every question. The answers you record on the answer sheet determine your final score. If you are unsure of an answer, it may be better to guess. You will not receive credit for any question left blank or marked with more than one answer.
- Qualifying words, such as FIRST, MOST, LEAST and BEST are often critical in determining the correct answer.
- Be precise when marking your answer sheet. Be sure to completely fill the appropriate bubble and completely erase any incorrect marks.
- Study the content outlines located on Page 16. The outlines give you an overview of what topics the exam will cover.

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## *Testing regulations*

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

### **References**

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

### **Personal items**

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

- Electronic equipment is not permitted in the testing area. This includes cell phones, PDAs, pagers, cameras, tape recorders, etc.
- 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:** Is it recommended that purses not be brought to the testing center, as access to purses will not be allowed during testing.

### **Breaks**

- If you leave the testing room while an exam is in progress, you must sign out/in on the roster and you will not receive extra exam 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 testing center.

### **Misconduct or disruptive behavior**

- Candidates who engage in any kind of misconduct or disruptive or offensive behavior may be dismissed from the examination. Examples are giving or receiving help, 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 testing center.

**Copyrighted questions.** All test questions are the copyrighted property of Prometric Inc. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these test questions by any means, in whole or in part, without our written permission. Doing so may subject you to severe civil

and criminal penalties, including up to five years in prison and/or a \$250,000 fine for criminal violations.

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

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## *Your exam results*

Your official score report(s) will be mailed to your address of record within 10 business days of your examination(s) date. If you have failed the Written (oral) Test, your official score report will include diagnostic information that provides feedback on your areas of strength and weakness for the various sections of the exam. For the Clinical Skills Test, the official score report will list each skill and whether you passed or failed the skill.

### Passing results

If you pass both tests, your Arkansas Nursing Assistant Certificate and wallet card will be mailed to you and your name will be added to the Arkansas Nursing Assistant Registry.

Exam results will be released to the OLTC and to sponsoring long term care facilities and/or training programs in mandatory reports. Results are confidential and are not given out over the phone.

**Duplicate score report.** Official results that have been lost may be replaced for \$15 per copy by sending a written request with the required fee (payable by company check, money order or certified check made payable to Prometric) to: Prometric, ATTN: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

**Duplicate certificate.** To request a duplicate Arkansas Nursing Assistant Certificate, complete the Arkansas Nursing Assistant Service Request form on Page 33 of this bulletin. Fill out the form completely and mail it with the \$15 fee to the address listed on the form. You will need to include a money order or certified check made payable to Prometric. Personal checks will **not** be accepted.

### Retesting

If you were unsuccessful in your exam attempt and remain eligible to retest, you will receive a Retest Letter with your official score report. If you will be retesting at a regional test site, complete the Retest Letter and send it to Prometric along with the appropriate examination fees. If you will retest at your nursing home or training program, give your Retest Letter or scheduling form to the person who previously scheduled your exam(s) so they can schedule your retest.

You have up to three attempts to pass both the Clinical Skills Test and the Written Test during your eligibility period. Candidates testing under Option 1 are eligible to test for one year after their training completion date. Candidates testing under Options 2 through 8 are eligible to test for one year from the date their eligibility was approved. Candidates who fail to successfully complete testing during their eligibility period must reapply for eligibility to retest.



**Important** To be added to the Arkansas Nursing Assistant Registry, you must pass both the Clinical Skills Test and the Written Test within one year from the date of your eligibility approval.

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## *Appeals process*

Our goal is to provide a quality exam 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 exam. Your comments will be reviewed by our personnel, but you will not receive a direct response.

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

Your appeal letter must provide your name and Social Security number, the exam title, the date you tested, the location where 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.

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# *Arkansas Nursing Assistant Registry*

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The Arkansas Nursing Assistant Registry contains the names of nursing assistants who have either successfully completed both portions of the Nursing Assistant Competency Examination or who have met other requirements for nursing assistant certification established by Arkansas.

Nursing assistants with administrative findings or convictions for resident abuse, neglect and/or misappropriation of resident property will remain on the Registry with the findings placed in their record. These findings and/or convictions make the nursing assistant ineligible for employment in any Arkansas long term care facility. Findings and convictions are public information and are disclosed to anyone who calls to verify an individual's standing on the Registry. The state of Arkansas also retains information on criminal background checks in the Registry. Nursing assistants with disqualifying criminal backgrounds will be ineligible to work in an Arkansas nursing home.



**Note** You may verify the status of a certified nursing assistant by calling the Arkansas automated Registry service at 501.682.8484 or going online to [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR).

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## *Certification renewal*

Your initial Arkansas Nursing Assistant Certificate is valid for 24 months. A reminder notice will be mailed to you approximately 60 days before the expiration of your certification. The notice will go to the home address currently listed on the Registry. A copy of the Renewal Form may be found on Page 31. You may also download and print your renewal form or complete and submit your renewal online at [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR).

Your Arkansas Nursing Assistant Certificate shall not be renewed more than 60 days prior to the date it will lapse. If you send a renewal form more than 60 days before your certificate will lapse, it will be discarded and you will be required to send another renewal form when you become due for renewal. The form sent too early will not be returned to you and you will not be contacted about that form.

When your Arkansas Nursing Assistant Registry Renewal Form is processed and you are determined to be eligible for renewal, a new certificate and wallet card showing your new expiration date will be mailed to you. The Arkansas Nursing Assistant Registry will be updated with your current information.

To be eligible to renew your certification, you must have worked for pay as a nursing assistant providing nursing-related care for at least eight hours during your most recent certification period. Nursing assistants who are currently working will be recertified for 24 months. Nursing assistants who are not currently working will be recertified for 24 months beginning with the last day worked.



**Important** If your certificate has been expired over 24 months, it cannot be renewed and you will be required to retest. (See Option 2 on Page 2.)

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### *Expired certification*

A certificate that has been expired for a period longer than 24 months cannot be renewed. A nursing assistant certification has expired and is invalid if the nursing assistant has not worked for pay as a nursing assistant for a minimum of eight hours during her/his most recent certification period. Any nursing assistant that does not meet the renewal requirements must retest.

**Lapsed certificate.** If your certificate has been expired for less than 24 months, you may be eligible for renewal. Complete the renewal form on Page 31 if you were certified within the last 24 months but have not been working. If you complete the form and are deemed not eligible for renewal, Prometric will provide you with retesting information.

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### *Change of address or name*

It is the responsibility of every nursing assistant to update the Arkansas Nursing Assistant Registry with any address changes or any change in name.

**Address change.** If your address changes after you have been certified as an Arkansas Nursing Assistant, you must send a completed Arkansas Nursing Assistant Service Request form (see Page 33) to Prometric. There is no charge for updating your address with the Arkansas Nursing Assistant Registry.

**Name change.** If your name changes after you have been certified as an Arkansas Nursing Assistant, you must send written notification and legal documentation of the name change. Complete the Arkansas Nursing Assistant Service Request form (see Page 33), attach a copy of your legal documentation and mail both to Prometric. Acceptable forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree. There is no charge for updating your name with the Arkansas Nursing Assistant Registry; however, there is a \$15 fee to receive a new certificate reflecting your name change.

## Exam content outlines

The Competency Examination consists of two tests, a Written (knowledge) Test and Clinical Skills performance-based Test.

You must pass both the Written and Clinical Skills tests within one year of completing your training program or receiving eligibility to test.

### Written (Knowledge) Test Content Outline

60 questions—Two-hour limit

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

The areas of nursing assistant knowledge covered in the test are listed below.

#### I. Role of the Nursing Assistant

- A. Personal Responsibilities
  1. Reporting requirements
  2. Promoting personal health and safety
  3. Protecting resident rights
  4. Organizing work
  5. Workplace standards including ethical and unethical behaviors
- B. Nursing Assistant as a Member of the Health Care Team
  1. Job responsibilities of the nursing assistant, including duties and limitations
  2. Understanding roles of multi-disciplinary team members
  3. Principles of teamwork (e.g., collaboration, cooperation, sharing information)
  4. Resident care conferences
  5. Resident plan of care
  6. Responsibility to provide care according to plan of care
- C. Interpersonal Relations and Communication Skills
  1. Principles of communication
  2. Types of communication
  3. Factors affecting communication
  4. Supportive communication techniques

#### II. Promotion of Safety

- (Formerly named Promotion of Health and Safety)*
- A. Potential hazards in the resident environment
  - B. Common injuries and related risk factors
  - C. Providing a safe and comfortable environment
    1. Comfort needs of the resident
    2. Accident prevention including fall prevention protocols
    3. Use of restraints and restraint alternatives
  - D. Fire prevention and safety
  - E. Infection control
    1. Maintaining a clean environment
    2. Factors that contribute to spread of disease causing organisms
    3. Practices that decrease the risk of exposure to disease causing organisms
    4. Signs and symptoms of infections
  - F. Emergencies
    1. Responses to emergency and disaster situations

2. Providing for immediate life-safety of residents
3. Evacuations procedures

#### III. Promotion of Function and Health of Residents

- A. Personal care skills
  1. Feeding
  2. Bathing
  3. Perineal care
  4. Foot/nail care
  5. Mouth care
  6. Skin care
  7. Toileting
  8. Grooming
  9. Dressing/undressing
- B. Health maintenance and restoration
  1. Circulation and skin integrity
  2. Nutrition
  3. Hydration
  4. Elimination (bowel and bladder)
  5. Mobility
  6. Promoting self-care and independence
- C. Age-related changes
  1. Cognitive
  2. Emotional
  3. Physical
- D. Psychosocial needs
  1. Basic human needs including support of diversity
  2. Responses to change (e.g., role changes, living situation, finances, health and body image, aging)
  3. Affects of institutionalization (e.g., socialization, dependency, loss of privacy)
  4. Promoting resident sense of well-being including emotional support strategies

#### IV. Basic Nursing Care Provided by the Nursing Assistant

- (Formerly named Basic Nursing Skills)*
- A. Routine, chronic, non-life threatening situations
    1. Observing, reporting and responding (physical status)
      - a. Basic anatomy and functions of body systems
      - b. Characteristics of body functions observable by nursing assistant (including related measurement procedures)
    2. Observing, reporting and responding (behavioral changes)
      - a. Level of alertness
      - b. Memory loss
      - c. Confusion
      - d. Impaired self-protection (judgment)

- e. Emotional stress (e.g., crying, acting out, demanding-aggressive communication)
  - f. Sadness
  - g. Fear
  - h. Anxiety
  - i. Agitation
  - j. Defense mechanisms (e.g., denial, withdrawal, projection, blaming)
- B. Acute Emergency Situations: observing, reporting and responding
1. Chest pain
  2. Respiratory distress
  3. Choking/aspiration
  4. Seizures
  5. Difficulty swallowing
  6. Diabetic situations
  7. Changes in level of consciousness
  8. Cardiac arrest
  9. Falls
  10. Bleeding
  11. Burns
  12. Vomiting
  13. Changes in mobility, speech or other potential signs of stroke
  14. Sudden onset of confusion or agitation

**V. Specific Care Provided for Residents with Changes in Health**

- A. Physical problems
1. Common physical impairments and related care (e.g., sensory changes and changes in mobility, skin, elimination, nutrition)
  2. Impact of impairments on resident safety, care and comfort
  3. Providing for safety, care and comfort of residents with physical impairments
- B. Psychological problems
1. Common psychological impairments and related care (e.g., confusion, anxiety, combativeness, fear, agitation, pain)
  2. Impact of impairments of resident safety, care, comfort and ability to communicate needs
  3. Providing for safety, care and comfort of residents with psychological impairments
- C. Care of the dying resident
1. Grief process
  2. Responding to the emotional needs of the resident, other residents, family and caregivers in the grief process
  3. Factors influencing responses to grief such as spiritual beliefs, culture and past experience
  4. Physical changes and needs as death approaches
  5. Post-mortem care procedures

**Clinical Skills Checklists**

A 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. Nursing assistants 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.

Wash hands	
Does the candidate:	
1	Wet hands and apply soap?
2	Work up lather cleansing front and back of hands and wrists, between fingers, around cuticles and under nails?
3	Provide cleansing friction for a minimum of 15 seconds?
4	Remove 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?

Assist resident to use a 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?
4	Position bedpan under resident according to form/shape of the selected bedpan to allow for comfort and collection?
5	Raise head of bed after positioning the resident on bedpan?
6	Place toilet paper within resident's reach before removing bedpan?
7	Lower head of bed before removing bedpan?
8	Apply gloves before removing and wear while emptying and cleaning bedpan?

Assist resident to use a bedpan	
9	Empty contents of bedpan into toilet?
10	Rinse, dry and store bedpan in bottom shelf/drawer of bedside cabinet?
11	Remove gloves before or use a barrier when storing bedpan?
12	Offer resident a damp washcloth or towelette to cleanse hands after bedpan removed?
13	Utilize Standard Precautions and infection control measures throughout procedure?
14	Promote resident comfort throughout procedure?
15	Promote resident rights throughout procedure?
16	Promote resident safety throughout procedure?

Ambulate the resident using a gait belt	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Apply gait belt around resident's waist before assisting resident to stand?
4	Apply gait belt securely around waist without restricting circulation or breathing or injury to skin?
5	Assist resident to stand while holding gait belt at back, both sides, or farthest side of resident?
6	Ask resident about dizziness upon standing?
7	Walk slightly behind and to one side of resident while holding gait belt in back or farthest side of resident?
8	Match resident's pace when ambulating?
9	Walk resident a minimum total of 20 steps?
10	Ask resident's tolerance about comfort, dizziness or fatigue during ambulation?
11	Assist resident to turn and position to sit back in chair?
12	Provide controlled gentle lowering of resident into chair?
13	Remove gait belt without harming resident after resident returned to chair?
14	Utilize Standard Precautions and infection control measures throughout procedure?
15	Promote resident comfort throughout procedure?
16	Promote resident rights throughout procedure?
17	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 sheet?
4	Position resident safely on nonworking side of bed?
5	Loosen tucked dirty bottom sheet on working side and push or roll sheet and tuck against resident?
6	Place clean bottom sheet on working side, securing under mattress at head of bed and along working side?

Change an occupied bed	
7	Extend clean bottom sheet on working side, across bed and tuck under resident?
8	Assist resident to turn to face opposite side of bed?
9	Complete placement of bottom sheet, securing flat sheet at head of bed and on side (using fitted sheet secure all four corners)?
10	Leave bottom sheet free of wrinkles?
11	Place clean top sheet?
12	Avoid exposure of resident throughout procedure?
13	Secure top sheet under foot of mattress allowing room for foot movement?
14	Leave top sheet untucked on sides?
15	Replace pillowcase?
16	Dispose of soiled linen in hamper?
17	Complete procedure with resident positioned between the top and bottom sheet and covered pillow under resident's head?
18	Utilize Standard Precautions and infection control measures throughout procedure?
19	Promote resident comfort throughout procedure?
20	Promote resident rights throughout procedure?
21	Promote resident safety throughout procedure?

Change the resident's position to a supported side-lying 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 resident on correct side?
5	Position device/padding/pillow rolled and tucked against resident's back to maintain side-lying position?
6	Position resident on side with knees slightly bent?
7	Place device/padding/pillow between legs to separate bony prominences of knees and ankles?
8	Position device/padding/pillow placed between legs to align upper hip and leg?
9	Adjust resident's lower arm and shoulder for comfort and alignment?
10	Position pillow to support/align neck and head?
11	Position device/padding/pillow to support upper shoulder/arm?
12	Replace top sheet after completing positioning?
13	Utilize Standard Precautions and infection control measures throughout procedure?
14	Promote resident comfort throughout procedure?
15	Promote resident rights throughout procedure?
16	Promote resident safety throughout procedure?

<b>Dress the resident who has a weak arm</b>	
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 before removing hospital gown?
5	Support affected right arm while undressing and dressing?
6	Remove hospital gown protecting affected arm?
7	Dress affected right arm first?
8	Gather up sleeve to ease pulling over affected arm?
9	Assist resident to put on pants, shirt with sleeves and socks?
10	Move resident's extremities gently, without over-extension or force when undressing and dressing?
11	Adjust all clothing for comfort, neatness and alignment and close all fasteners?
12	Place dirty gown in hamper?
13	Utilize Standard Precautions and infection control measures throughout procedure?
14	Promote resident comfort throughout procedure?
15	Promote resident rights throughout procedure?
16	Promote resident safety throughout procedure?

<b>Feed the resident who is in bed</b>	
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	Maintain eye level contact with resident while feeding?
6	Apply clothing protector before feeding?
7	Offer fluids to drink before feeding?
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 and dispose of linen and trash when procedure completed?
15	Accurately record percent of food intake on Food Acceptance Form?
16	Utilize Standard Precautions and infection control measures throughout procedure?
17	Promote resident comfort throughout procedure?
18	Promote resident rights throughout procedure?
19	Promote resident safety throughout procedure?

<b>Measure and record the contents of urinary drainage bag</b>	
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 handling urinary drainage bag?
4	Empty urinary drainage bag into graduated container without touching tubing against the container?
5	Wipe drain with alcohol swab after emptying urine contents?
6	Close and protect drain (e.g., clamp and tuck drain into pocket)?
7	Leave bag secured to nonmovable part of bed, ensuring drainage bag and tubing are not touching floor?
8	Set graduated container on flat surface with barrier to read?
9	Position self to read urine amount in graduated container at eye level?
10	Empty urine in graduated container into toilet and rinse and dry container?
11	Remove gloves and wash hands before recording output?
12	Record output within +/- 50cc's of nurse's reading?
13	Record output as urine and indicate the correct time on the I&O Form?
14	Utilize Standard Precautions and infection control measures throughout procedure?
15	Promote resident comfort throughout procedure?
16	Promote resident rights throughout procedure?
17	Promote resident safety throughout procedure?

<b>Measure and record the resident's blood pressure</b>	
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?
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 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 deflation of cuff?
10	Record blood pressure within +/-4mm of nurse's systolic and diastolic readings?
11	Clean earpieces and diaphragm of stethoscope and store equipment at completion of procedure and leave work area tidy?

<b>Measure and record the resident's blood pressure</b>	
12	Utilize Standard Precautions and infection control measures throughout procedure?
13	Promote resident comfort throughout procedure?
14	Promote resident rights throughout procedure?
15	Promote resident safety throughout procedure?

<b>Measure and record the resident's pulse and respirations</b>	
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 nurse's measurement?
8	Refrain from telling resident respirations are being counted?
9	Count respirations for at least one full minute?
10	Record respirations within +/- 2 breaths per minute of nurse's measurement?
11	Utilize Standard Precautions and infection control measures throughout procedure?
12	Promote resident comfort throughout procedure?
13	Promote resident rights throughout procedure?
14	Promote resident safety throughout procedure?

<b>Measure and record the resident's weight (using a non-digital scale, standing or chair)</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Move weights to zero before assisting resident onto scale?
4	Provide assistance to help resident onto scale?
5	Position resident with hands at side and centered on platform (standing scale) or with feet on footrests with hips against back of chair (seat scale)?
6	Provide assistance to help resident off scale?
7	Record resident's weight within +/-2 lbs. of nurse's measurement?
8	Utilize Standard Precautions and infection control measures throughout procedure?
9	Promote resident comfort throughout procedure?
10	Promote resident rights throughout procedure?
11	Promote resident safety throughout procedure?

<b>Perform passive range of motion exercises to the resident's lower extremity (hip, knee and ankle)</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Perform range of motion on the correct side?
4	Support extremity above and below joints throughout ROM exercises?
5	Take resident's hip and knee through ROM, flexing knee and hip, raising towards torso, returning back to mattress?
6	Take resident's hip through abduction/adduction ROM exercises?
7	Take resident's hip through rotation ROM exercises?
8	Flex and extend ankle through ROM exercises?
9	Rotate ankle through 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 throughout ROM exercises providing smooth, slow, nonforceful movement?
13	Utilize Standard Precautions and infection control measures throughout procedure?
14	Promote resident comfort throughout procedure?
15	Promote resident rights throughout procedure?
16	Promote resident safety throughout procedure?

<b>Perform passive range of motion exercises to resident's upper extremity (shoulder, elbow, wrist and fingers)</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Perform range of motion on the correct side?
4	Support extremity above and below joints throughout ROM exercises?
5	Take shoulder through ROM, raising and lowering straightened arm along side, towards head of bed (HOB) and back to mattress?
6	Take resident's shoulder through abduction/adduction ROM exercises?
7	Take resident's shoulder through rotation ROM exercises?
8	Flex and extend elbow through ROM exercises?
9	Provide ROM exercises to wrist (e.g., gently rotate, or flex/extend and move side to side)?
10	Flex and extend finger and thumb joints through ROM exercises?
11	Provide three repetitions of each ROM exercise?
12	Ascertain resident's comfort with movement either verbally or by observing resident's face throughout ROM exercises?
13	Control extremity throughout ROM exercises providing smooth, slow, nonforceful movement?
14	Utilize Standard Precautions and infection control measures throughout procedure?

<b>Perform passive range of motion exercises to resident's upper extremity (shoulder, elbow, wrist and fingers)</b>	
15	Promote resident comfort throughout procedure?
16	Promote resident rights throughout procedure?
17	Promote resident safety throughout procedure?

<b>Provide catheter care to the resident who has an indwelling urinary catheter</b>	
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 using soapy washcloth to clean around catheter insertion site?
4	Place incontinent pad under buttocks before beginning procedure?
5	Obtain bath basin with water of safe and comfortable temperature?
6	Apply small amount of soap directly to wet washcloth before cleansing?
7	Change spot on soapy washcloth for each washing stroke, wiping inside labia from front to back?
8	Cleanse catheter, washing away from body and down the catheter about 3-4 inches?
9	Use clean wet washcloth to rinse washed areas?
10	Change spot on washcloth for each rinsing stroke, wiping inside labia from front to back?
11	Replace water in basin during procedure if becomes too cool or soapy?
12	Dry perineal area, from front to back after completing cleaning and rinsing?
13	Adjust linen to avoid unnecessary exposure of resident throughout procedure?
14	Avoid tugging or pulling on catheter?
15	Leave tubing free of kinks or obstructions and not touching the floor?
16	Remove incontinent pad at completion of procedure?
17	Rinse and dry basin, store equipment, and dispose of soiled linen and trash when procedure completed?
18	Remove gloves or use barrier when storing equipment?
19	Utilize Standard Precautions and infection control measures throughout procedure?
20	Promote resident comfort throughout procedure?
21	Promote resident rights throughout procedure?
22	Promote resident safety throughout procedure?

<b>Provide foot care to the resident</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Obtain water in bath basin, checking to ensure water is safe and comfortable temperature?
4	Offer resident opportunity to check water temperature before submerging foot in water?

<b>Provide foot care to the resident</b>	
5	Place water filled basin on protective barrier on floor?
6	Place resident's barefoot in water to soak?
7	Refrain from adding soap directly to basin of water?
8	Wash foot using washcloth with small amount of soap applied directly to wash cloth?
9	Wash top and bottom of foot and between toes?
10	Submerge foot in water in basin to remove soap residue?
11	Remove foot from water and dry entire top and bottom of foot including between toes?
12	Warm lotion in hand before applying to foot?
13	Apply lotion to top and bottom of foot, excluding between toes?
14	Remove unabsorbed excess lotion?
15	Apply sock to foot ensuring sock is smooth and replace shoe?
16	Provide support to lower extremity throughout procedure as needed to avoid strain?
17	Avoid placing resident's barefeet directly on floor before, during or after foot care?
18	Clean and dry basin, store equipment, and dispose of soiled linen when procedure completed?
19	Utilize Standard Precautions and infection control measures throughout procedure?
20	Promote resident comfort throughout procedure?
21	Promote resident rights throughout procedure?
22	Promote resident safety throughout procedure?

<b>Provide hair and nail care to the resident</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Ask resident about preferred hairstyle?
4	Comb or brush hair in small sections beginning towards ends and working way up with each combing stroke?
5	Pull comb/brush through hair gently to avoid resident discomfort?
6	Soak nails in basin of water of safe and comfortable temperature before proceeding to remove residue under nails?
7	Remove residue from under nails with orangewood stick?
8	Dry hand after soaking?
9	Leave nails smooth and free of jagged edges?
10	Apply lotion to hand after nails are cleaned and shaped?
11	Rinse and dry basin, store equipment, and dispose of soiled linen and trash when procedure completed?
12	Utilize Standard Precautions and infection control measures throughout procedure?
13	Promote resident comfort throughout procedure?
14	Promote resident rights throughout procedure?
15	Promote resident safety throughout procedure?

<b>Provide mouth care to the resident who has teeth</b>	
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 60 degrees) before beginning mouth care?
4	Place protective covering over clothing before brushing teeth?
5	Moisten toothbrush with water and apply toothpaste before brushing teeth?
6	Apply gloves before brushing teeth?
7	Brush all surfaces of teeth and the gum-line with a gentle motion?
8	Offer resident opportunity to rinse mouth and spit into emesis basin (or disposable cup) as needed?
9	Leave area around resident's mouth clean and dry and remove protective cover?
10	Rinse and dry basin, store equipment, and dispose of soiled linen and trash when procedure completed?
11	Remove gloves or use a barrier to store the equipment?
12	Utilize Standard Precautions and infection control measures throughout procedure?
13	Promote resident comfort throughout procedure?
14	Promote resident rights throughout procedure?
15	Promote resident safety throughout procedure?

<b>Provide mouth care to the resident who has a denture</b>	
Does the candidate:	
1	Greet resident, address by name and introduce self?
2	Provide explanations to resident before beginning and throughout procedure?
3	Wear gloves while handling denture and providing mouth care?
4	Transport denture to sink in a denture cup or emesis basin?
5	Line sink with washcloth or paper towels, or fill sink with water to reduce risk of denture breakage?
6	Use cool or tepid running water to clean and rinse denture?
7	Brush all surfaces of the denture?
8	Brush denture over sink?
9	Rinse denture to remove toothpaste/denture cleaner?
10	Store clean denture in denture cup filled with clean cool or tepid water?
11	Protect resident's clothing before beginning mouth care?
12	Position resident in a sitting position (minimum of 60 degrees) before beginning mouth care?
13	Provide mouth care to resident using a toothbrush/toothette/swab?
14	Offer resident the opportunity to rinse mouth and spit into emesis basin (or disposable cup)?
15	Leave area around resident's mouth clean and dry and remove protective clothing cover?

<b>Provide mouth care to the resident who has a denture</b>	
16	Rinse toothbrush, rinse and dry basin, store equipment and dispose of soiled linen and trash when procedure completed?
17	Remove gloves or use a barrier to store equipment?
18	Utilize Standard Precautions and infection control measures throughout procedure?
19	Promote resident comfort throughout procedure?
20	Promote resident rights throughout procedure?
21	Promote resident safety throughout procedure?

<b>Provide a partial bed bath to the resident</b>	
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 expose only area being cleansed?
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 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?
11	Rinse neck, hands, arms and chest removing soap residue?
12	Dry neck, hands, arms and chest?
13	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 from lower back toward neck/shoulders using gentle strokes and circular motions?
17	Remove excess lotion from resident's back?
18	Replace hospital gown without exposing resident and secure gown in back?
19	Rinse and dry basin, store equipment and dispose of soiled linen and trash when procedure completed?
20	Utilize Standard Precautions and infection control measures throughout procedure?
21	Promote resident comfort throughout procedure?
22	Promote resident rights throughout procedure?
23	Promote resident safety throughout procedure?

<b>Provide perineal care to the female resident who is incontinent of urine</b>	
Does the candidate:	
<b>1</b>	Greet resident, address by name and introduce self?
<b>2</b>	Provide explanations to resident before beginning and throughout procedure?
<b>3</b>	Apply gloves before touching soiled pad and wear throughout perineal care?
<b>4</b>	Replace soiled pad under resident's buttocks before beginning perineal care?
<b>5</b>	Ensure water in basin is at a safe and comfortable temperature?
<b>6</b>	Apply soap directly to wet washcloth and use soapy washcloth for cleansing?
<b>7</b>	Change spot on washcloth for each washing stroke?
<b>8</b>	Wipe from front to back with all washing and rinsing strokes?
<b>9</b>	Remove all soap from perineal area using a fresh wet washcloth for rinsing?
<b>10</b>	Change spot on washcloth for each rinsing stroke?
<b>11</b>	Cleanse skin folds of perineal area?
<b>12</b>	Dry entire perineal area, from front to back, after completing cleansing and rinsing?
<b>13</b>	Replace basin of water during task if it becomes cold or soapy?
<b>14</b>	Position resident on side for cleansing of buttocks and rectal area?
<b>15</b>	Cleanse, rinse and dry rectal and buttocks area?
<b>16</b>	Adjust linen to avoid unnecessary exposure of resident throughout procedure?
<b>17</b>	Leave resident on dry underpad at completion of procedure?
<b>18</b>	Rinse and dry basin, store equipment and dispose of linen and trash when procedure completed?
<b>19</b>	Remove gloves or use a barrier to store the equipment?
<b>20</b>	Utilize Standard Precautions and infection control measures throughout procedure?
<b>21</b>	Promote resident comfort throughout procedure?
<b>22</b>	Promote resident rights throughout procedure?
<b>23</b>	Promote resident safety throughout procedure?

<b>Transfer the resident from the bed into a wheelchair using a transfer belt and pivot transfer technique</b>	
Does the candidate:	
<b>1</b>	Greet resident, address by name and introduce self?
<b>2</b>	Provide explanations to resident before beginning and throughout procedure?
<b>3</b>	Place wheelchair near resident's bed before assisting resident to sit at edge of bed?
<b>4</b>	Lock wheelchair before beginning transfer?
<b>5</b>	Remove or swing footrests out of way before transferring resident?
<b>6</b>	Place nonskid footwear on resident before transferring resident?
<b>7</b>	Assist resident to sitting position on side of bed, providing opportunity to adjust to position change before beginning transfer?
<b>8</b>	Apply gait belt securely around waist; avoid restricting circulation or breathing, or injury to skin?
<b>9</b>	Ensure resident's feet are flat on the floor before beginning transfer?
<b>10</b>	Position wheelchair before transfer with front interior wheel close to bed to facilitate pivot transfer?
<b>11</b>	Stand in front of resident, bracing resident's legs, reaching under resident's arms to hold gait belt at back?
<b>12</b>	Maintain own body mechanics in assisting resident to stand?
<b>13</b>	Complete transfer as a pivot?
<b>14</b>	Maintain own body mechanics in assisting resident to sit in wheelchair?
<b>15</b>	Provide support for controlled gentle lowering of resident into seat of wheelchair?
<b>16</b>	Position resident in proper body alignment in wheelchair with resident's hips against back of seat?
<b>17</b>	Place resident's feet on footrests?
<b>18</b>	Remove gait belt from resident's waist without harming resident when transfer completed?
<b>19</b>	Utilize Standard Precautions and infection control measures throughout procedure?
<b>20</b>	Promote resident comfort throughout procedure?
<b>21</b>	Promote resident rights throughout procedure?
<b>22</b>	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 nursing assistant 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 nursing assistant finds clean linen lying on the floor near the linen cart. What should the nursing assistant 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 nursing assistant enters the room and greets the resident. What should the nursing assistant 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 nursing assistant plans to do.
4. **A nursing assistant suspects abuse of a resident. What should the nursing assistant do?**
  - A. Discuss this with another nursing assistant.
  - 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 nursing assistant 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 nursing assistant that he hates to have a catheter.
6. **A resident dresses himself, but his shirt is inside out. What should the nursing assistant 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 nursing assistant finds a resident crying in her room. Which of the following is the best response by the nursing assistant?**
  - A. "It's okay. We all have bad days."
  - B. "This is the best place to have a good cry."
  - C. "I will tell the social worker that you are upset."
  - D. "Will it help to tell me why you are crying?"
8. **As a person ages the skin normally becomes**
  - A. more red and flaky.
  - B. more yellow and wrinkled.
  - C. looser and drier.
  - D. tighter and smoother.
9. **Before taking a resident's oral temperature, what question should the nursing assistant ask the resident?**
  - A. "Would you like to wash out your mouth with mouthwash?"
  - B. "Have you had anything hot or cold to eat or drink within the last ten minutes?"
  - C. "Would you like to remove your dentures?"
  - D. "Would you like your breakfast before I take your temperature?"

### Answers to sample questions:

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

## 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.**

- 1. What time of year was it?**
  - Summer.
  - Fall.
  - Spring.
  - December.
  - July.
- 2. What was the young girl doing?**
  - Running.
  - Jumping.
  - Going to sleep.
  - Driving a car.
  - Fighting.
- 3. 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.**

- 4. The people inside the room**
  - hid behind the stove.
  - stood up quickly.
  - ran to the door.
  - laughed out loud.
  - began to cry.
- 5. What was the only sound in the room?**
  - People talking.
  - Birds singing.
  - A pot boiling.
  - A dog barking.
  - A man shouting.
- 6. 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.

After you take this test, a 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 exam (see Page 9).

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

- 7. What kind of market did Jesse see?**
  - A vegetable market.
  - A meat market.
  - A fish market.
  - A flower market.
  - A fruit market.
- 8. What does he see coming in?**
  - Tug boats.
  - Rowboats.
  - Passenger boats.
  - Fishing boats.
  - Sailboats.
- 9. 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.**

- 10. When does Tiger prowl?**
  - At dawn.
  - At dinnertime.
  - In the afternoon.
  - In the morning.
  - At night.
- 11. 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.
- 12. 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

## License 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:

- Arkansas Nursing Assistant Eligibility Screening Application.
- Arkansas Nursing Assistant Examination Scheduling Form.
- Arkansas Nursing Assistant Service Request.
- Arkansas Nursing Assistant Registry Renewal Form.



## Arkansas Nursing Assistant Eligibility Screening Application

**(Please print or type clearly and neatly.)**

**Instructions:** Provide the information requested below. Incomplete or illegible forms will not be processed. Once your eligibility is approved, you will be scheduled for testing and will receive an Authorization to Test letter confirming your testing date, time and location.

**Questions:** For assistance in completing this application, please call Prometric at 800.818.8917.

**Mail completed forms**, along with all necessary documents (including the Examination Scheduling Form and training certification), and the appropriate fees to: Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

### Section 1. Candidate Information

Last Name	First Name	Middle Initial	Date of Birth (Month, Day, Year) / /
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	County (first four letters only)	ZIP Code
Home Phone Number (including area code) ( )		E-mail Address (if available)	
Social Security Number or Alien ID Number - -		<input type="checkbox"/> Check this box if Alien ID Number is used.	
If you previously have tested or been certified in Arkansas, have you changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide your previous name and a copy of the legal documents that support your name change. Previous Name _____			
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, you are required to provide a copy of the documents that prove your eligibility to work in the United States.			

### Section 2. Certification Option/Eligibility

(See explanation of certification options in this bulletin beginning on Page 2. Once you choose an option, attach the required documents.)

<input checked="" type="checkbox"/>	Certification Route	Documentation that must be provided
	<b>Option 1</b> - New Nursing Assistant: Completed AR-approved nursing assistant training within the last 12 months.	Copy of training completion document from a state-approved training program. Must include date of training completion.
	<b>Option 2</b> - Previously certified as AR Nursing Assistant: Certification expired and nursing assistant did not meet renewal requirements.	Previous Certificate Number (if available):
	<b>Option 3</b> - RN or LPN student.	Before completing this form, contact the OLTC at 501.682.1807. When approved by the OLTC, complete the application and attach a copy of the OLTC's approval letter.
	<b>Option 4</b> - Home Health Aide trained.	Copy of certificate of training and completion of an HHA program approved under federal requirements. (This does not apply to Personal Care Aides.)
	<b>Option 5</b> - This option is no longer available.	Not applicable.
	<b>Option 6</b> - Completed a state-approved geriatric/long term care Nursing Assistant training program in a state other than Arkansas.	Before completing this form, contact the OLTC at 501.682.1807. When approved by the OLTC, complete the application and attach a copy of the OLTC's approval letter.
	<b>Option 7</b> - Certified as a Nursing Assistant (Nurse Aide) in a state other than Arkansas.	Before completing this form, contact the OLTC at 501.682.1807 and ask for reciprocity/certification transfer forms.
	<b>Option 8</b> - Other.	Before completing this form, contact the OLTC at 501.682.1807. When approved by the OLTC, complete the application and attach a copy of the OLTC's approval letter.

### Section Three. Training Information

(This section must be completed if the applicant has selected Option 1, 4, or 6.)

<b>Training Completion Date:</b> __/__/__			
Name of Training Program			
Training Program Mailing Address (Street Address or P.O. Box)			
City	State	County (first four letters only)	ZIP Code
Training Program Phone Number (including area code) (            )		Training Program Fax Number (including area code) (            )	

### Section Four. Employment Information

**Current Employers:** This section must be completed for any candidate who is currently employed in an AR nursing home. This application must be accompanied by the **original** letter documenting employment provided on facility letterhead indicating the candidate's employment dates, and signed by the facility administrator. **COPIES WILL NOT BE ACCEPTED.**

**Potential Employers:** Any candidate who has an offer of employment or intent to hire from an AR nursing home must complete this section. This application must be accompanied by the **original** letter of intent to hire the candidate upon successful completion of his/her competency evaluation provided on the nursing home's letterhead and signed by the facility administrator. **COPIES WILL NOT BE ACCEPTED.**

Name of Facility			
Facility Address (Street Address or P.O. Box)			
City	State	County (first four letters only)	ZIP Code
Employer Phone Number (including area code) (            )		Name of Supervisor	

### Section Five. Payment Information

All fees are due at the time of registration. **Two** certified checks or money orders are required. Checks and money orders must be made payable to Prometric. **Personal checks and cash are not accepted.**

<input checked="" type="checkbox"/>	Mark the Appropriate Box	Attach the Items Noted Below
	I have enclosed the nonrefundable \$10 eligibility screening fee and the \$79 testing fee; I do not have a letter of intent to be hired and I am not currently employed.	You must enclose two <b>separate</b> checks or money orders, one for <b>\$10</b> and one for <b>\$79</b> , both made payable to Prometric. If your eligibility is not approved, your testing fee will be returned to you.
	I have a promise of employment and have not included any fees.	You must attach a letter of intent to be hired from your potential employer on facility letterhead and signed by the administrator of the facility.
	I am currently employed and have not included any fees.	You must attach a letter from your employer on facility letterhead and signed by the administrator of the facility showing your employment dates.

**Credit Card Payment:** To pay by credit card, please complete the information below:

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)	Signature of Cardholder	

### Section Six. Applicant's Affidavit: MUST be completed by all Applicants

I certify that I am the applicant who is referred to in this application and that the statements herein are true. I understand that the results from my Competency Examination will be released to my nursing home employer or training program. I also understand that if it is found that I engaged in prohibited behavior during the test, my test will not be scored and I may be disqualified from any future testing. I have read and understand the information in the Arkansas Nursing Assistant Candidate Information Bulletin.

Applicant's Signature

Date



# Arkansas Nursing Assistant Examination Scheduling Form

**All candidates must include this Scheduling Form with their Eligibility Screening Form.**

## Candidate Information

Last Name	First Name	Middle Initial
Social Security Number or Alien ID Number - - -		<input type="checkbox"/> Check this box if Alien ID Number is used.
Daytime Phone Number (including area code) ( ) -		E-mail Address (if available)
Training Facility		Training Program Code (if available – see completion certificate)

## Test Site Information

All candidates must choose either to take the Nursing Assistant Examination at their training site/employing nursing home or at a Regional Test Site. Please check one of the following options for testing.

<input type="checkbox"/>	<b>In-facility Testing:</b> My employer or training program is scheduling my testing and I will take the exam(s) at their location. I will give my Eligibility Screening Application form <b>and</b> the Examination Scheduling Form to my training coordinator (do not send it to Prometric). I will be scheduled for my exam(s) within 14 days of the approval of my Eligibility Screening Application.
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a Regional Test Site location. My choice of city and the test center code from Page 6 of this Bulletin are listed below. Once my Eligibility Screening Application is approved, I will receive an Authorization to Test letter via mail regarding my specific test date, time and location information.
<b>Test Site Location</b>	
<b>First Choice</b>	<b>Test Site Code</b>
<b>Second Choice</b>	

## Testing/Retesting Fees

	First-Time Tester	Fee	Total
<input checked="" type="checkbox"/>	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
<input checked="" type="checkbox"/>	<b>Retester</b>	<b>Fee</b>	
	Clinical Skills Retest	\$45	
	Written Retest	\$34	\$
	Oral Retest <i>(You may select this option even if you previously took the Written Test)</i>	\$34	\$
<input checked="" type="checkbox"/>	<b>Rescheduling/No Show</b> (if applicable, see Page 8)	<b>Fee</b>	
	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
		<b>Total Fee</b>	<b>\$</b>

**Note:** If this is your first time testing, please also refer to Section 5: Payment Information on the Eligibility Screening Form.

**Questions:** For assistance with any questions, please call Prometric at 800.818.8917.

**If you chose In-facility Testing,** give this completed form, along with all necessary documents (including the Eligibility Screening Application and training certification), and the appropriate fees to your training coordinator.

**If testing at a Regional Test Site,** mail this completed form, along with all necessary documents (including the Eligibility Screening Application and training certification), and the appropriate fees to: Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.





## Arkansas Nursing Assistant Registry Renewal Form

### Instructions

Complete all of the information requested on both sides of this form (Questions 1-13), including the employer information on the second page. Remember to sign the form on the reverse side.

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

### Eligibility for Renewal

You are eligible to renew your certificate if you have worked as a nursing assistant performing nursing or nursing-related services for pay for at least eight consecutive hours within the immediate 24-month period prior to your current registry document expiration date. Nursing assistants with employment restrictions on the registry for resident abuse, neglect, misappropriation of resident property or criminal record disqualifications are not eligible for renewal. The state of Arkansas no longer requires nursing assistants to pay the renewal fee.

### Nursing Assistant Information

1. First Name and Middle Initial		2. Last Name*	
3. Social Security Number -                      -		4. Date of Birth	
5. Home Number (including area code) (            )	6. Work Phone Number (including area code) (            )		
7. E-mail Address (if available)			
8. Home Address if different from above (Street Address and Apt. Number or P.O. Box)			
City	State	ZIP Code	

*\*If your name has changed from how it currently is listed on your registry certificate, you must enclose a copy of the legal document authorizing the name change.*

**Please turn over and complete Page 2 of this form. Failure to fully complete the second page may result in delays or denial of the renewal of your certification.**

## Employment Information (Current or previous employer.)

9. Name of Facility or Agency Where Employed		
10. Address of Employer (Street Address or P.O. Box)		
City	State	ZIP Code
<p>11. What Type of Nursing Assistant Employer is the Facility/Agency?</p> <p><b>Traditional:</b> <input type="checkbox"/> Home Health Agency   <input type="checkbox"/> Hospital   <input type="checkbox"/> Hospice   <input type="checkbox"/> Residential/Assisted Living  <input type="checkbox"/> (Long Term Care Facility/Nursing Home). Must provide name of facility: _____</p> <p><b>Nontraditional:</b> <input type="checkbox"/> Staffing Agency   <input type="checkbox"/> Providing Private Duty Care</p> <p><b>Other (please describe):</b> _____          _____</p>		
12. Provide Dates of Employment as a Nursing Assistant:	Date of Hire: (MONTH/DAY/YEAR): _____ Are you currently employed at the facility listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date of Termination: (MONTH/DAY/YEAR): _____	
13. Name of person supervising your duties as a Nursing Assistant (current or former)		

## Nursing Assistant Signature

I certify that the information put forth on this Arkansas Nursing Assistant Registry Renewal Form is true and correct to the best of my knowledge.

---

Applicant's Signature
Date

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

**Questions:** For assistance with any questions, please call Prometric at 800.818.8917.

**Mail this completed form to:**

Prometric  
 Attn: Arkansas Nursing Assistant Registry Renewal  
 1260 Energy Lane  
 St. Paul, MN 55108



## Arkansas Nursing Assistant Service Request Form

**I am requesting the following service(s):**

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

### Section 1. Arkansas Nursing Assistant Information

Social Security Number - - -	Nursing Assistant Certificate Number (if applicable)
Last Name (as it appears on our records)	First Name and Middle Initial (as they appear on our records)
I authorize the services checked above to be performed. Any documents requested will be mailed to my address of record.	
Nursing Assistant/Applicant's Signature	Date

### Section 2. Name Change

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

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

### Section 3. Address/Phone Number Changes

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

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

### Section 4. Duplicate Score Request

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

**Fees:** Make company check, money order or certified check payable to Prometric. **Personal checks and cash are not accepted.**

**Questions:** For assistance with any questions, please call Prometric at 800.818.8917.

**Mail this completed form to:** Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

PROMETRIC  
1260 Energy Lane  
St. Paul, MN 55108  
800.818.8917

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