
MICHIGAN

CERTIFIED NURSE AIDE INFORMATION BULLETIN

Effective October 1, 2005 and Later

Published by

PROMETRIC



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St. Paul, MN 55108
800.752.4724
Fax: 800.813.6670
www.prometric.com/NurseAide/MI

Providing License Examinations for the State of Michigan

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REVISED 20090923

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FOR MORE INFORMATION

This Bulletin contains general program information and instructions for procedures that nurse aide candidates and Certified Nurse Aides **must** follow to become part of the Michigan Nurse Aide Registry, or to be maintained on the Registry. It is essential that the policies and procedures in this manual be carefully reviewed and adhered to in order to ensure that all requests can be processed.

Direct all questions and information requests about examinations to:

Prometric

1260 Energy Lane
St. Paul, MN 55108
800.752.4724

Fax: 800.813.6670

www.prometric.com/NurseAide/MI

OVERVIEW FOR CERTIFIED NURSE AIDES

Certified Nurse Aid (CNA) Definition

A Certified Nurse Aide (CNA) is a nurse aide in the state of Michigan who has successfully completed a Nurse Aide Training Program (NATP) and/or a Competency Evaluation Program (CEP), and is placed on the Michigan Nurse Aide Registry. The Michigan Nurse Aide Competency Evaluation Program is given by Prometric Inc. (Prometric) and consists of a Clinical Skills Test and a Knowledge Test. Candidates must pass both tests to become a CNA.

Michigan Nurse Aid Registry

OVERVIEW

The Michigan Nurse Aid Registry contains the names of nurse aides who have successfully completed the Competency Evaluation Program.

THE REGISTRY DOCUMENT

When a nurse aide has successfully passed the Competency Evaluation Program — both the Clinical Skills Test and the Knowledge Test — the candidate is placed on the Michigan Nurse Aide Registry. The CNA will receive a Registry Document, which is a certificate that represents a nurse aide's successful completion of the state-approved Competency Evaluation Program. It is proof of certification for the CNA. More information about the Registry can be found on Page 5.

Employment in Long-Term Care Facilities

The Federal government passed regulations called The Omnibus Budget Reconciliation Act (OBRA) of 1987. These regulations require that nurse aides employed in long-term care facilities (nursing homes) providing nursing or nursing-related services to Medicare and Medicaid residents, must be trained and have their competency evaluated. These same regulations provide that long-term care facilities may hire individuals who are not CNAs, and employ them as nurse aides for up to four months while they complete their training and testing. If the candidate has not completed testing to become a CNA by the end of the four-month period, the individual may *not* continue to provide nursing care to residents.

Before an individual can be hired as a nurse aide, a long-term care facility must contact the Registry and verify that the person has met the competency evaluation requirements and that the individual is in good standing on the Registry.

Nurse aides with findings of resident abuse, neglect and/or misappropriation of resident property will remain on the Registry with the findings placed in their record. This information will be disclosed to the health facilities that call to verify a person's standing. Findings placed on the Registry are permanent and will be removed only when:

- The findings have been made in error;
- An individual has been found not guilty in a court of law; or,
- When the state is informed of a registrant's death.

A nurse aide under investigation for resident abuse, neglect and/or misappropriation of resident property is given a hearing and has an opportunity to rebut findings in the Registry. Only validated findings are placed on the Registry. **This is public information.**

Testing Eligibility Requirements

Eligibility for taking the Competency Evaluation Program (CEP) testing is established by having either:

- A Completion of Training Certificate from a Michigan state-approved nurse aide training program for training completed within the last 12 months; or
- An OBRA Exemption from Training form issued by the Michigan Department of Community Health.

EXEMPTIONS FROM TRAINING

Individuals requesting to take the state-approved Competency Evaluation Program are encouraged to first take a state-approved Nurse Aide Training Program. However, on a case-by-case basis, the Michigan Department of Community Health will review requests from candidates for exemption from the training requirement.

The following are examples of cases where an individual may be given an exemption from training:

- R.N. or L.P.N. nursing students who have an official transcript to verify current nursing school enrollment and successful completion of a nursing fundamentals course.
- Nurse aides with original out-of-state certificates/registry documents that are current and in good standing on the state's registry.
- CNAs with expired Michigan Registry documents that have evidence of working in a licensed/certified health facility within the last two years.

All individuals requesting exemption from training must contact the Michigan Department of Community Health at 517.241.0554. **The exemption is from training only.** The individual is required to complete the CEP Clinical Skills Test and Knowledge Test. **Training exemptions are granted for a six-month period only, and testing must be completed in that period.** The state does **not** issue extensions or reissue exemptions to candidates who fail to complete testing within the six-month period.

If the Department of Community Health denies the request for exemption from training, it will be necessary to complete training and testing to become a CNA.

Residency Outside of Michigan

If you are a nurse aide moving from Michigan to another state, you must contact the Registry of that state to see if your CNA status can be transferred to that state. The requirements vary from state to state. If verification of the nurse aide's Registry information from Michigan is required, the state must send the necessary papers to:

Prometric
ATTN: Michigan Nurse Aide Registry
1260 Energy Lane
St. Paul, MN 55108

THE EXAMINATION PROCESS

Examination Registration Procedures

If you are employed by a nursing facility, the facility must make the arrangements for your testing. If you are not employed by a nursing facility, you must mail or fax a completed Michigan Nurse Aide Registration form to:

Prometric
1260 Energy Lane
St. Paul, MN 55108
FAX: 800.813.6670

A copy of the registration form is included on Page 21 of this Bulletin. You can also get a copy of the form from your training program, employer or by calling the Michigan Nurse Aide Customer Service line at 800.752.4724.

One of the following documents **must** be included with your registration:

- Training completion document; **or**
- Proof of Training Exemption (Letter from Department of Community Health showing the exemption was provided, or a **copy** of the Exemption form).

Testing and Training Costs

A nurse aide who is employed by, or who has received an offer of employment from, a federally certified nursing care facility on the date on which the aide begins a nurse aide training and/or competency evaluation program cannot be charged for any portion of the program. (This includes any fees for textbooks or other required course materials.)

If you are not employed, or do not have an offer to be employed as a nurse aide when you start a training program, but become employed by or receive an offer of employment from a federally certified nursing care facility no later than 12 months after completing a nurse aide training and competency evaluation program, the state must provide for the reimbursement of costs incurred in completing the program. This reimbursement will be prorated during the period in which you are employed as a nurse aide. You will apply for this reimbursement through your nursing facility employer who will require proof that you paid for your training and testing.

Authorization to Test

When a completed registration is received at Prometric, the registration will be processed and you will be mailed an Authorization to Test (ATT). The ATT will include your authorization number(s) and general information on how to schedule your tests at a Regional Test Site in your area.

Please be aware of the expiration date(s) on your ATT and/or exemption and training documents.

- Michigan requires that a candidate complete testing within one year of the training completion.
- If you are testing under an exemption from training, the exemption/OBRA document has an expiration date. You may not test after that expiration date.

Scheduling the Examination

SCHEDULING YOUR APPOINTMENT

The Clinical Skills Test and Knowledge Test are given at a Regional Test Site. Regional Test Sites are located in key areas of the state. Your ATT will include a listing of test sites from which to choose. It is your responsibility to call the test site you choose and schedule an appointment.

Schedule an appointment only after you have gathered all the required documents needed for admission including identification, ATT, necessary checks for payment of the testing fees, and/or exemption forms. **When you schedule an appointment, remember you may only schedule an appointment at one test site.**

ABSENT OR LATE FOR THE EXAM APPOINTMENT

If you do not show up or fail to reschedule your appointment without giving 48 hours notice, or you are unable to test because you fail to bring the documents required for admission to your test appointment, **you will be required to pay an additional, nonrefundable cancellation fee of \$25.** The fee is payable to the Regional Test Site at the time of your rescheduled testing appointment. You are responsible to pay this fee.

Test sites will not schedule a candidate for testing who has been a no-show for three times until the candidate has paid all outstanding no-show fees to the test site(s).

EMERGENCY CLOSING

If a test administration is canceled due to weather conditions or other major difficulties, the Regional Test Site will attempt to contact you about the cancellation. If there is a concern or question about whether a test site is closed, check the local radio station or call the test site to confirm the appointment. If cancellation is necessary because the test center is closed, you will be rescheduled for another appointment without additional cost.

Special Test Considerations

If you require testing accommodations under the *Americans with Disabilities Act* (ADA), please call Prometric at 888.226.9406 to obtain an Accommodation Request Form. Reasonable testing accommodations are provided to allow candidates with documented disabilities, which are recognized under the ADA, an opportunity to demonstrate their skills and knowledge. Candidates should submit professional documentation of the disability with their registration form to help determine the necessary testing arrangements. Thirty days' advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

The Clinical Skills Test and Knowledge Test are written to not exceed a sixth-grade reading level as required by the Michigan Competency Evaluation Program. Oral testing cannot be substituted for the literacy skills required for the Program.

Note: If English is your second language, a language barrier is not considered a disability.

Fees

The testing fees are paid at the test site at the time of testing. You will not be allowed to test if proper payment is not provided. **NOTE: Exam fees are nonrefundable and nontransferable.**

You will be required to pay two fees using two separate checks:

- A Test Fee paid to Prometric; and
- A Test Administration Fee paid directly to the Regional Test Site.

Fees must be paid by a nursing facility check, cashier's check or money order. Cash and personal checks **will not** be accepted.

First-Time Tester Fees:

	Clinical Skills Test	Knowledge Test	Initial Registry Fee	Total
Test Fees	\$34.00*	\$30.50*	\$12.00**	\$76.50
Administration Fees	\$85.00*	\$15.00*	N/A	\$100.00
Total	\$119.00	\$45.50	\$12.00	\$176.50

*Fee is required each time test is delivered.

**One-time fee paid at time of initial testing.

- 1 Bring a check for **\$76.50** made payable to Prometric.
- 2 Bring a check for **\$100** made payable to Regional Test Site where you are testing.

Retest Fees for Clinical Skills Exam ONLY:

	Clinical Skills Test	Knowledge Test	Total
Test Fees	\$34.00	Prepaid	\$34.00
Administration Fees	\$85.00	Prepaid	\$85.00
Total	\$119.00	N/A	\$119.00

- 1 Bring a check for **\$34** made payable to Prometric.
- 2 Bring a check for **\$85** made payable to Regional Test Site where you are testing.

Retest Fees for Knowledge Exam ONLY:

	Clinical Skills Test	Knowledge Test	Total
Test Fees	N/A	\$30.50	\$30.50
Administration Fees	N/A	\$15.00	\$15.00
Total	N/A	\$45.50	\$45.50

- 1 Bring a check for **\$30.50** made payable to Prometric.
- 2 Bring a check for **\$15** made payable to Regional Test Site where you are testing.

The Registry Document renewal fee and duplicate request fees are all payable to Prometric. Only money orders will be accepted for Registry Document renewal fees and duplicate request fees. There is a \$20 fee for a duplicate Registry Document.

What to Bring to the Test Center

You must bring all of the following documents with you to the testing appointment:

- **Authorization to Test (ATT);**
- **Signed Social Security card** (if you've lost your Social Security card, bring a letter from the Social Security Administration. The letter must include your Social Security number to be accepted in lieu of your card. Please note that a birth certificate cannot be substituted for a Social Security card.);
- **Photo Identification with signature** (such as a driver's license, passport, or Michigan ID card. This identification must be current (non-expired) and must have a photograph along with a signature.);
- **A second form of identification with signature** (such as a school ID card, facility ID, credit card, library card.); AND
- **Testing fees** for Prometric and the test administration fees payable to the Regional Test Site. See the "Fees" section on Page 3 for more information.

Failure to bring all of the required documents listed above will result in your being turned away from the testing appointment. Should this happen, you will be required to pay an additional, nonrefundable fee of \$25 to reschedule a testing appointment.

Regulations at the Test Center

The use of assistance of any type without prior approval from Prometric is strictly prohibited. **Examples of items that are not permitted during testing include, but are not limited to:**

- Dictionaries or thesauruses
- Interpreters or translation dictionaries
- Explanation or clarification from proctor regarding situations depicted or terms used during the test
- Pencils, pens, paper or other writing instruments
- Personal belongings such as purses, bags, coats and jackets
- Books or notes including the clinical skills checklists
- Food or drink
- Group Irregularities

Unlike cases of individual candidate misconduct, occasionally testing irregularities occur that affect a group of test takers. Such problems include, without limitation, administrative errors, defective equipment or materials, improper access to test content and/or the unauthorized general availability of test content, as well as, other

disruptions of test administrations (such as natural disasters and other emergencies.) When group testing irregularities occur, Prometric will conduct an investigation to provide information to the Michigan Department of Community Health. Based on this information, the Michigan Department of Community Health may direct Prometric either not to score the test or to cancel the test score.

When it is appropriate to do so, the Michigan Department of Community Health will arrange with Prometric to give affected test takers the opportunity to take the test again as soon as possible, without charge. Affected test takers will be notified of the reasons for the cancellation and their options for retaking the test. The appeal process does not apply to group testing irregularities.

Study Materials

A Test Taker Guide for the Clinical Skills Test appears on Page 14 and a Test Taker Guide for the Knowledge Test appears on Page 16. Use these Guides to assist you in preparing for the tests.

Taking the Examination

The test has two parts, a Clinical Skills Test and a Knowledge Test. The Clinical Skills Test is an assessment of skills required in the care of residents in long-term care facilities. You will be scored on the performance of five skills. You must achieve the number of points in your performance of each skill that has been set by the state to pass the Clinical Skills Test.

The Knowledge Test is a 55-question, multiple-choice test. Because it has been determined that English is the predominant language used in long-term care facilities in Michigan, the Knowledge Test is administered in English.

Both tests are scheduled on the same day. **You must pass the Clinical Skills Test before you are permitted take the Knowledge Test.** If you pass the Clinical Skills Test, you will then take the Knowledge Test. **Should you fail the Clinical Skills Test, please refer to the *Next Step for Unsuccessful Candidates* section.**

Next Step for Unsuccessful Candidates

If you are unsuccessful on either of the tests, you will be automatically registered to test if you are still eligible. You can expect to receive your new ATT in the mail within 10 to 14 days. If you do not receive your ATT, or you want to check and see if you are eligible to retake, you may call the Michigan Nurse Aide Customer Service at **800.752.4724**.

If you fail the Clinical Skills Test, your Knowledge Test appointment will be canceled. The Regional Test Site will issue you a Knowledge Test Voucher, proof that the test fee has already been paid.

You should wait until you receive your new ATT to schedule a new testing appointment. If there is a very short time frame before your ATT will expire, you may request to have your ATT faxed directly to the Regional Test Site.

You may take the Clinical Skills Test and/or the Knowledge Test only three times each. Each time you retest, you will be given a complete test, and not just tested on the areas failed in previous test(s). If you are unable to pass both tests after three attempts, you will be required to retrain before re-testing.

Retaking the Examination at a Different Test Site

If you must retake the Knowledge Test, the test can be scheduled at any Regional Test Site. However, if you must retake the Clinical Skills Test and want to retest at another site, you must ask: (1) the original site if they are willing to transfer the Knowledge Test fee to the new site; and (2) the new site if they will accept a Knowledge Test Voucher from the original test site.

If your original test site is unwilling to transfer the \$15 Knowledge Test Administration fee and/or the new test site is unwilling to accept the Knowledge Test Voucher, you are responsible for paying the \$15 fee to the new Regional Test Site. **Please be aware that test sites are not required to transfer these fees, and many do not participate in this arrangement. It is strongly advised that you complete your testing at one Regional Test Site.**

Appeals Process

Our goal is to provide a quality exam and a pleasant testing experience to 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 concerning the exam content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal in writing. Your appeal letter must include your name, Social Security number, exam title, date tested and details of your concern, including relevant facts, your signature and return address. Mail your appeal letter to:

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

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

Copyrighted Exam 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.

THE REGISTRY DOCUMENT

Registry Document Expiration

Your initial Registry Document is valid for two years. An expiration date will appear on the document. It is your responsibility to renew your Registry Document prior to its expiration date. If your Registry Document expires, you will be required to retest to maintain your status on the Registry.

A Request for Renewal form will be mailed to you at the address on record 45 to 60 days prior to the Document's expiration date. There are no guarantees that you will receive this form. **Therefore, it is your responsibility to keep track of your own expiration date and to notify the Registry of any name and address changes.** You may

update your address in the Registry by calling **800.752.4724**. If you have not received a renewal form in the mail within 30 days before the expiration date, you can use the form on Page 19, obtain a form online at www.prometric.com/NurseAide/MI, or call **800.752.4724**. Renewal notices must be completed and returned to Prometric with the required fee for the Registry Document to be renewed.

You are eligible for renewal if you have worked as a Certified Nurse Aide {(CNA) (Unlicensed Assistive Personnel (UAP)} in a traditional or nontraditional health care facility, licensed by the state of Michigan and/or certified by the federal government, performing nursing or nursing-related services for pay under the supervision of a registered nurse for at least eight consecutive hours within

the immediate 24-month period prior to your current Registry document expiration date. This experience must be verifiable by an R.N. who has supervised you directly while performing nursing or nursing related services.

Findings by the state against the nurse aide can jeopardize a nurse aide's standing on the Registry. Nurse aides that are flagged on the Registry for resident abuse, neglect, or misappropriation of property are not eligible for renewal.

Renewal Fee

The renewal fee is \$20. It is a nonrefundable processing fee. You will not get your money back if you are not eligible for renewal. If you have any questions as to whether or not you are eligible before submitting the form, please refer to the How to Renew section of this Bulletin or call our Customer Service Representatives at 800.752.4724.

How to Renew

If you are employed by a:

Traditional Facility – Long Term Care Facility, Home Health Agency, County Medical Care Facility, Hospital or Hospice. Your renewal form must be verified and signed by your Director of Nursing/Staff Development Coordinator.

Staffing Agency – Working as a nurse aide in a Long Term Care Facility, or providing private duty care. The renewal form must be verified and signed by the Staffing Agency, and a dated letter on the agency's letterhead must be attached to the form specifying the name of the most recent long-term care facility where you worked as a nurse aide, and the dates worked there.

Nontraditional Facility – Assisted Living Facility or Group Home. Any other types of facilities not listed above in the traditional facility types will be determined on a case-by-case basis. The facility must be state licensed and/or federally certified. Nursing or nursing-related services must be provided under the supervision of a registered nurse. The renewal form must be verified and signed by the RN who delegated and supervised the nursing and/or nursing-related services.

A letter written on the employing facility's letterhead, documenting the current or former employment with the facility as a nurse aide, must accompany **all** renewal forms. The letter must be signed by the Director of Nursing/Staff Development Coordinator.

Please be sure you enter the date of hire (month/ day/year) and, if it applies, the termination date (month/day/year). You must sign and date the form. If any information is missing from your renewal, the form will be returned. We strongly suggest you make a photocopy of your completed form for your records before you mail it.

Send the completed form with the \$20 money order to:

Prometric
ATTN: Michigan Nurse Aide Registry Renewal
1260 Energy Lane
St. Paul, MN 55108

RENEWAL GRACE PERIOD

Effective September 1, 1998, a 60-day grace period for renewing Registry Documents was instituted. This means that your Request for Renewal form must be received at Prometric no later than 60 days following your expiration date. However, it is suggested that you renew your document prior to your expiration date to ensure your status is current on the Registry. If you do not renew your document within the time allowed, you will be required to retest. Please be advised that the state allows nurse aides to continue to work during the grace period at the employer's discretion.

GETTING WORK EXPERIENCE DURING THE GRACE PERIOD

Effective April 21, 2004, the state will allow nurse aides who did not complete the required eight hours of work experience during their certification period to complete the eight hours of work during their 60-day grace period. The nurse aide must meet all the requirements for renewal, and the complete renewal form along with the renewal fee and letter of employment must be received at Prometric before the end of the grace period.

Unemployed CNAs

If you are not currently working as a nurse aide and you meet all eligibility requirements, your renewed Registry Document expiration date will be based on two years from your last date of employment. A letter from the employer verifying your last date of qualifying employment is required.

Contact Information

- For Registry Document questions, please call **Michigan Nurse Aide Customer Service at 800.752.4724.**
- To verify whether your name is current and in good standing on the Registry, please call **the Michigan Nurse Aide Registry at 800.748.0252.**
- For information regarding the findings placed on the Registry or to report a concern regarding the Competency Evaluation Program, or for questions and information regarding training requirements and facilities, please call **Michigan Department of Community Health at 517.241.0554.** Please note that all reports of complaint must be in writing.

CLINICAL SKILLS TEST CHECKLISTS

The Clinical Skills Test is an assessment of skills required in the care of residents in long-term care facilities. You will be scored on the performance of five skills. To pass the Clinical Skills Test, you must pass all five skills.

Checklists for each of the skills that may be on the Clinical Skills Test are provided on the following pages. These checklists are not procedures and are not necessarily provided in the order that you will perform the skill. The skills should not be learned from the checklists; however, the checklists can be helpful for you to evaluate your performance in the classroom or clinical setting.

All candidates are scored on Handwashing and on a skill called Indirect Care, which is scored throughout the candidate's entire test. Indirect Care represents aspects of care related to resident rights, communication with the resident, resident safety and comfort, and infection control. When reviewing the checklist, you will notice that these checkpoints are a part of every skill.

Each skill is comprised of a series of checkpoints to which points have been assigned based on how critical the checkpoint is to the safe performance of the skill. For example, the checkpoint for raising the head of the bed before feeding the resident would have a higher number of points assigned to it than the checkpoint for removing the clothing protector after feeding the resident.

A panel of nursing experts from Michigan made recommendations to the state on what score should be required for each skill to determine that a candidate is minimally competent. To pass a skill, you are not required to perform the skill perfectly, but you are required to achieve enough points to demonstrate competency of the skill.

When administering the test, the Clinical Skills Observers respond to each checkpoint while watching the candidate perform the skill. At the end of the test, the nurse enters her/his observations of the candidate's performance into the computer and the computer scores the test.

After your test, you will be given a report that identifies the skills on the test and whether each skill was passed or failed.

The Clinical Skills Observers are registered nurses who have completed training and been approved to administer the test. The Observers are not permitted to teach or coach you or to answer questions on how to perform a skill and will not discuss your results. Candidates who fail a skill may find it helpful to return to the skills checklist to review the checkpoints.

Handwashing Note: Your handwashing technique is evaluated at the beginning of the test. This skill is not prompted, which means you will not be told to wash your

hands. Nurse aides are expected to know to wash their hands before and after physical contact (touching) of the resident.

HANDWASHING

Does the candidate:

- greet resident, address by name, and introduce self?
- wet hands and apply soap?
- work up lather cleansing front and back of hands, between fingers, around cuticles, under nails, and up wrist (hands-width)?
- provide cleansing friction for a minimum of ten seconds?
- remove all soap, rinsing while holding fingers lower than wrists?
- dry hands with paper towel, and limit contact of towel to cleansed skin surfaces?
- turn off water with paper towel, and dispose of towel?
- complete task without contaminating hands, such as against sink?
- promote resident rights throughout procedure?

BEDMAKING – UNOCCUPIED

Does the candidate:

- remove linen rolling away from uniform with dirty side in?
- secure bottom sheet to mattress at top and sides of mattress for flat sheet and on all sides if using fitted sheets?
- center drawsheet over bottom sheet and secure, leaving wrinkle free?
- align top sheet at/near head of mattress?
- leave sides of top sheet untucked?
- secure top sheet under foot of mattress?
- replace pillowcase?
- apply blanket and/or bedspread over top sheet and secure at foot of mattress?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident safety throughout procedure?

BEDPAN

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- place protective pad on bed over bottom sheet, under buttocks before placing bedpan?
- position bedpan under resident according to form/shape of the selected bedpan to allow for comfort and collection?
- raise the head of bed to level of resident's comfort, after positioning the resident on the bedpan?

- provide resident with toilet paper before removing the bedpan?
- lower head of bed before removing bedpan?
- empty contents of bedpan into toilet?
- rinse, dry and store bedpan in bottom shelf/drawer of bedside cabinet?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

BLOOD PRESSURE

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- expose the resident's antecubital area?
- position the resident's arm with palm up, and elbow at the level of the heart?
- wrap cuff evenly around arm (bladder over brachial artery), with bottom of cuff positioned within an inch above the antecubital?
- locate the brachial artery before placing the stethoscope?
- position diaphragm of stethoscope over brachial artery, and place stethoscope earpieces in his/her ears, before inflating cuff?
- inflate cuff safely (e.g., inflate not more than 30mm past point pulse last felt or heard)?
- control slow deflation of cuff?
- record blood pressure within ± 4 mm of CSO's systolic and diastolic readings?
- clean (earpieces and diaphragm of stethoscope with alcohol swab or other disinfectant) and store equipment at completion of procedure and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

CATHETER CARE

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- apply gloves before beginning catheter care?
- place incontinent pad under buttocks before beginning procedure?
- insure water is at safe and comfortable temperature?
- use soapy washcloth to clean around the catheter at the insertion site?
- change spot on wash cloth for each washing stroke, wiping from front to back?

- cleanse catheter, washing away from the body and down the catheter about 3-4 inches?
- use clean wet washcloth for rinsing?
- change spot on wash cloth for each rinsing stroke, wiping from front to back?
- dry entire perineal area, from front to back, and catheter after completing cleaning and rinsing of each area?
- leave tubing coiled on bed, without kinks, obstructions, or loops of tubing hanging over the side of the bed?
- remove incontinent pad at the completion of the procedure?
- clean and store equipment at completion of procedure and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

CHANGE AN OCCUPIED BED

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- lower head of bed before changing linen?
- position resident safely on side and on nonworking side of bed?
- roll dirty bottom linen and tuck under resident?
- place clean bottom linen on working side, securing under mattress at head of bed, and along working side?
- extend clean bottom linen on working side, across bed and tuck under resident?
- ask or assist resident to turn to face opposite side of bed?
- complete placement of bottom linen, securing flat sheet under mattress at head of bed and on sides, and if using fitted sheet by securing all four sides?
- leave bottom linen free of wrinkles?
- place clean top linen(s)?
- avoid exposure of resident throughout procedure?
- secure top linen(s) under foot of mattress allowing room for foot movement?
- leave top linens untucked on sides?
- replace pillowcase?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

CHANGE OF POSITION

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?

- position and align resident to insure safe turning?
- position device/padding/pillow behind resident's back to maintain side-lying position?
- align legs with knees slightly bent to alleviate hip and back strain?
- position device/padding/pillow placed between legs to avoid contact between bony prominences of knees and ankles?
- position device/padding/pillow placed between legs to insure (upper) hip and leg in proper alignment?
- adjust resident's left arm and shoulder to avoid pressure?
- position pillow to provide support alignment of neck and head?
- provide positioning device/padding/pillow to support right shoulder/arm?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

CHANGE OF POSITION WITH BACKRUB

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- position and align resident to facilitate safe turning?
- warm lotion in hands before applying to resident's back?
- provide backrub using strokes to cover from base of spine and working towards neck and shoulders using gentle strokes and circular motions?
- remove unabsorbed excess lotion on resident's back?
- position device/padding/pillow behind resident's back to maintain side-lying position?
- align legs with knees slightly bent to alleviate hip and back strain?
- position device/padding/pillow placed between legs to avoid contact between bony prominences of knees and ankles?
- position device/padding/pillow placed between legs to insure (upper) hip and leg in proper alignment?
- adjust resident's left arm and shoulder to avoid pressure?
- position pillow to provide support alignment of neck and head?
- provide positioning device/padding/pillow to support right shoulder?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

DRESSING

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- include resident in decision-making about clothing to wear?
- collect all garments (socks, undergarments, pants, shirt or dress) before undressing from gown?
- support affected right arm while undressing and dressing?
- remove gown from affected right arm last?
- dress affected right arm first?
- gather up sleeve to ease pulling over affected arm?
- assist resident to put on underwear, T-shirt, slacks and top/or dress, and socks?
- move resident's body and extremities gently and without over-extension or force when assisting with undressing and dressing?
- adjust all clothing for comfort, neatness and alignment and close all fasteners
- place dirty gown in designated hamper?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

FEEDING

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- raise head of bed with resident in sitting position (minimum 60°) and in proper alignment, before feeding?
- offer and assist resident to wash hands before feeding?
- sit to maintain eye level contact with resident while feeding?
- apply clothing protector before feeding?
- offer fluid to drink to moisten mouth before offering food ?
- use spoon to feed?
- offer fluids to drink throughout feeding (after at least every 3 – 4 bites of food)?
- check to see if resident has swallowed before offering next bite?
- offer encouragement to resident towards maximizing food and fluid intake?
- converse with resident during meal?
- leave area around resident's mouth clean and dry?
- remove protective clothing cover and tidy work area at completion of task?
- accurately record % food intake on Food Acceptance Record?

- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

HAIR AND NAIL CARE

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- use comb or brush to groom hair, pulling gently through hair without tearing or breaking hair, or causing discomfort to the resident?
- soak nails in water of safe, comfortable temperature, before removing residue from under nails or clipping?
- remove residue from under nails with either nailbrush or orangewood stick?
- dry hands after soaking?
- leave nails smooth and free of jagged edges?
- apply lotion to hands after nails are cleaned and shaped?
- clean and store equipment at completion of procedure and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

HEIGHT AND WEIGHT

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- insure scale balanced at zero before measuring weight?
- provide assistance to help resident onto scale platform?
- provide assistance to help resident off scale platform?
- record resident's height within ± 1 inch of CSO's measurement?
- record resident's weight within ± 2 lbs. Of CSO's measurement?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

MEASURING AND RECORDING CONTENT OF URINARY DRAINAGE BAG

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- empty urinary drainage bag into graduated container without touching tubing against the container?
- wipe drain with alcohol swab after emptying urine contents?
- clamp and tuck drain into protective pocket of urinary drainage bag after emptying?
- leave bag secured to nonmovable part of bed, insuring drainage bag and tubing are not touching floor?
- set graduated container on flat surface in bathroom to read?
- position self to read urine amount in graduate container at eye level?
- empty urine in graduate container into toilet, rinse container and store?
- remove gloves and wash hands before recording output?
- record output within ± 50 cc's of CSO's reading?
- record output as urine and indicate the correct time on the I&O sheet?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

MOUTH CARE – BRUSH TEETH

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- position resident in a sitting position (minimum of 45 degrees) before beginning mouth care?
- place protective covering over clothing before providing mouth care?
- moisten toothbrush with water and apply toothpaste before brushing teeth?
- brush all surfaces of teeth and the gumline with a gentle motion?
- offer resident the opportunity to rinse out mouth and spit into emesis basin as needed
- leave area around resident's mouth clean and dry?
- clean and store equipment at completion of procedure, remove protective clothing cover and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

MOUTH CARE – DENTURES

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- transport dentures to sink in a denture cup or emesis basin?
- Line sink with washcloth or paper towels, or fill sink with water to reduce risk of denture breakage?
- use cool or tepid running water to clean and rinse dentures?
- brush all surfaces of the dentures?
- brush dentures over sink ?
- rinse dentures to insure toothpaste/denture cleaner removed?
- store clean dentures in denture cup filled with clean cool or tepid water?
- protect resident clothing before beginning mouth care?
- provide mouth care to resident using a tooth brush/toothette/swab to massage gums, freshen mouth and remove food residue from gum pockets?
- offer resident the opportunity to rinse mouth and spit into emesis basin?
- leave area around resident's mouth clean and dry?
- clean and store equipment after use and leave area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

PARTIAL BEDBATH

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- insure water is at safe and comfortable temperature?
- drape/cover resident to insure only area being cleansed is exposed?
- use washcloth without soap to wash face?
- wipe eye from the inside to out, changing to clean area of washcloth before returning to inner eye, and before cleansing other eye?
- leave face clean and dry?
- contain corners of washcloth while washing and rinsing (e.g. forming mitt)?
- protect bedding by repositioning towel under resident throughout washing and rinsing?
- wash neck, hands, arms, and chest using small amount of soap applied directly to washcloth (avoid soap poured directly into bath basin)?
- rinse neck, hands, arms, and chest removing soap residue?
- dry neck, hands, arms, and chest?
- ask or assist resident to turn safely on side to wash back?

- wash, rinse and dry back?
- warm lotion in hands before applying to resident's back?
- provide backrub using strokes to cover from base of spine and working towards neck and shoulders using gentle strokes and circular motions?
- remove unabsorbed excess lotion on resident's back?
- replace hospital gown without exposing resident and secure gown in back?
- clean and store equipment after use, and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

PERINEAL CARE – FEMALE

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- apply gloves before beginning perineal care?
- replace soiled pad under resident's buttocks before beginning perineal care?
- insure water in basin is at safe and comfortable temperature?
- use soapy washcloth to cleanse genital area?
- pass over urinary meatus with first stroke of washcloth?
- change spot on washcloth for each washing stroke?
- wipe from front to back with all washing and rinsing strokes?
- remove all soap from perineal area using a fresh wet washcloth for rinsing?
- change spot on washcloth for each rinsing stroke?
- cleanse all skin folds of perineal area, front and back?
- dry entire perineal area, from front to back, after completing cleansing and rinsing of each area?
- replace basin of water during task if it becomes cold or soapy?
- position resident on side for cleansing of buttocks and rectal area?
- cleanse, rinse and dry rectal and buttocks area?
- leave resident on dry underpad at completion of procedure?
- clean and store equipment at completion of procedure and leave work area tidy?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

PULSE AND RESPIRATIONS

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?

Pulse

- support resident's forearm while taking pulse?
- place fingers over radial pulse?
- count pulse for at least one full minute?
- record pulse rate?
- report pulse within +/- 4 beats per minute of CSO's measurement?

Respirations

- conceal counting of respirations by not telling resident?
- count respirations for at least one full minute?
- record rate of respirations?
- report respirations within +/- 2 breaths per minute of CSO's measurement?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

RANGE OF MOTION – LOWER EXTREMITY

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- support extremity above and below joints throughout ROM?
- take resident's hip and knee through ROM, flexing knee and hip and raising towards torso, and returning back to mattress?
- take resident's hip through abduction/adduction ROM (moving leg away from midline and returning to midline, with leg lifted slightly off the bed)?
- take resident's hip through rotation ROM (e.g., rolling leg towards midline, and out towards edge of bed, or by turning foot towards midline and out towards edge of bed)?
- flex and extend ankle through ROM exercises?
- rotate ankle through ROM exercises?
- provide three repetitions of each ROM exercise?
- ascertain resident's comfort with movement either verbally or by observing resident's face throughout ROM exercises?
- control extremity through ROM to insure smooth, slow, non-forceful movement
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

RANGE OF MOTION – UPPER EXTREMITY

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- support extremity above and below joints throughout exercises?
- take resident's shoulder through ROM, raising and lowering straightened arm, along side, towards head of bed and back to mattress?
- take resident's shoulder through abduction/adduction ROM, (moving straightened arm away from side, up towards head, and returning along resident's side)?
- take resident's shoulder through rotation ROM, (positioning shoulder extended straight to the side with elbow flexed, rotating shoulder by moving forearm forward toward mattress, and backwards toward mattress)?
- flex and extend elbow through ROM exercises?
- rotate wrist through ROM exercises? (e.g., gently moving wrist in circular motion to include flexion and extension, abduction, and adduction of wrist)
- flex and extend finger and thumb joints as ROM exercises?
- provide three repetitions of each ROM exercise?
- ascertain resident's comfort with movement either verbally or by observing resident's face throughout ROM exercises?
- control extremity through ROM to insure smooth, slow, non-forceful movement?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

TRANSFER

Does the candidate:

- greet resident, address by name, and introduce self?
- provide explanations to resident before beginning and throughout procedure?
- place wheelchair near the bed before assisting resident to sitting position at the edge of the bed?
- lock wheelchair before beginning transfer?
- remove or swing foot rests out of way before transferring resident?
- place nonskid footwear on resident before transferring resident?
- provide support to assist resident to sitting position on side of bed?
- apply gait belt securely around waist, and insure gait belt is not restricting circulation or breathing, or injurious to skin integrity?
- insure resident's feet are flat on the floor before beginning transfer?

- position wheelchair adjacent to bed before beginning transfer with the front interior wheel close to bed to facilitate pivot transfer?
- stand in front of resident, bracing resident's legs, reaching around resident, under arms to hold gait belt securely at back?
- maintain own body mechanics in assisting resident to stand?
- complete transfer as a pivot?
- maintain own body mechanics in assisting resident to sit in wheelchair?
- provide support for controlled gentle lowering of resident into seat of wheelchair?
- position resident in proper body alignment in wheelchair with resident's hips in back of seat?
- place resident's feet on footrest?
- remove gait belt at completion of transfer?
- utilize standard (universal) precautions throughout procedure to include handwashing at the beginning and end of task?
- promote resident comfort throughout procedure?
- promote resident rights throughout procedure?
- promote resident safety throughout procedure?

TEST TAKER GUIDE – CLINICAL SKILLS TEST

The best way you can get ready for the test is to listen, study, and learn as much as you can from your training program. It is a good idea to talk to other nurse aides about the skills that will be tested and the skills you have learned during your training.

Be sure you know what to do for each task. Practice with other students or with your family, and use the clinical skills checklist starting on Page 7 to check your performance. Ask your supervisor or teacher for help with anything you do not understand. Your facility or training program may have videos that can also help you review the skills.

WHAT TO EXPECT ON THE CLINICAL SKILLS TEST

You will take the Clinical Skills test at a Regional Test Site. You must receive a passing score on the Clinical Skills Test before taking the Knowledge Test. To be admitted to your testing appointment you must bring your Authorization to Test, two forms of identification, one picture identification with signature and one identification with signature, and social security card to the test site. If you do not bring these you will **NOT** be allowed to test.

Your **handwashing technique** is evaluated at the beginning of the test. This skill is not prompted, which means you will not be told to wash your hands. Nurse aides are expected to know to wash their hands before and after physical contact (touching) with the resident.

You will also be evaluated on **Indirect Care**. Indirect Care includes communication, resident rights, safety, comfort and Universal precautions (infection control). Indirect Care is rated during your performance of each skill.

Your test will be scored at the test center and you will know if you passed or failed after you take the test. You will receive an “unofficial” printed result at the Regional Test Site. If you passed, you will receive your registry document about 14 days later.

The following list gives the possible tasks you might be asked to perform during your test. The list is derived from tasks included in the Michigan Nurse Aide Training Curriculum Model. You will be asked to perform three tasks. The test will take place in a clinical laboratory, with someone acting as a resident or with a manikin.

Pay attention to the key points of residents’ rights, safety, infection control, privacy, comfort, and courtesy, even if you are working with a manikin.

PERSONAL CARE

These tasks cover the basic personal care and needs of nursing home residents.

Perineal Care (male or female) – Perform perineal care, using soap and water, on a manikin.

Dressing and Undressing – Complete Assistance – Provide complete assistance in undressing and dressing for a resident that has a weakness on one side.

Toileting – Bedpan, Partial Assistance – Assist a resident in using a bedpan.

Mouth Care – Brushing Teeth – Brush a resident’s teeth.

Mouth Care – Care of Dentures (Resident with Full Dentures) – Provide mouth care and denture care to a resident.

Partial Bedbath – Provide bathing to a resident, washing the resident’s face, neck, arms, hands, chest and back. Care should include a backrub.

Feeding – Feed a snack such as pudding or applesauce and a beverage to a resident who requires assistance with feeding.

Catheter care – Provide catheter care to a resident with an indwelling urinary catheter.

Grooming – Hair and Nail Care – Comb or brush a resident’s hair and provide fingernail care.

PROMOTING FUNCTION, HEALTH, AND SAFETY

These tasks include giving some special care and assistance that is needed when residents cannot take care of themselves.

Change of Position – Position a resident on one side. The candidate may be asked in the instructions to also provide a backrub when repositioning the resident.

Transfer – Pivot transfer a resident who can stand but not walk, from the bed to a wheelchair using a gait or transfer belt.

Range of Motion – Perform range of motion exercises on a resident’s upper extremity or lower extremity.

ENVIRONMENTAL ACTIVITIES

These tasks include taking care of a resident’s bed.

Changing an Occupied Bed – Change all the linens on a bed, with a resident in it.

Making an Unoccupied Bed – Make a bed with no one in it. (Note: The candidate may select to use flat sheets or fitted sheets.)

REPORTING

Vital Signs – Radial Pulse and Respiration – Take a resident’s pulse, and respiration, counting both for one full minute, and write them down on supplied paper.

Vital Signs – Blood Pressure – Take a resident’s blood pressure and write it down on the supplied paper.

Height and Weight – Measure a resident’s height and weight and write them down on supplied paper.

Measure and Record Contents of Urinary Drainage Bag – Empty contents of urinary drainage bag into a graduated container, measure the amount of urine and record as output on an Intake and Output form (I&O).

TIPS TO HELP YOU DO YOUR BEST WHEN TAKING THE CLINICAL SKILLS TEST

- Know how to do all of the required tasks.
- Listen carefully to the instructions you are given by the nurse giving the test. You will be given an instruction sheet to refer to during testing that states the skills you are to perform. Take your time, and do each task as you were taught.
- Treat the actor playing the part of the resident or the manikin as courteously and friendly as you should a resident at your job.
- Be neat and clean in your work, especially with jobs where germs or infection could be a problem.

ITEMS TO NOTE

- Federal regulations require that all nurse aides pass both a clinical skills and a knowledge test.
- Prometric maintains a file of all people taking a test and reports the names of those who successfully pass both the clinical skills and knowledge test to the state registry.
- Anyone may call the state registry to verify your placement on the registry.
- You may question any aspect or outcome of the testing process by contacting Prometric at:

Prometric

**ATTN: Michigan Competency Evaluation Program
1260 Energy Lane
St. Paul, MN 55108
800.752.4724**

SOME IMPORTANT WORDS TO KNOW

You should know the following words. They could be included in your directions for the Clinical Skills Test.

- Bath blanket
- Bedpan
- Call light
- Catheter
- cc’s
- Denture container
- Draw sheet
- Environment
- Extremity (upper and lower)
- Flat sheet
- Full dentures
- Gait or transfer belt
- Grooming
- Incontinent
- Infection control procedures
- Intake and Output form (I&O)
- Lap robe
- Manikin
- Mattress pad
- Mobility
- Nondigital stand-up scale
- Occupied/unoccupied bed
- Overbed table
- Partial assistance
- Perineal area
- Perineal care
- Pivot
- Positioning pillows or rolls
- Pounds (lbs.)
- Privacy
- Provisions for privacy
- Range of motion
- Resident choice
- Resident
- Resident rights
- Respiration rate
- Routine mobility
- Skin breakdown
- Stethoscope
- Syphgomanometer
- Toileting
- Total assistance
- Transfer
- Turning Schedule
- Underpad
- Urine
- Urinary drainage bag
- Universal precautions
- Vital signs
- Wheelchair

Revised 9/09

TEST TAKER GUIDE – KNOWLEDGE TEST

The best way you can get ready for the test is to listen, study, and learn as much as you can from your training program. It is a good idea to talk to other nurse aides about the knowledge that will be tested.

WHAT TO EXPECT ON THE KNOWLEDGE TEST

You will take the test on a computer at a Regional Test Site. Before you answer any test questions that count for your competency evaluation, you will have the chance to take several easy practice questions to make sure you know how to use the computer.

You must receive a passing score on the Clinical Skills Test first, before taking the Knowledge Test. As with the Clinical Skills Test, you must bring your authorization to Test, two forms of identification, one picture identification with signature and one identification with signature, and Social Security card to the test site. If you do not bring these, you will **NOT** be allowed to test. Your test will be scored at the test center and you will know if you passed or failed after you take the test. If you passed, you will receive your Registry document about 14 days later.

KNOWLEDGE TEST CONTENT OUTLINE

The following content outline lists all subjects covered in the Knowledge test.

I. Role of the Nurse Assistant - 18%

A. Job Duties and Responsibilities

1. Reporting requirements
2. Personal health and safety
3. Resident's rights
4. Values
5. Ethics and legal considerations
6. Reporting abuse and neglect

B. The Health Care Team

1. Care plans
2. Resident care conferences
3. Roles of team members

C. Communication Skills

II. Promotion of Health and Safety - 15%

A. Accident prevention

B. Infection control

C. Use of restraints

D. Fire prevention and safety

E. Educating residents about health and safety

F. Maintaining a safe and comfortable environment

III. Promotion of Function and Health of Residents - 27%

A. Personal care skills

1. Feeding
2. Bathing
3. Perineal care
4. Nail care
5. Skin care
6. Toileting
7. Grooming
8. Dressing

B. Health maintenance

1. Hydration and nutrition
2. Protective devices

3. Mobility and ambulation
4. Range of motion
5. Turning and positioning
6. Transfer and appliances
7. bowel and bladder training
8. grooming
9. self care
10. assistive devices

C. Age-related changes

D. Psychosocial needs

IV. Basic Nursing Skills -25%

A. Routine situations

1. Vital signs
2. Height
3. Weight
4. Skin
5. Blood pressure
6. Elimination
7. Circulation
8. Dietary
9. Alertness
10. Memory Loss
11. Confusion
12. Sadness
13. Fear
14. Anxiety
15. Withdrawn behavior

B. Emergency Situations

1. Chest pain
2. Respiratory distress
3. Choking
4. Seizures
5. Difficulty swallowing
6. Diabetes
7. Level of consciousness
8. Falls

V. Specialized Care -15 %

A. Physical problems

1. Hearing and vision loss
2. Speech difficulty
3. Mobility
4. Paralysis
5. Incontinence
6. Constipation
7. Diarrhea
8. Nausea
9. Catheter
10. Tube feeding
11. Oxygen therapy
12. Dietary restrictions
13. Pain

B. Psychological problems

1. Confusion
2. Memory loss
3. Anxiety
4. Combativeness
5. Depression
6. Fear
7. Grief
8. Mental retardation
9. Pain

C. Care of the dying resident

WORDS TO KNOW

Make sure you know the following words before you take your test:

- Activities of Daily Living (ADL)
- AIDS
- Alcohol
- Amputated
- Anxiety
- Aspiration
- Assignment
- Assistance
- Bedpan
- Behavior
- Bladder
- Blood pressure
- Bowel
- Bowel movement
- Call light
- Calluses
- Care plan
- Catheter
- Charge nurse
- Comatose
- Combative
- Commode
- Communicate
- Confused
- Constipation
- CPR
- Decubitus
- Diabetes
- Deodorant
- Device
- Diagnosis
- Diarrhea
- Dietician
- Enema
- Fluids
- Food elevators
- Heimlich maneuver
- Incontinence
- Infection
- Inservice
- Intake and output chart
- Intravenous line
- Isolation
- Medication
- Nutritional
- Occupational therapist
- Oxygen
- Paralyzed
- Perineal care
- Personal care
- Physical therapist
- Position
- Pressure sores
- PRN
- Pulse rate
- Range of motion exercises
- Rectal area
- Resident
- Resident care conference
- Resident rights
- Respond
- Respiratory rate
- Restraint
- Restriction
- Roommate
- Rotating
- Schedule
- Sedative
- Seizure
- Self-care program
- Skin breakdown
- Stool
- Temperature
- Thermometer
- Transfer
- Tremors
- Urine collection bag
- Vaseline
- Vital signs
- Wheelchair



MICHIGAN NURSE AID PROGRAM REQUEST FOR MATERIALS FORM

Instructions:

- Provide the information requested below.
- Please **PRINT or TYPE** clearly in either **BLUE or BLACK** ink.

Personal Information													
(1) First Name and Middle Initial:													
(2) Last Name:													
(3) Social Security Number:													
(4) Date of Birth:													
(5) Home Phone Number:													
(6) Work Phone Number:													
(7) Home Address:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">_____</td> <td style="border: none; width: 20%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Street Address or P.O. Box #</td> <td style="border: none; font-size: small;">Apt. #</td> </tr> <tr> <td style="border: none; width: 25%;">_____</td> <td style="border: none; width: 15%;">_____</td> <td style="border: none; width: 25%;">_____</td> <td style="border: none; width: 35%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">County</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	_____	_____	Street Address or P.O. Box #	Apt. #	_____	_____	_____	_____	City	State	County	Zip Code
_____	_____												
Street Address or P.O. Box #	Apt. #												
_____	_____	_____	_____										
City	State	County	Zip Code										

This is a request for:

<p>Duplicate Copy of my Certification <input type="checkbox"/> I have enclosed the required \$20 money order made payable to Prometric</p>
<p>Duplicate Authorization to Test Letter – No fee required</p>
<p>Correction or Change of Information – No fee required: <input type="checkbox"/> Name Change (Requires documentation: marriage license, divorce decree or other court documentation) <input type="checkbox"/> Address Change OR Phone Number Change <input type="checkbox"/> Social Security Number (copy of your Social Security Card is REQUIRED) <input type="checkbox"/> Other (please describe):</p>
<p>If you are requesting a change in information, please print the correct information below:</p>

Please return this form and the money order (if necessary) to:

Prometric
ATTN: Michigan Nurse Aide Program
 1260 Energy Lane
 St. Paul, MN 55108
 800.752.4724

FORMS THAT **DO NOT REQUIRE PAYMENT** CAN BE FAXED TO 800.813.6670

PROMETRIC  **MICHIGAN NURSE AIDE REGISTRY RENEWAL FORM**

Instructions:

- Provide the information requested in (1) through (9) below.
- Have your current or former nurse aide employer complete the back of this form (10) through (14).
- The employer verifying employment history must also provide a letter on Facility/Agency letterhead [see (14)]
- Return the completed renewal form with the Facility/Agency letter and a **\$20** money order made payable to Prometric. This renewal fee is a **nonrefundable** processing fee. Mail to address provided on the back of this form.

Current Information:	Current Registration Expires:
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Eligibility for Renewal:

You are eligible to renew your certificate if you have worked as a Certified Nurse Aide (CNA) or Unlicensed Assistive Personnel (UAP) in a traditional or nontraditional health care facility, **licensed by the state of Michigan and/or certified by the Federal Government**, performing nursing or nursing -related services for pay under the supervision of a registered nurse for at least eight (8) consecutive hours within the immediate 24-month period prior to your current registry document expiration date (or within the 60-day grace period). **Note:** Nurse Aides flagged on the registry for resident abuse, neglect or misappropriation of property are not eligible for renewal.

Complete the following information:													
(1) First Name and Middle Initial:													
(2) Last Name: <small>Note: If your name has changed from how it is currently listed on your registry certificate, you must enclose a copy of the legal document authorizing the name change.</small>													
(3) Social Security Number:													
(4) Date of Birth:													
(5) Home Phone Number:													
(6) Work Phone Number:													
(7) Home Address:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 75%;">_____</td> <td style="border: none; width: 25%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Street Address or P.O. Box #</td> <td style="border: none; font-size: small;">Apt. #</td> </tr> <tr> <td style="border: none; width: 25%;">_____</td> <td style="border: none; width: 25%;">_____</td> <td style="border: none; width: 25%;">_____</td> <td style="border: none; width: 25%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">County</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table>	_____	_____	Street Address or P.O. Box #	Apt. #	_____	_____	_____	_____	City	State	County	Zip Code
_____	_____												
Street Address or P.O. Box #	Apt. #												
_____	_____	_____	_____										
City	State	County	Zip Code										
(8) In order to renew your certification, you must have worked for pay, as a Nurse Aide, under the supervision of a Registered Nurse for at least 8 consecutive hours within the last 24-month period.	<p>Have you met this requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have met this requirement, you must bring this form to your most recent employer where you work(ed) as a nurse aide, and have them complete the back of this form and provide you with a letter on letterhead for further verification of your employment history. If you do not meet this requirement, contact Prometric to determine whether you will need to retrain or retest to re-certify.</p>												
(9) Nurse Aide Signature <small>Note: If the information you have provided is found to be false, your name will be removed from the Michigan Nurse Aide Registry (MCLA 750.248).</small>	<p>I certify that the information put forth on this Michigan Nurse Aide Registry Renewal Form is true and correct to the best of my knowledge.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="border: none; width: 70%;">_____</td> <td style="border: none; width: 30%;">_____</td> </tr> <tr> <td style="border: none; font-size: small;">Signature of Nurse Aide</td> <td style="border: none; font-size: small;">Date</td> </tr> </table>	_____	_____	Signature of Nurse Aide	Date								
_____	_____												
Signature of Nurse Aide	Date												

Employer Verification	
In order to renew a nurse aide certification she/he must have worked for pay as a Nurse Aide under the supervision of a Registered Nurse for at least 8 consecutive hours within the last 24-month period (including the 60-day grace period).	Did the nurse aide named on the reverse side of this renewal form meet these requirements with your facility/agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
(10) Name of Facility/Agency/Nurse Aide Employer:	
(11) Address of Facility/Agency/Nurse Aide Employer:	<hr/> Street Address or P.O. Box <hr/> City State Zip Code
(12) Please indicate the type of nurse aide employer your facility/agency is:	Traditional Facility: <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Home Health Agency <input type="checkbox"/> County Medical Care Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Hospice Staffing Agency: <input type="checkbox"/> Working as a nurse aide in a Long Term Care Facility <input type="checkbox"/> Providing private duty care Non-Traditional Facility: <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Group Home Other: (please describe) <hr/> <hr/>
(13) Please provide the dates of employment for this nurse aide.	Date of Hire: _____ Date of Termination: _____ <input type="checkbox"/> The nurse aide is still actively employed with our agency/facility
(14) Signature of Registered Nurse (RN) supervising duties for nurse aides working in the following settings: Long Term Care Facility, County Medical Care Facility, Home Health Agency, Hospital, Hospice, Assisted Living Facility, Group Home or a Staffing Agency providing private duty care:	The individual named herein has worked for pay as a nurse aide, under the supervision of a registered nurse, for the health care facility listed above, for at least 8 consecutive hours within the last 24-month period prior to her/his current registry document expiration or during the 60-day grace period. <hr/> Signature of Registered Nurse RN License Number <hr/> Printed Name of Registered Nurse Date Signed
<p><i>Note: If the nurse aide did not work in a setting where her/his work has been periodically supervised by a Registered Nurse who can sign the renewal form, the nurse aide will not qualify for renewal.</i></p> <p>A letter must be attached to this renewal form on Facility/Agency letterhead documenting the current or former employment of the nurse aide with your facility/agency. The letter must be signed by one of the following authorized personnel: Administrator/Asst. Administrator, Director of Nurses/Assistant Director of Nurses, Staff Development Coordinator, Scheduling Coordinator or Director of Human Resources. If the nurse aide was employed with a staffing agency providing temporary staffing in a long term care facility, the letter must include the name and address of the Long Term Care Facility where the nurse aide most recently worked. The letter must also include the most recent date the nurse aide worked in this capacity.</p>	
<p>Mail to: Prometric ATTN: Michigan Nurse Aide Registry Renewal 1260 Energy Lane St. Paul, MN 55108</p> <p>We suggest that you make a photocopy of your renewal form and retain your money order receipt for your records. Do not forget to include your \$20 money order. <u>NO PERSONAL CHECKS WILL BE ACCEPTED.</u> Questions: Call our Customer Service Telephone Number: 800.752.4724.</p>	

Instructions:

- Provide the information requested below.
- Please **PRINT or TYPE** clearly in either **BLUE or BLACK** ink.
- Please note that any incomplete or illegible forms will not be processed.

After your registration has been processed, you will receive an Authorization to Test in the mail and information on how to schedule your test.

Section One: Personal Information	
(1) First Name and Middle Initial:	
(2) Last Name:	
(3) Social Security Number:	
(4) Date of Birth:	
(5) Home Phone Number:	
(6) Work Phone Number:	
(7) Home Address:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Street Address or P.O. Box # Apt. # </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State County Zip Code </div>
(8) Is this your first time registering to test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) Have you been certified as a nurse aide in Michigan previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) If you have previously tested or been certified in Michigan, have you changed your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide your previous name and supportive legal documents regarding the name change:
Section Two: Employment Information	
(11) Are you currently employed as a NURSE AIDE by a nursing facility?	Check one of the following: <input type="checkbox"/> Yes, I am currently working as a nurse aide (see Question 12) Date of Hire: _____ <input type="checkbox"/> No, I am not working as a nurse aide
(12) If you responded “yes” to question (11), please provide the information about the facility that you are employed by:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Facility Name</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Street Address or P.O. Box # Apt. # </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> City State County Zip Code </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Facility Phone Number</div>
Section Three: Training Information	
(13) Have you successfully completed a state-approved training program within the last 12 months?	Check one of the following: <input type="checkbox"/> Yes, I have completed training in the last 12 months. Date training completed: _____ <p style="text-align: center;">If yes, go to question 14, complete the form and attach a copy of your proof of training completion document.</p> <input type="checkbox"/> No, I have not completed training. If no, skip question 14 and go to question 15.

(14) Name and address of Training Program/Facility	<p>Facility Name _____</p> <p>Street Address or P.O. Box # _____ Apt. # _____</p> <p>City _____ State _____ County _____ Zip Code _____</p> <p>Training Program Phone Number _____ Name of Trainer _____</p>
(15) If you have not successfully completed training within the last 12 months, have you been state-approved for exemption from training?	<p>Check one of the following:</p> <p><input type="checkbox"/> Yes, I have been approved for exemption from training. If yes, attach a copy of the letter from the state of Michigan indicating you are exempt from training, or a COPY of the exemption.</p> <p><input type="checkbox"/> No, I have not received an exemption from training from the state of Michigan. If no, you can contact the MI Department of Consumer and Industry Services at 517.241.0554 to request and an application for Training Exemption.</p> <p>All applications for Training Exemption must be returned to the state of Michigan.</p>
(16) Nurse Aide Signature	<p>I certify that I am the applicant who is referred to in this registration and that the statements herein are true. I understand that the results from my competency evaluation will be released to my nurse aide employer or training program.</p> <p>_____ Signature of Nurse Aide Date</p>
Section Four: Optional Questions	
ETHNIC BACKGROUND (OPTIONAL)	<p>Check one of the following:</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black (non-Hispanic)/African American</p> <p><input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Other Hispanic</p> <p><input type="checkbox"/> Asian American/Pacific Islander American <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Mexican American</p>
HIGHEST LEVEL OF EDUCATION (OPTIONAL)	<p>Check one of the following:</p> <p><input type="checkbox"/> 4th Grade or Less <input type="checkbox"/> Trade or Technical School</p> <p><input type="checkbox"/> Between 5th and 8th Grade <input type="checkbox"/> 1 – 2 Years of College</p> <p><input type="checkbox"/> Some H.S., but did not graduate <input type="checkbox"/> Two Year College Degree</p> <p><input type="checkbox"/> H.S. Diploma or GED <input type="checkbox"/> More than two years of college</p>
GENDER (OPTIONAL)	<p>Check one of the following:</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>

MAIL TO:
(We suggest that you make a photocopy of your registration form and retain it for your records.)

Prometric
ATTN: Michigan Nurse Aide Program
1260 Energy Lane
St. Paul, MN 55108
Fax: 800.813.6670

NOTE:

Exam fees are nonrefundable and nontransferable.

QUESTIONS:

Call our Customer Service Telephone Number: 800.752.4724

PROMETRIC
1260 Energy Lane
St. Paul, MN 55108

**FIRST
CLASS
MAIL**