

NEW YORK STATE

Department of Health

Nursing Home Nurse Aide Certification Program Manual

*Registration materials available online at
www.prometric.com/NurseAide/NY*

Published by

PROMETRIC 

***Providing Nursing Home Nurse Aide Certification Examinations and
Nurse Aide Registry Services to the State of New York***

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Introduction

Program overview

In 1987, the federal government mandated training and competency testing of all individuals performing nurse aide duties on a full-time, part-time, per diem or any other basis in nursing facilities receiving Medicare and Medicaid funding. Besides meeting competency requirements in accordance with state and federal regulations, working nurse aides must be listed in good standing on the New York State (NYS) Nursing Home Nurse Aide Registry (NAR).

The New York State Department of Health (NYSDOH) has contracted with Prometric Inc. (Prometric), a Delaware corporation, to develop and administer the NYS Nursing Home Nurse Aide Competency Exam and manage the NAR.

The Competency Examination includes a performance-based component referred to as the Clinical Skills exam and a knowledge assessment called the Written exam. These exams are used to establish standards of minimal competency and are developed based on the skills and knowledge required to provide safe and competent care to residents of nursing homes.

This manual contains general program information, instructions regarding the procedures that nurse aide candidates must complete to become certified as a nurse aide and be listed on the NAR. It also contains forms that may be useful as references.

Contact information

Questions regarding examinations, certification, recertifications, duplicate certificates, and the NAR should be directed to:

Examination and Scheduling Services: 800.805.9128

Recertification and Registry Services: 800.321.6443

Automated Registry Verifications: 800.918.8818

Online Registry Verifications: www.prometric.com/NurseAide/NY

Prometric

1260 Energy Lane

St. Paul, MN 55108

Fax: 800.813.6670

Web site: www.prometric.com/NurseAide/NY

Criminal history record check

The New York State Department of Health (NYSDOH) requires all nursing homes and home care agencies to conduct fingerprint-based criminal history record checks (CHRC) for all new unlicensed individuals employed or used to provide direct care to or supervision of residents or clients. Nursing home nurse aides and facility-paid nurse aide trainees are required to submit to a criminal history record check by the nursing home prior to any employment by or in a nursing home.

Fingerprint submission

The CHRC consists of a 10-point rolled fingerprint submitted to the Division of Criminal Justice Services (DCJS) for a state criminal background check and to the Federal Bureau of Investigation (FBI) for a comparison against the national

database. There is no charge to the individual for the cost of the fingerprinting or the fingerprinting check. The nursing home will have the individual's fingerprints taken and submit the fingerprints and any applicable fee to the NYSDOH. The NYSDOH will forward the fingerprints to the DCJS for its and the FBI review. The NYSDOH will return the results of the fingerprint search to the nursing home that submitted the request.

The nursing home must review the results of each search when making employment decisions. Individuals must be provided the opportunity to review and explain the information on the criminal history record report and may withdraw their application for employment without prejudice prior to the nursing home's decision on employment and. Upon such withdrawal, the nursing home shall destroy any criminal history records obtained for that individual.

Conviction categories

The NYSDOH Regulations Title 10, NYCRR Part 402 contains specific categories of convictions that will affect an individual's ability to work in a nursing home or home care agency. If the individual has been convicted of one of the following offenses, employment in a nursing home or home care agency providing resident care will be disapproved.

- Any Class A felony defined in the Penal Law;
- Any Class B or C felony occurring within 10 years preceding the date of the criminal history check;
- Any Class D or E felony listed in Article 120, Article 130, Article 155, Article 160, Article 178 or Article 220 of the Penal Law occurring within the 10 years preceding the criminal history check;
- Any crime defined in Sections 260.32 or 260.34 of the Penal Law occurring within the 10 years preceding the criminal history check; or
- Any comparable offense in any other jurisdiction.

In addition to these specific categories, there are other criminal convictions or open charges that may affect a candidate's ability to work. For crimes that do not fall within the criteria above, the NYSDOH has the discretion to disapprove a candidate for work. Additional information on the NYSDOH CHRC program may be found on the NYSDOH's Web site at www.nyhealth.gov.

Understanding certification routes

New York State (NYS) has seven routes for establishing eligibility to either take the Competency Examination to become a nurse aide or to be accepted directly into the NYS Nursing Home Nurse Aide Registry (NAR).

Certification route 1 - new nurse aides

This certification route is for individuals who are neither certified as a NYS Nurse Aide nor qualified to pursue another certification route. The majority of nurse aides on the NYS NAR use this route.

Individuals who choose route 1 must:

- Complete a NYS-approved nursing home nurse aide training program within the 24 months prior to taking an exam. The training program coordinator must complete Section 5 of the NYS NAR application form.

- Complete the NYS NAR application form found on Page 31. If the individual is currently employed by a NYS nursing home, the employer must complete Section 4 of the application.
- Submit the completed application to the nursing home nurse aide employer or training program. The required exam fee must be included with the application. If the individual is employed in a nursing home, the employer must pay the exam fee. If the individual is not able to take the exam at a nursing home or through her/his training program, the application and fee should be mailed to Prometric, who will schedule the individual to take the exam at a Regional Exam Site.
- Successfully complete the Clinical Skills exam and Written or Oral exam within two years of the training completion date. The candidate has only three attempts to pass the Clinical Skills exam and only three attempts to pass the Written or Oral exam within that two-year period.

*Certification
route 2 -
reciprocity/CNA
from another
state*

This certification route is for individuals who are nurse aides listed with another state's registry that meets the federal nursing home nurse aide requirements and who want to become certified in NYS.

Individuals who choose route 2 must:

- Complete and submit a NYS NAR application form found on Page 31.
- Submit a copy of their current out-of-state nurse aide certificate.
- If the name on the nurse aide certification is different from the current name, submit proof of name change (i.e., marriage license).
- Pay the appropriate fees.
- If the individual is from a state where Registry status does not carry an expiration date, the individual must supply proof of employment. Proof of employment must be printed on facility letterhead from the most recent employer in the state where the individual is currently certified, indicating that the individual has worked for at least seven hours for pay as a nurse aide in the 24-month period prior to the date on the application. The letter must state that the individual has performed the duties of a nurse aide and it must be signed by an authorized supervisor at the facility.



Important If the individual completed nurse aide training outside of NYS but is not registered as a nurse aide with another state, the individual must complete a NYS-approved nurse aide training program and then follow the instructions for Route 1.

*Certification
route 3 -
graduate nurses*

This certification route is for individuals who are NYS-trained graduate nurses. No further training is required.

Individuals who choose route 3 must:

- Complete and submit a NYS NAR application form found on Page 31, along with appropriate exam fees. If the individual is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide a copy of the nursing program diploma.

- Successfully pass the Clinical Skills exam and Written or Oral exam within two years of submitting the application. Individuals have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within that two-year time period.



Important Contact the NYSDOH at profcred@health.state.ny.us if the nursing school does not have a nurse aide training program code.

Certification route 4 - RNs and LPNs licensed in NYS

This certification route is for individuals who are RN or LPN licensed in NYS. No further training is required.

Individuals who choose route 4 must:

- Complete and submit a NYS NAR application form found on Page 31, along with appropriate fees. If the individual is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide a copy of the current RN/LPN license. The license will be verified with the NYS Education Department.

Certification route 5 - out-of-state and foreign-trained nurses

This certification route is for individuals who are out-of-state or foreign-trained nurses. Before taking an exam under Route 5, individuals must first receive eligibility approval from the NYSDOH.

To determine eligibility to take an exam under route 5, individuals must submit the following to the NYSDOH.

- A completed NYS NAR application form found on Page 31. If employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- A copy of the individual's nursing school diploma.
- A copy of the individual's Social Security card.
- Documentation of nursing school coursework completed and a copy of the individual's nursing license.
- If it was taken or will be taken, a copy of the individual's Admission Letter or score report from the NYS RN or LPN examination.

Individuals approved to take an exam under route 5 will have their application returned to them by the NYSDOH. They then must:

- Pay the appropriate exam registration fees.
- Successfully pass the Clinical Skills exam and the Written or Oral exam within two years of submitting the application. Individuals have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within that two-year time period.

Certification route 6 - trained and lapsed

This certification route is for individuals who have successfully completed a NYS-approved nursing home nurse aide training program on or after July 1, 1989, and whose certification has lapsed. Certification is considered lapsed if the nurse aide has not worked for pay as a NYS nurse aide in the last 24 months at a NYS nursing home or other NYSDOH-approved nurse aide employer.

Individuals who choose route 6 must:

- Complete and submit a NYS NAR application form found on Page 31, along with the appropriate exam fees. If the nurse aide is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide their NYS nurse aide certification number on the application.
- Provide a copy of legal documents that support any name change, if the individual's name has changed from how it is currently listed on the Registry.
- Successfully pass the Clinical Skills exam and the Written or Oral exam within two years of submitting the application. Individuals have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within that two-year time period.

*Certification
route 7 - lapsed -
other*

This certification route is for individuals whose nurse aide certification was obtained through Deeming, Waiving, or Reciprocity, or if training was completed before July 1, 1989, and whose certification has lapsed.

Individuals who choose route 7 must:

- Complete retraining and have the training program coordinator complete Section 5 of the NYS NAR application form.
- Complete and submit a NYS NAR application form found on Page 31, along with appropriate exam fees. If the nurse aide is employed in NYS as a nurse aide in a nursing home, the employer must complete Section 4 of this application.
- Provide their NYS nurse aide certification number on the application.
- Provide a copy of legal documents that support any name change if a name has changed from how it currently is listed on the Registry.
- Successfully pass the Clinical Skills exam and the Written or Oral exam within two years of the new training completion date. Individuals have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within that two-year time period.

Scheduling exams

Before a candidate can take an exam, he/she must submit the following to Prometric:

- 1 The NYS NAR application form. This form can be found on Page 31 of this manual, online at www.prometric.com/NurseAide/NY, or in the NYS Nursing Home Nurse Aide Certification Handbook.
- 2 The appropriate fee(s). See the "Fee information" section on Page 8 for more information.

Exam locations

There are two location options for candidates to take exams: In-Facility testing and regional exam site locations.

In-Facility testing

Nursing homes and training programs that wish to have candidates take exams in their facilities must complete two forms:

- The In-Facility Testing Agreement form (see Page 35); and
- The Processing Request for In-Facility Testing form (see Page 39).

In-Facility Testing Agreement Form. This agreement form lists the space, equipment and supply requirements needed to administer the Competency Examination in a standardized manner.

Request for In-Facility Testing Form. Once the In-Facility Testing Agreement form is on file with Prometric, the nursing home or training program may then request in-facility testing by submitting a completed Request for In-Facility Testing form.

Requests for testing In Facility must be received, with completed applications and fees, 10 business days prior to the requested testing date. Applications and fees will no longer be accepted on the testing date.

The form requires that the facility or training program provide the total number of clinical, written, ADA and written (oral) candidates that will take exams on a given day.

The facility or training program should indicate the requested start time for the exams and if testing must be completed by a specific time. When testing must be completed by a specific time, the facility or training program will need to consider the fact that the Clinical Skills exam is not timed when determining how many candidates can be tested during the allotted time. If testing is requested over several consecutive days, the facility or training program must fill out a separate form for each day.

Prometric will contact an NAE, coordinate the candidate's exam and fax confirmation to the nursing home or training program. The exam date confirmation will be faxed to the nursing home or training program at least two business days prior to the confirmed exam date. Nursing homes and training programs are encouraged to communicate their exam needs to Prometric in advance whenever possible.

There is no minimum number of candidates required for a facility or training program to request in-facility testing. However, an NAE may not administer more than eight Clinical Skills exam in one day. The New York State Department of Health (NYSDOH) requires that the contractor provide in-facility testing within five business days of the actual exam date requested by the facility or training program.

Regional exam sites

The following candidates are permitted to take exams at a regional exam site:

- Any individual who is not employed in a nursing home or who is not affiliated with a NYS-approved nurse aide training program;
- Any individual who is employed in a nursing home that is not allowed to have in-facility testing;

- Any individual who completed a training program within the last 24 months, but the program is now closed;
- Any individual who completed a training program within the last 24 months, but has relocated and it would be a hardship to return to the training program for testing; or
- Any individual who completed a training program that has been prohibited from providing in-facility testing by the NYSDOH.

Individuals who are eligible to take an exam at a regional exam site will need to submit a completed NYS NAR application form with the required exam fees to Prometric. The candidate will be scheduled to take the exam on the next available exam date at the exam location indicated on her/his application form.

Within three business days of receipt of the completed application, Prometric will mail the candidate an Admission Letter, which states the time, date, and location of the exam.



Important If the exam date assigned is not convenient, the candidate must contact Prometric immediately at 800.805.9128 to reschedule.

NYS Nursing Home Nurse Aide Competency Examinations are administered at the following exam sites:

Regional Exam Site	Exam Site Code
Albany	NYNAALBA
Beacon	NYNABEAF
Binghamton/Vestal	NYNABING
Bronx	NYNABRONMO
Brooklyn	NYNABROF
Buffalo	NYNABUFF2
Canton	NYNACANT
Corning/Hornell	NYNACORN
Jamaica	NYNAJAMHOM
Lake George/Glens Falls	NYNALAKE
Long Island-Suffolk	NYNALON2
Long Island-Suffolk	NYNALONG
Manhattan	NYNAMAN2
Manhattan	NYNAMANH
Poughkeepsie	NYNAPOU
Queens	NYNAQUE2
Rochester	NYNAROCH
Staten Island	NYNASTAWIL
Syracuse	NYNASYRA
Utica	NYNAUTIC
Watertown	NYNAWATE



Important Regional exam center locations are subject to change. An up-to-date list of exam facilities can be obtained online at www.prometric.com/NurseAide/NY or by calling 800.805.9128.

Fee information

NYS is required to pay the exam fees for any candidates who are currently employed in a NYS nursing home. Federal regulations prohibit nursing homes from charging any individual for the cost of nurse aide training, including textbooks and materials, or for the cost of the Competency Examination.

Payment may be made by money order, company check or certified check made payable to the NYS Commissioner of Health, NYNA. **Personal checks and cash are not accepted.** Exams and related fees are as follows:

Service	Fee
Clinical Skills and Written exam - first-time tester	\$115
Clinical Skills and Oral exam - first-time tester	\$135
Clinical Skills Retest	\$68
Written Retest	\$57
Oral Retest	\$67
Reciprocity/CNA From Another State and NYS RNs and LPNs	\$50
Duplicate Score Report	\$15
Duplicate Certification	\$15
Hand Score Report	\$25
Recertification (paid by employer)	\$40

If a nurse aide who has paid for her/his own training and testing becomes employed at a nursing home within 12 months of the completion of training, or 12 months of the date of testing, the nurse aide may be eligible for reimbursement for a portion of the tuition and fees paid. The nursing home will submit copies of the nurse aide's receipts for the tuition and exam fees to the NYSDOH. The state will issue the payment directly to the nursing home, which will reimburse the nurse aide. For more information on reimbursement contact the NYSDOH at 518.474.8446.

Payment, in the form of certified checks or money orders, must include the name of the candidate(s) testing that day. Prometric will only accept payment for the candidates scheduled each individual day. Payment for future candidates or future appointments will not be accepted. Purchase orders and vouchers must be included with the testing applications for each individual day and must include only the names of the candidates testing that day. Applications received without a form of payment, P.O. or voucher will not be accepted and will be returned. Payments received without applications will not be accepted and will be returned. This will cause a delay in scheduling candidates for testing.



Important Nursing homes (RHCfs) are also responsible for completing the recertification form and paying the recertification fee for any nurse aide who is working or has worked for pay as a nurse aide in their facility. This includes agency-employed nurse aides and private-duty nurse aides who physically work or worked at the nursing home.

Rescheduling exams

At an In-facility site. Nursing homes and training programs that have requested in-facility testing are required to give notice **at least five full business days before the scheduled exam date** when a scheduled candidate will not be taking an exam. Exam fees will be forfeited for candidates who are unable to take the exam and do not give proper notice. NAEs may not authorize substitutions or addition of candidates at the exam site. Additions to testing can only be made with a completed application and testing fees.

At a regional exam site. Candidates must provide notice **at least five full business days before the scheduled appointment** of their intent to reschedule or cancel an exam appointment at a regional exam site. Candidates who provide less than five business days notice will forfeit all exam fees.

If absent or late. Candidates who miss the exam appointment or arrive late and are denied entrance into the exam, will forfeit the exam fees.

Special exam considerations

Prometric complies with the provisions of the Americans with Disabilities Act (42 USCS Section 12101 et seq.). If an individual has a disability, she/he may request special accommodations. Requests for special accommodations at a regional exam site must be submitted with the exam application. Requests for special accommodations for in-facility testing must be made by the training program or facility at the time the exam date is requested.

It is necessary that the request include written information from the candidate's physician or specialist that documents the disability and describes the specific accommodations or assistance being requested. When an Individualized Education Plan (IEP) is on file for the candidate, the training program need only provide a summary of the IEP's requirements specific to testing such as the candidate's need for oral testing or additional time.

A letter on facility letterhead will be accepted only if the facility:

- Attests that they have reviewed the IEP information and the submitted request to Prometric is accurate.
- Understands and acknowledges that Prometric shall not have any responsibility for evaluating the IEP or confirming the information submitted in connection with the request.

Calculator accommodation. There are no questions requiring calculations in the Written or Oral exam. For the Clinical Skills exam, the only skill that requires addition is the measuring of the weight when the candidate needs to add the measurements from the top and bottom of the balance bar. The documentation provided for accommodations should specify if the use of a calculator will be required for the Clinical Skills exam. If the candidate will be using a calculator, the calculator must be a simple four-function calculator.

Additional exam considerations. Candidates are not allowed to bring anything with them into the exam room except their IDs and pencils. If candidates have a condition that requires them to bring other items into the exam room, such as inhaler, food, drink or pillows, they must make this request at the time of submitting their exam application. These items will not be allowed in the exam room without prior approval from Prometric.

ESL accommodation. The NYS Nursing Home Nurse Aide Competency Examination is offered only in English. Translators and translation dictionaries are not permitted during the exam administration. ESL candidates should review the Oral exam information on Page 12 to determine if this is an alternative.

Overview of the competency exam

This section contains:

- An overview of the examination process.
- General information about the Clinical Skills exam.
- Hints for taking the Written exam.
- Information about the Oral exam.

Exam process

The NYS Nursing Home Nurse Aide Competency Examination consists of two separate parts. The **Clinical Skills exam** requires candidates to demonstrate five skills performed in the care of nursing home residents. The **Written exam** consists of 60 multiple-choice questions that evaluate the candidate's overall knowledge and skills in providing safe and competent care.



Important Candidates will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam. Candidates must pass both exams within two years from the date the original application form was submitted.

Clinical Skills exam general information

The Clinical Skills exam is administered after the Written exam in an area set up to simulate a resident care unit. When the exam is administered in a nursing home, testing may be administered in a resident unit that is not currently in use, provided the testing does not impose on the rights of the residents. It is critical to the exam to provide a setting that closely resembles the environment the candidates will work in to ensure an accurate assessment of the candidates' abilities to work safely with residents.

Candidates are scored on five skills during the exam. To pass the Clinical Skills exam, the candidate must pass all five skills. Three of the skills will come from the Clinical Skills list on Page 26. While performing those three skills, candidates 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 that are performed throughout 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. The number of points (weights) assigned to each checkpoint is confidential and secure exam information. Therefore, they are not disclosed. To pass a skill, a candidate is not required to perform the skill perfectly, but is required to achieve enough points to demonstrate competency of the skill.

Clinical Skills Checklist. It may be helpful for candidates, training instructors and nursing home supervisors to review the Clinical Skills checklist available online at www.prometric.com/NurseAide/NY. The checklist is an excellent guide for practicing skills, as well as for evaluating the candidate's performance of the skills in the classroom and clinical setting. The checklists are not procedures and should not be used to teach the skill. However, they are a resource for evaluating performance.

Nurse Aide Evaluator (NAE). NAEs who administer the Clinical Skills exam are registered nurses who have completed training and have been approved to administer the exam. The NAE watches the candidates perform the skill and compares each candidate's performance to the checkpoints that make up each skill. NAEs are exam administrators and are not permitted to teach or coach candidates or to answer questions on how to perform a skill.

Orientation and Instruction sheet. Depending on space, the NAE will review the candidate's identification outside or inside the exam room, including having the candidate sign the exam center log for signature verification. The NAE will give the general instructions to the candidate and her/his identified volunteer. The volunteer will then be required to sign the NYS Volunteer Release form. Candidates and volunteers under 18 years of age will be required to have a signed release form by a parent or guardian. The release form can be found online at www.prometric.com/NurseAide/NY and on Page 30 of this manual.

The candidate will be given an orientation to the exam area, equipment and supplies. After this orientation, the candidate will be provided with an instruction card that lists the three skills to be performed. The NAE will also read these with the candidate. The candidate is allowed to refer back to the instruction card at any time during the exam; however, the instruction card may not be removed from the exam area. At the end of each skill, the candidate will wait while the NAE prepares the room for the next skill.

Correcting a skill. The rules for the Clinical Skills exam permit candidates to correct their performance while demonstrating a skill. The candidate must tell the NAE that he/she is making a correction during the skill. Once the candidate has completed a skill and has begun the performance of another skill, he/she may not go back to correct the performance of a previous skill. Candidates are not allowed to explain how they would do a skill or talk their way through the skill. The entire skill, including Indirect Care elements, must be performed. If a skill requires water, the skill must be performed using water.

Stopping the testing of a skill. The Clinical Skills exam is **not** timed, however, the exam will be terminated by the NAE for two reasons:

- 1 The resident (actor) is in imminent danger.
- 2 The candidate fails to progress in the performance of the skill.

If the testing of a skill is stopped, the candidate will be directed to proceed to the next skill.

Use of gloves. Standard precautions require that candidates wear gloves for the following skills: bedpan, catheter care, measuring contents of urinary drainage bag, mouth care (brushing teeth and denture) and perineal care. The

candidates will not be marked for applying gloves when they are not required. However, they will be rated on the correct removal and disposal of the gloves.

Hints for taking the Written exam

The Written exam consists of 60 multiple-choice questions with only one correct answer. There is a two-hour time limit for the administration of the Written exam. Fifty of the questions are used for scoring and 10 of the questions are pretest items that are not counted when scoring the exam. The pretest questions are not identified on the exam.

Candidates should double-check their answer sheets before turning them to ensure that there is only one answer for each question and that any answers they changed have been completely erased.

The content outline for the Written exam is located on Page 25. The questions on the exam will cover the information listed in the content outline. Practice questions written in a similar style to the actual exam questions are included in the NYS Nursing Home Nurse Aide Certification Handbook.

To prepare for the Written or Oral exam, candidates may download a practice exam from www.prometric.com/NurseAide/NY. The practice exam provides candidates with the opportunity to review and answer questions that are written in a similar manner to those used on the Written exam. However, this practice exam is not constructed to be psychometrically sound. Practice questions are taken from all of the content areas of the Written exam. Whether or not a candidate passes the practice exam is no guarantee that she/he will pass the actual Written exam.

Taking the Written exam in Oral format

The Written exam is also offered orally. The oral administration may be helpful to candidates who have a reading disability, marginal reading skills or for those candidates who consider English their second language. Candidates who choose to take the oral exam will be provided with a compact disc (CD) player with a headset. Candidates will hear the exam questions read to them from a prerecorded CD. The candidate is allowed to replay any question. Candidates will be provided with a printed exam booklet and will answer questions on the same answer sheet used by candidates taking the Written exam.

The Oral exam contains an additional section of exam questions on Reading Comprehension. This section is required to demonstrate minimal English literacy skills that are required for working as a nursing home nurse aide. The Reading Comprehension section of the Oral exam is administered separately and consists of 16 questions. You will be allowed an additional 30 minutes to complete this section. The candidate must pass the Reading Comprehension section in order to pass the Oral exam. Each time a candidate takes the Oral exam, she/he will be required to take the Reading Comprehension section, even if it was passed in a previous attempt. The results of the Reading Comprehension section will be reported on your official score report as pass or fail.

Candidates have three opportunities to pass the Written and/or Oral exam. For example, a candidate who takes the Written exam and fails, and then decides to take the oral administration of the Written exam, will have only two opportunities to pass the Oral exam since one attempt was already made with the Written exam.

Candidates who fail the Reading Comprehension section of the Oral exam may want to ask their nursing home, training program or local library for literacy programs offered in their community. These programs may help candidates improve their reading skills. The Reading Assessment on Page 27 may help candidates determine if they should consider taking the Written exam by oral administration.

Exam administration responsibilities

The success of the competency evaluation program is dependent on the cooperative efforts and collaboration of candidates, nursing homes, training programs, Nurse Aide Evaluators (NAEs), the New York State Department of Health (NYSDOH) and Prometric. The efforts made by nursing homes and training programs to ensure their compliance with the requirements for examinations are appreciated.

Prometric is responsible for contacting and scheduling the NAE to administer the exams. Prometric also contacts the facility by fax or email to verify the scheduled exam date(s) and the name of the assigned NAE within 24 hours of securing an NAE or at least two days prior to the first scheduled exam date.

Responsibilities of NAEs, facilities and candidates are described in the following sections.

Nurse Aide Evaluators' role

The NYSDOH requires that registered nurses who administer the exam have a minimum of one-year nursing experience in long-term care in RHCs. Prometric has the primary responsibility for the administration of the Competency Examination and the retention of qualified registered nurses as NAEs to administer the Competency Examination.

Registered nurses retained by Prometric to administer the Competency Examination complete mandatory training on required testing procedures and receive periodic supervisory/monitoring visits by Senior NAEs to ensure they follow the standardized procedures for every exam administered.

The Nurse Aide Evaluator is responsible for:

- Administering exams in a standardized manner to ensure that all candidates tested throughout New York State (NYS) have a similar exam experience.
- Verifying that the appropriate space, supplies and equipment are provided for the administration of the Clinical Skills exam and Written or Oral exam.



Important NAEs are not allowed to teach or coach candidates, nor can they provide feedback to the facility or training program about any candidates' performance.

Facility responsibilities

The nursing home or training program should designate an individual at the facility who is responsible for coordinating the Competency Examinations with Prometric. An individual should be designated to be responsible for the facility throughout the entire exam day.

The Nursing Home or Training Program is responsible for:

- Ensuring that each candidate has received a copy of the NYS Nursing Home Nurse Aide Certification Handbook and encouraging the candidate to read the handbook, especially sections on exam preparation.
- Submitting a NYS Request for In-Facility Testing form to Prometric a minimum of 10 business days in advance of the requested exam date with completed applications and exam fees. Prometric is required to offer the facility or training program an exam date that is within five business days of the exam date requested by the facility or training program.
- Setting up the designated exam space before the scheduled arrival of the NAE so exams can begin on time.
- Providing equipment in good working order and adequate inventories of supplies to accommodate all candidates who are taking an exam.
- Having a representative available to orient the NAE to the exam and candidate waiting areas, as well as other resources such as restrooms on-site. The NAE should be escorted to her/his car at the conclusion of the exams if requested.
- Establishing procedures to ensure that an individual is available to play the role of the resident for each candidate's Clinical Skills exam, whether the volunteer is provided by the facility or by the candidate. More information about the role of the volunteer resident can be found on Page 16.

Nurse aide candidate reminders

A complete overview of what nurse aide candidates need to know to register and schedule their exam, what the exam will cover and how to take the exam is included in the NYS Nursing Home Nurse Aide Certification Handbook. It would be helpful for a nursing home or training program to review the following items with their nurse aide candidates to increase the candidate's preparedness for taking the exam.

Remind candidates to bring the following items with them to the exam:

- Required identification (see below). It is recommended that nursing home employers and training programs check that their candidates have the required identification prior to scheduling them for an exam.
- Admission Letter (if taking an exam at a regional exam site).
- Two sharpened No. 2 pencils with erasers.
- Flat, nonskid shoes with enclosed toes for the Clinical Skills exam.
- A watch with a secondhand (required for the pulse and respiration skill).
- A volunteer to play the role of the resident during the Clinical Skills exam, if this is a requirement at the nursing home or training program where the candidate is taking an exam, or if the candidate is taking an exam at a regional exam site.
- A signed release form by a parent or guardian if the candidate is under 18 years of age.
- A release form by the volunteer or by the parent or guardian if the volunteer is under 18 years of age.

Required identification. Candidates must present **two valid forms of identification** before they can take the exam. The name on both identifications must be the same as the name used to register for the exam. Photocopies of

either identification **will not** be accepted. IDs that are torn, cracked or taped will not be accepted.

- 1 The first form of identification **must be** current (non-expired), contain **both** a current photo and the candidate's signature, and meet one of the following criteria:
 - A government-issued (e.g., driver's license, alien registration card, military identification or passport); or
 - Provide proof of current employment/enrollment from the facility in which the candidate is examining in the form of an official employment or school identification. This ID must have a picture and a signature.
- 2 The second form of identification **must be** a signature ID. This ID must match the name on the picture identification and the name the candidate used when registering for the exam. Examples of acceptable signature IDs include Social Security cards, library cards, and credit cards.

Personal identification will be held by the NAE while candidates are taking the Written or Oral exam and will not be returned until after the exam booklet (with CD for Oral exam) and answer sheet have been returned. Candidates are responsible for reclaiming their identification documents before leaving the exam site.



Important Nursing home employers and training programs may want to remind candidates that failure to provide appropriate identification at the time of the exam is considered a missed appointment.

If the candidate is taking the oral administration of the Written exam, be sure she/he is familiar and comfortable with operating a standard portable CD player and encourage her/him to feel comfortable asking the NAE for help operating the CD player if necessary.

Set up for Clinical Skills exam

This section provides information on:

- The general preparation of the exam room.
- Materials, equipment and supplies needed for the Clinical Skills exam.
- The role of the volunteer resident.

General preparation

The candidate is entitled to privacy when taking an exam and access to the room designated for testing will be restricted during exam administration. The facility should identify an area for candidates who are not yet testing to wait. The exam room should be well lit and of a size that allows the candidate and NAE to move freely around the bed. It should have temperature controls and adequate ventilation to provide for the reasonable comfort of the candidate.

The Clinical Skills exam is administered in a setting prepared as a resident's room. The rooms used for the administration of the Clinical Skills exam must have a privacy curtain or privacy screen.

Materials, equipment and supplies

In order to ensure the exams are administered in a standardized manner throughout NYS, it is essential that all the required space, equipment and supplies listed in the NYS In-Facility Testing Agreement form (see Page 35) are provided. In the event that a facility fails to provide these, testing of scheduled candidates may be jeopardized. Facilities and training programs failing to provide the required space, equipment or supplies will be reported to the New York State Department of Health (NYSDOH).

The rooms should be set up with supplies and equipment stored to simulate a resident unit. The amount required will depend on the number of candidates taking exams. To avoid interruptions and potential delays in testing caused by needing additional supplies, it may be prudent to overstock. The facility may want to provide a table or cart in the room to place extra items and linens.

Role of the volunteer resident

The exam is intended to simulate actual resident care. Some of the skills are more appropriately performed on a mannequin. Volunteers play the role of the resident for some skills. A nurse aide candidate may volunteer as the resident for another candidate. Nursing home volunteers may be used. Nursing homes and training programs are expected to establish procedures to ensure that each candidate taking the Clinical Skills exam has an appropriate volunteer available to play the role of the resident.

All volunteers will receive instructions and be required to sign a NYS Volunteer Release form before participating in the skills exam. The volunteer should also:

- Speak and understand English.
- Be at least 16 years old. (If under, 18 years of age, must have a release form signed by parent or guardian.)
- Have no severe physical condition or vulnerability (e.g., painful arthritis or seizures).
- Have no severe mental illness.
- Have no severe cognitive or communication deficit, including receptive aphasia.
- Have no severe hearing or visual impairments.
- Require no more than one person for transfer.
- Be willing to have skills performed on him/her, including brushing teeth, feeding and grooming.

Volunteers are expected to dress in pants, a shirt with sleeves, socks and flat, nonskid shoes with enclosed toes. It is recommended that the clothing be sized for ease of taking on and off. A sweat suit works well for this purpose and uniforms are acceptable as long as they consist of pants and a top. Volunteers must wear a bathing suit, leotard or gym shorts/tank top under their clothing so that they can be easily redressed by the candidate.

Volunteers should be appropriate for the skills that need to be tested. For example, a person with hair weaves and nail tips would not be an appropriate volunteer since one of the skills is hair and nail care. Volunteers are expected to follow the directions given by the candidate during the exam, such as moving, turning or standing when instructed to do so.



Important If a volunteer refuses to have a skill performed on her/him, and the candidate cannot complete the skill, the candidate will fail the skill.

The volunteer may not assist the candidate in any way during the exam, which includes coaching or cueing. The volunteer should only speak during the exam to respond to questions or directions from the candidate, unless there is an emergency, a safety concern or some special need. A candidate's exam will be stopped and the candidate asked to leave the testing event if cueing from the volunteer takes place.

The chart below indicates which skills are performed on the volunteer and which on the mannequin:

Skill	Volunteer	Mannequin
Handwashing	NA	NA
Ambulation	X	
Bedpan	X	-
Catheter Care	-	X
Change of Position	X	-
Change of Occupied Bed	X	-
Dressing	X	-
Feeding	X	-
Foot Care	X	
Hair and Nail Care	X	-
Measure and Record Contents of Urinary Drainage Bag*	X	X
Measure and Record Pulse and Respirations	X	-
Measure and Record Weight	X	-
Mouth Care ~ Brush Teeth	X	-
Mouth Care ~ Denture	X	-
Partial Bedbath	-	X
Perineal Care	X	X
Range of Motion ~ Lower Extremity	X	-
Range of Motion ~ Upper Extremity	X	-
Transfer	X	-
Waist Restraint	X	

*In the testing of the skill measuring and reporting the contents of a urinary drainage bag, the drainage bag only needs to appear connected as the tubing hangs from under the bed linen. In some cases, depending on the previous skills tested, the NAE may elect to simply tuck the tubing under the volunteer's thigh in order to create this appearance since the skill does not involve care to the resident or the catheter at the insertion site.

Exam policies and procedures

This section gives you information on:

- Security regulations that are enforced during the exam.
- A guide to understanding exam results.
- Retesting procedures.

Security regulations

To ensure that all candidates are examined under equally favorable conditions, the following regulations and procedures will be observed at each exam center. Failure to follow any of these security procedures may result in the

disqualification of a candidate's exam. Prometric reserves the right to audiotape and videotape any exam session.

Arrival time. Candidates must arrive 30 minutes before their scheduled appointment times and are expected to wait patiently if testing is delayed because earlier candidates have not completed their exam.

References. No reference materials, papers, study materials, dictionaries, notes, textbooks, translators or calculators are allowed at the exam center. If candidates are found with these or any other aids, they will not be allowed to continue the exam, their answers will not be scored and the exam fees will be forfeited.

Personal items. Prometric is not responsible for personal items brought to the exam center. While a designated area may be provided, candidates **will not** have access to personal items during the exam nor during breaks. It is recommended that personal items not be brought into the exam center. Note the following:

- Electronic equipment—cell phones, PDAs, pagers, cameras, tape recorders, programmable calculators, etc.—is not permitted in the exam area. If these items are brought into the exam room, they will be collected by the NAE and returned after testing is complete.
- Pocket items—keys, wallet, etc.—must remain in your pocket during the exam.
- Other personal items—briefcases, purses, backpacks, coats and hats, etc.—are not permitted in the exam area.

Breaks. Candidates who leave the exam room to use the rest room while an exam is in progress must sign out/in on the roster. Only one candidate may be excused from the exam room at a time. Additional time to take the exam will not be permitted for candidates who leave to use the rest room. Candidates may not leave the exam room to smoke. Candidates are not allowed to use any electronic devices or phones during breaks.

Food and Beverages. While eating and drinking are not allowed during the exam, candidates will be directed to areas where they are allowed to eat while in between exams. Since completing both the Clinical Skills and Written (Oral) exams may take several hours, it is recommended that candidates bring snacks and/or lunch and beverages (nonalcoholic) with them.

Visitors. No guests, visitors or family members are allowed at the exam center. Candidates **should not** bring children to the exam site. Volunteer residents will only be allowed in the exam room when needed during the administration of the Clinical Skills exam.

Misconduct or cheating. Candidates who engage in any kind of cheating will be dismissed from the exam, the New York Department of Health will be notified and the candidates involved will receive failing scores. Examples are: giving or receiving help, taking part in an act of impersonation, referring to notes, viewing another candidate's exam, removing exam materials or notes from the exam room, or discussions among candidates.

Disruptive behavior. Disruptive behavior by a candidate may result in a warning to the candidate or dismissal from the exam at the NAE's discretion.

Dismissed candidates will receive failing scores. Examples are: using rude or offensive language, or behavior that delays or interrupts testing.

Weapons. No weapons of any kind are not allowed at the exam center.

Copyrighted questions. All exam questions are the copyrighted property of Prometric Inc., a Delaware corporation. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these exam 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.

Exam results

After the exam, the Clinical Skills exam answer sheets will be sent to Prometric and scored by computer to determine official results. Official results are mailed to candidates within five business days following the day of the exam.

The nursing home or training program will receive a weekly report from Prometric that provides the exam performance of each of the candidates they sponsored. Reports are mailed within 10 business days of the end of each week. If there are any discrepancies in these reports, please contact Prometric at 800.805.9128.

Passing candidates

Candidates who pass both parts of the Nurse Aide Competency Examination will not be mailed an official score report. Instead, passing candidates will receive a New York State Nursing Home Nurse Aide Certificate and wallet card and will be listed on the New York State Nursing Home Nurse Aide Registry. Initial certifications will be issued for two years. More information about the Registry can be found on Page 20.

Unsuccessful candidates

Candidates who do not pass the exam will receive a score report that includes diagnostic information by knowledge or content area. The nursing home or training program should review the diagnostic information shown on the Clinical Skills exam Score Report with the candidate prior to retesting. Candidates who failed the exam will also receive information about retesting along with their score reports. More information about retesting can be found on Page 20.

Score reports not received

Should a candidate report that she/he has not received her/his score report or certificate within two weeks of the exam administration day, please contact Prometric at 800.805.9128. Be advised that exam results will not be given over the phone. If the candidate's address has changed, it may be necessary to request a duplicate certificate or duplicate score report. A fee will be charged for duplicate certificates or duplicate score reports when candidates fail to provide notification of address changes in a timely manner and original documents were previously mailed and have not been returned by the postal service. However, a fee will not be charged to reproduce official score reports or certificates required because of nonreceipt of the documents that were mailed to the address on record, as long as notification of nonreceipt is received within 30 days of the date of issue.

Quality assurance survey

Nursing home and training program coordinators, instructors, and candidates may be asked to complete a survey. The survey is used to gather data on the exam process and customer service. Candidate survey responses do not affect candidate exam scores. Participation in the survey is voluntary. The surveys are available in the back of this manual and online at www.prometric.com/NurseAide/NY.

Retesting procedures

If a candidate did not pass an exam, he/she will be required to re-register in order to retest. The candidate **must complete** the Retest Letter that was sent with the official score report to re-register. If the Retest Letter is misplaced, call 800.805.9128. Candidates **may not** use the NYS NAR application form to reschedule. The Retest Letter contains a unique identifying number assigned to each candidate that is needed to schedule a retest.

If the candidate will be retesting at a Regional Exam Site, the candidate will send the Retest Letter to Prometric along with the appropriate exam fees. If the candidate is retesting at a nursing home or training program, he/she should give the Retest Letter to the person who scheduled his/her initial exam. That person should also schedule the candidate to retest.



Important Candidates may attempt to pass the Clinical Skills and written exam up to three times. Both exams must be passed within two years from the date the candidate completed his/her nurse aide training program.

Retraining. Candidates who applied through **routes 1** or **7** and do not pass both exams within two years of completing the NYS-approved nurse aide training program, must retrain through a different NYS-approved nurse aide training program before reapplying.

Nurse Aide Registry

The New York State (NYS) Nursing Home Nurse Aide Registry (NAR) contains the names of nurse aides who have either successfully completed both portions of the Nurse Aide Competency Examination or who have met other requirements for certification established by NYS.

Registry verification

Before an individual can work as a nurse aide in a nursing home, federal regulations require the facility to verify the person has met the state's certification requirements and that the individual is listed as active and in good standing on the NAR. Verification must be secured before the individual can be hired or used by the facility in any capacity. Printed NAR verifications should be maintained by the nursing home in the individual employee's personnel folder.

Documentation of sustained findings and/or convictions for resident abuse, neglect, mistreatment or misappropriation of resident property are placed in the nurse aide's Registry record. These findings and/or convictions make the nurse aide ineligible to work in any capacity in a nursing home. Findings and convictions are public information and are disclosed to anyone who calls to verify a nurse aide's standing on the Registry.

Obtaining verification

The NAR is accessible for verifications 24 hours a day, seven days a week. Verification can be made:

- Online at www.prometric.com/NurseAide/NY.
- Using Interactive Voice Response (IVR) by dialing 800.918.8818.
- Monday through Friday, 8 a.m. to 5 p.m., Eastern time, by dialing the IVR phone number above and requesting connection to a live operator.

When contacting the IVR or the Web site for verification of a nurse aide's status, the person making the inquiry will be asked to identify if he/she is a nurse aide employer and, if so, will then be instructed to enter the assigned nurse aide employer code.

On the IVR or Web site, a search can be made using either the nurse aide's name, Prometric ID or certification number. The IVR system will verbally report the nurse aide's status and the caller has the option to request a printed fax back verification, which will be faxed to the caller within 24 hours. Requests for printed verification to be mailed to the caller must be made through the live operator. Printable verifications will be provided for NAR inquiries made through the Web site.

Nursing homes are required to check the nurse aide's standing on the registry in any state the employer is aware that the nurse aide may have previously been certified or listed on a registry. A phone list of all state NARs is located at https://www.ncsbn.org/07_NA_registries.pdf. Should the employer obtain information from any state registry indicating findings or convictions for resident abuse, neglect, mistreatment or misappropriation of resident belongings, the nurse aide may not be employed or used by the nursing home. The nursing home is also required to immediately report this information about the nurse aide to the NYS NAR.

Hiring nurse aides from other states

Nursing homes may hire a nurse aide who is certified and on the registry in another state if the nurse aide's certification is current and in good standing. The facility must obtain verification from the state or states in which the nurse aide is certified before the nurse aide may be hired or used by the facility. The facility must also ensure that the nurse aide has applied for NYS Nursing Home Nurse Aide certification following certification route 2 (see Page 3).

If the nurse aide has applied for certification under route 2, the facility may utilize the nurse aide during this period as long as:

- The facility maintains a copy of the nurse aide's NYS NAR application form submitted for reciprocity, or can verify that such an application is in fact being submitted within the next two business days, or has in fact been submitted for NYS reciprocity; and
- Registry verifications are made and received by the facility from each state where the nurse aide has been listed on a registry.

The NYS NAR application form must include copies of each out-of-state nurse aide certification.

Recertification overview

The nurse aide's initial NYS Nursing Home Nurse Aide Certificate is valid for 24 months. It will expire two years from the last day of the month in which the nurse aide was certified. For example, if the nurse aide was certified on January 14, 2007, the certification will expire on January 31, 2009.

Renewal notification

Nurse aides will be mailed a reminder notice approximately 45 days before their certification expiration. The notice will be mailed to the home address currently listed on the NAR. It is **not** necessary for the nurse aide to have received this reminder notice or for the nurse aide to take this notice to the nursing home or NYS-approved nurse aide employer. The nursing home or NYS-approved nurse aide employer **is required by state regulations** to submit the nurse aide's Recertification Application and fee.

Name and address changes

It is the nurse aide's responsibility to keep his/her information correct and current with the NAR. Nurse aide employers are encouraged to remind nurse aides to make these updates. A Service Request Form (see Page 40) should be used for submitting name and address changes. However, changes may also be submitted in letter form, which can be faxed or mailed to Prometric.



Important There is no charge for updating a name with the NYS NAR. However, there is a \$15 fee to receive a new certificate reflecting that name change.

Recertification eligibility

To be eligible for recertification, the nurse aide must have worked for pay as a nurse aide at or in a NYS nursing home or a NYS-approved nurse aide employer for at least seven hours within the previous 24-month period. If an employer is not a NYS nursing home or is not approved by the NYSDOH as a nurse aide employer, the nurse aide's work experience will not qualify the nurse aide for renewal. Nurse aides are **not** permitted to recertify themselves. Any non-nursing home nurse aide employer who desires to participate in the recertification process must contact the NYSDOH for approval.

Lapsed certifications

A nurse aide certificate has lapsed if the nurse aide has not worked in a NYS nursing home (or for an NYS-approved nurse aide employer) for a minimum of seven hours during the previous 24 consecutive months. To renew a lapsed certification, a nurse aide must retest, or retrain and retest, depending upon the original method of certification.

Nurse aides whose certifications have lapsed but are in good standing, may not begin to work in a nursing home as a nurse aide until recertified. Nurse aides whose certifications lapse while they are still working in the nursing home may continue to work as nurse aides in that nursing home only, provided that nursing home immediately submits or has submitted the required Recertification Application Form and fee to Prometric.

Length of recertification

If the nurse aide **is currently working** as a nurse aide in a NYS RHCFC or for another DOH-approved nurse aide employer, she/he will be recertified for 24 months from the last day of the month in which the current certification expires.

If the nurse aide **is not currently working**, she/he will be recertified for 24 months beginning from the last day worked as a NYS nurse aide at the NYS-approved nurse aide employer. The last work date is reported on the NYS NAR recertification form (see Page 33) by the last nurse aide employer. The last nursing home or approved nurse aide employer is responsible for completing and submitting the NYS NAR recertification form and paying the recertification fee, if the nurse aide is eligible to be recertified.

Once the NYS NAR recertification form is processed and the nurse aide is determined eligible for renewal, a new certificate and wallet card showing the new expiration date will be mailed to nurse aide and the NYS NAR will be updated with the current information.

The new expiration date will be the last day of the month that is 24 months (two years) from **either** the date the recertification form is processed by the NAR **or** the date the employee last worked as a NYS nurse aide for a NYS-approved nurse aide employer, **whichever is earlier**.

The following chart explains recertification dates based on the example of a CNA whose certification expires on January 15, 2009.

CNA worked	Nursing home recertifies in	New certification expires
in a NYS nursing home during January 2009	January 2009	January 31, 2011
in a NYS nursing home during January 2009	December 2008	December 31, 2010
last as a nurse aide on August 10, 2007	December 2008	August 31, 2009

Completing and filing the recertification form

All nursing homes are responsible for recertifying and paying the recertification fee for each nurse aide who is currently working for or in the nursing home at the time her/his certification expires. All nursing homes are also responsible for recertifying and paying the recertification fee for all nurse aides who last worked for pay as a nurse aide for or in that nursing home within the previous 24 months. This includes all agency-employed nurse aides or private-duty nurse aides who physically work or worked in the nursing home but were not employed by the nursing home. [10 NYCRR 415.26(d)(6)(iii)].

The NYS NAR recertification form (Page 33) requires that demographic information about the nurse aide be provided. The employer completing the NYS NAR recertification form is responsible for updating the nurse aide's personal information, such as her/his current address. If the NYS NAR recertification form includes a name change for the nurse aide, the NYSDOH does not require that name change documents be submitted if the employer is aware of the legal name change. Otherwise, the nurse aide should provide the employer with proof of her/his name change, such as marriage license or divorce decree. The employer or nursing home must also ask and indicate the nurse aide's response to question #8 on the recertification form.

The facility must mail the completed NYS NAR recertification form with the \$40 recertification fee payable to the "NYS Commissioner of Health, NYNA" to Prometric. Company checks, money orders, state vouchers and certified checks are accepted forms of payment. **Personal checks are not accepted.**

All certified checks, money orders, purchase orders and vouchers must be received with the application and may only include the one candidate being requested. Forms received without fees will be returned.



Important The nursing home or approved nurse aide employer may not charge the nurse aide for any cost or fees associated with recertification or the completion of the NYS NAR recertification form.

The NYS NAR recertification form should be submitted prior to the certification expiration date. The NYSDOH extends the validity of any nurse aide's certification to the last day of the month in which her/his certificate expires to enable nursing homes and nurse aide employers to batch recertification forms for submission each month. For example, if a nurse aide's certificate expires on January 15, 2008, the certification is considered valid through the last day of the month, January 31, 2008. It is suggested that all recertification forms for nurse aides whose certification expires during the same month be batched and submitted by the employer during the first or second week of the expiration month.

Should a nurse aide be determined ineligible for renewal based on an incomplete form, nonpayment, nonfulfillment of employment requirements, forms submitted too early or because of a hold placed by the NYSDOH, a notice will be sent directly to the nurse aide at her/his address of record. If additional information is required, the nurse aide will be advised to contact the employer who submitted the NYS NAR recertification form for resubmission of the missing information or fees.

Nurse aide employers will also receive a monthly report that will provide information on all recertifications received from the employer for the month, and error messages for any nurse aide whose NYS NAR recertification form was not successfully processed and remains pending or denied. The nurse aide employer may submit the nurse aide's missing information by completing another NYS NAR recertification form. The employer must complete the nurse aide's name Prometric ID and/or certification number, plus any of the information that is listed as missing in the error messages.



Important Error messages may be based on illegibility, so please make every effort to ensure that information provided is legible.

When an error message is related to nonpayment of recertification fees, please include the nurse aide's name, Prometric ID and/or certificate number on the check and send the check with another NYS NAR recertification form providing just the nurse aide's name and Prometric ID and/or certification number, unless there were other errors requiring additional information.

Exam content outlines

The following outlines describe the content of the Written Nurse Aide and Clinical Skills Competency exams.

The exams will contain questions on the topics listed in the outlines.

Written (Knowledge) Exam Content Outline

60 questions—Two-hour limit

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

I. Role of the Nurse Aide [9 questions, 18%]

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. Nurse Aide as a Member of the Health Care Team

1. Understanding roles of multidisciplinary team members
2. Principles of teamwork (e.g., collaboration, cooperation, sharing information)
3. Resident care conferences
4. Resident plan of care
5. 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 [8 questions, 16%]

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 [12 questions, 24%]

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 of residents

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 Skills [13 questions, 26%]

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 nurse aide (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. Providing Specific Care [8 questions, 16 %]**
 - A. Physical problems**
 - 1. Common physical impairments and related care
 - 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
 - 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 and post-mortem care**
 - 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
- VI. FOR ORAL EXAM ONLY - Additional Reading Comprehension Section [16 questions]**

Clinical Skills

The following is a list of the high level clinical skills that candidates may be asked to perform during the exam. A complete checklist for these skills may be found online at www.prometric.com/NurseAide/NY.

Indirect Care includes behaviors that are part of every skill tested on the Clinical Skills exam. Indirect Care includes communication, resident rights, safety, comfort and Standard Precautions (infection control). Indirect Care is rated during the performance of each skill.

Handwashing Note: Minimally competent nurse aides are expected to know, without prompting, when they should wash their hands, such as before resident contact. Therefore, the candidate's handwashing technique will be evaluated when the candidate begins the exam.

- I. Clinical Skill List**
 - A. Ambulation**
 - B. Bedpan**
 - C. Catheter Care**
 - D. Change an Occupied Bed**
 - E. Change of Position**
 - F. Dressing**
 - G. Feeding**
 - H. Foot Care**
 - I. Hair and Nail Care**
 - K. Measure and Record Contents of a Urinary Drainage Bag**
 - L. Measure and Record Pulse and Respirations**
 - M. Measure and Record Weight**
 - N. Mouth Care – Brush Teeth**
 - O. Mouth Care - Dentures**
 - P. Partial Bed Bath**
 - Q. Perineal Care - Female**
 - R. Range of Motion – Lower Extremity**
 - S. Range of Motion – Upper Extremity**
 - T. Transfer**
 - U. Waist Restraint**

Reading assessment

This reading assessment is designed to help nurse aide candidates determine whether they have the reading skills needed to take the Written exam.

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?**
 - A. Summer
 - B. Fall
 - C. Spring
 - D. December
 - E. July
2. **What was the young girl doing?**
 - A. Running
 - B. Jumping
 - C. Going to sleep
 - D. Driving a car
 - E. Fighting
3. **How did she feel?**
 - A. Hot
 - B. Free
 - C. Angry
 - D. Cold
 - E. 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**
 - A. hid behind the stove.
 - B. stood up quickly.
 - C. ran to the door.
 - D. laughed out loud.
 - E. began to cry.
5. **What was the only sound in the room?**
 - A. People talking
 - B. Birds singing
 - C. A pot boiling
 - D. A dog barking
 - E. A man shouting
6. **The person who knocked at the door finally**
 - A. walked into the room.
 - B. sat down outside the door.
 - C. shouted for help.
 - D. walked away.
 - E. broke down the door.

At the end of the exam, a key is provided to score the exam. If the candidate answered 13 or more questions correctly, he/she most likely has the reading skills required to take the Written exam. If the candidate gets 12 or fewer questions correct, he/she should consider requesting an oral administration of the exam (see Page 12).

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. A vegetable market
 - B. A meat market
 - C. A fish market
 - D. A flower market
 - E. A fruit market
8. **What does he see coming in?**
 - A. Tug boats
 - B. Rowboats
 - C. Passenger boats
 - D. Fishing boats
 - E. Sailboats
9. **What covered the decks of the boats?**
 - A. Rope
 - B. People
 - C. Car
 - D. Boxes
 - E. 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?**
 - A. At dawn
 - B. At dinnertime
 - C. In the afternoon
 - D. In the morning
 - E. At night
11. **What does Tiger do when she hears a noise?**
 - A. She runs away
 - B. She walks with stiff legs
 - C. She hides under the bushes
 - D. She walks on tiptoe
 - E. She pretends she doesn't hear it
12. **Who is afraid to come into her yard?**
 - A. All the other cats
 - B. The dog next door
 - C. The people who live in the house
 - D. The mail carrier
 - E. Most of the birds

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

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

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

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

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

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

Answer Key

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

Number Correct

13 to 21: Candidate most likely has the reading skills to take the Written exam.

12 or less: Candidate may prefer to take the oral version of the Written exam.

Forms

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

- Candidate/Volunteer Release Form - Page 30.
- New York State Nursing Home Nurse Aide Registry Application (NYS NAR application) - Page 31.
- New York State Nursing Home Registry Recertification Form - Page 33.
- New York State In-Facility Testing Agreement - Page 35.
- New York State Processing Request for In-Facility Testing - Page 39.
- New York State Nursing Home Nurse Aide Service Request Form - Page 40.
- New York State Office and County Codes - Page 41.
- Nurse Aide Employer Survey - Page 42.
- In facility Testing Survey - Page 43.



Candidate/Volunteer Release Form

You are receiving this form because you are taking the Nurse Aide Clinical Skills Exam. The Clinical Skills Exam is part of the Competency Evaluation you are required to pass to become certified as a nurse aide in your state. During this exam, you are expected to perform skills that nurse aides perform as part of the daily care of nursing home residents. A nurse aide evaluator (NAE) will be instructing you during the exam and evaluating how you perform the skills. For this exam, you will be asked to perform three skills from the list below:

Ambulation Bedpan Catheter Care Change an Occupied Bed Change of Position Dressing Feeding	Foot Care Hair and Nail Care Measure and Record: <ul style="list-style-type: none"> ▪ contents of urinary drainage bag ▪ pulse and respirations ▪ weight Mouth Care – Brush Teeth	Mouth Care – Dentures Partial Bedbath Perineal Care - Female Range of Motion - Lower Extremity Range of Motion - Upper Extremity Transfer Waist Restraint
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Some of the skills will be performed on a mannequin and some will be performed on a volunteer playing the role of a resident. In New York, candidates are required to bring a volunteer to play the role of the resident. In the role of the resident, the skills that may be performed on the volunteer include:

▪ Assistance in walking	▪ Measuring blood pressure	▪ Moving from the bed into a wheelchair
▪ Brushing teeth	▪ Measuring pulse and breathing	▪ Placement on a bedpan (clothes on)
▪ Changing bed linens while in bed	▪ Measuring weight	▪ Turning onto side in bed
▪ Combing hair, cleaning and shaping nails	▪ Moving an arm or leg through simple exercises	▪ Washing and applying lotion to one foot
▪ Feeding of a small snack		

When you are playing the role of the resident, you must be able to participate in all the skills identified above. If you are unable to participate in any of the skills, please speak with the NAE before the exam begins. If you decide you want to stop playing the resident during the exam, you have the right to do so. Inform the NAE that you wish to stop. A stopped exam will result in a failure for the candidate who must then reapply and repay prior to retesting.

RELEASE SIGNATURE

To take the Clinical Skills Exam and/or volunteer as the resident, you are required to sign this release form. By signing, you agree that you are responsible for your own personal safety during the exam. You also agree to fully release and discharge Prometric and its employees and agents from all claims, suits, damages, losses and expenses of any kind arising out of/ or relating to the Clinical Skills exam. You further state that you:

- Have carefully read this release;
- Understand its final and binding effect;
- Are signing it voluntarily;
- Agree to play the role of the resident for the Clinical Skills Exam; and
- Have read and understand the exam instructions.

Thank you for your valuable contribution to the New York State Nurse Aide Certification Program.

Printed Name of Candidate/Volunteer

Signature

Date

If you and/or your volunteer are under 18 years of age, a signature from your parent or legal guardian is required below in order to allow you to test or play the role of the resident.

Printed Parent/Guardian Name

Parent/Guardian Signature

Date



New York State Nursing Home Nurse Aide Registry Application

Please print clearly and neatly. Fill out form completely.

If you are a retester, you may not use this form and must use your Retest Letter. If you do not have a copy of your retest letter, contact Prometric for a duplicate. Retest candidates will not be scheduled without a Retest Letter.

Section 1. Candidate Information: MUST be completed by all applicants.

Last Name	First Name	Middle Name	Other/Maiden Name (if applicable)
Street Address (including Apt. number or P.O. Box, if applicable)			
City		State	ZIP Code
Home Phone Number (including area code) ()		County (or Code)	Date of Birth - -
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		Which language do you speak and understand best? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
Current Nursing Home Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Not Employed (If you are currently working in a nursing home, have your Employer complete Section 4 of this application)			
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country? If this question is not answered, you will not be scheduled to test or be placed on the NYS Registry.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been charged with a crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissal? If this question is not answered, you will not be scheduled to test or be placed on the NYS Registry.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently hold a certification as a nurse aide or are you listed on the nurse aide registry in any state other than New York? If yes, list all the states below and indicate if you are in good standing on the Registry in that state. Good standing means that you have no findings or convictions of resident abuse, neglect or misappropriation of resident belongings. Add an additional sheet of paper if more space is required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Issuing State	Good standing?	Issuing State	Good standing?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Certification Route (Check only one . See further explanation of routes in this handbook beginning on Page 2.)			
Route 1. New Nurse Aides			
Route 2. Reciprocity/CNA From Another State			
Route 3. Graduate Nurses			
Route 4. NYS RNs and LPNs: Enter NYS RN/LPN License Number: _____			
Route 5. Out-of State and Foreign-Trained Nurses			
Route 6. Trained and Lapsed: Enter NYS Nurse Aide Certificate Number: _____			
Route 7. Lapsed—Other: Enter NYS Nurse Aide Certification Number: _____			
<input checked="" type="checkbox"/> Exam Site (Check only one . See Page 6 of this handbook for Regional Exam Site Locations and Codes.)			
My employer or training program has arranged/will arrange for me to take the examination(s) at their location.			
I am registering to exam at Regional Exam Site: _____ Code #: _____ (You will be scheduled for the next available appointment at the Regional Exam Site indicated above or in another regional site within a 50-mile radius.)			

Section 2. Applicant's Affidavit: MUST be completed by all applicants.

Agreement of Authorization and Confidentiality	
1	I agree that the New York State Division of Residential Care and Service may investigate the information in this application
2	I understand that exam results will be sent to my approved training program and/or employing nursing home (when applicable).
3	I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by New York State. Further, I understand that if I cheat or engage in other prohibited behavior during the exam I may be disqualified from continuing to take the exam or my exam results may be invalidated.
4	I understand that a record of the successful completion of this competency evaluation and information from and contained on this form will be included in my record in the New York State Nursing Home Nurse Aide Registry.
5	I have read and I understand the information in the New York State Nursing Home Nurse Aide Certification Handbook.
Signature of Applicant	
Date	

Section 3. Optional Applicant Information.

Education Level (Check the box next to your highest education level completed. Check only one box.)		
<input type="checkbox"/> 4th grade or less	<input type="checkbox"/> High School diploma or GED	<input type="checkbox"/> Two-year college degree
<input type="checkbox"/> Between 5th and 8th grades	<input type="checkbox"/> Trade or Technical School Certificate	<input type="checkbox"/> More than two years college, no degree
<input type="checkbox"/> Some High School, did not graduate	<input type="checkbox"/> One or two years college, no degree	<input type="checkbox"/> Four-year college degree or more
Ethnic Group (Check only one box.)		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Other Hispanic or Latin American	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> White	

Section 4. MUST be completed by your employer.

(This section must be completed by your employer if you are employed in NYS by a Health Care Provider with a Nurse Aide Employer Facility Code.)

Employer Facility Code Number: 3 3	Date of Hire: (MONTH/DAY/YEAR)
What Type of Nurse Aide Employer is the Facility? <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Staff Agency <input type="checkbox"/> Other : _____	
Name of Facility or Agency Where Employed	
Address of Employer	
City	State ZIP Code
Employer's Signature	Date

Section 5. MUST be completed by the training program coordinator.

(This section must be completed for any applicant who has checked Certification Routes 1, 3, 5 or 7.)

Training Program Code Number: 3 3	Date Program Completed: (MONTH/DAY/YEAR)
Name of Nurse Aide Training Program	
Training Program Mailing Address	
City	State ZIP Code
This exam taker has successfully completed a state-approved Nurse Aide Training Program. Training Program Coordinator/Instructor Signature	Date

Section 6. Fees.

(Retesters must use the Retest Letter to reapply.)

<input checked="" type="checkbox"/>	First-Time Tester (or lapsed tester), Routes 1, 3, 5, 6, 7	Fee	Total
	Clinical Skills AND Written exams	\$115	\$
	Clinical Skills AND Written Oral (for ADA only – must have ADA paperwork)	\$115	\$
	Clinical Skills AND Oral exams	\$135	\$
<input checked="" type="checkbox"/>	Reciprocity and NYS RNs/LPNs Routes 2 and 4	Fee	
	Application Processing Fee—no exam required	\$50	\$
		Total Fee	\$

Payment: Fee(s) may be paid by money order, certified check made payable to "NY Commissioner of Health, NYNA". Your name and ID (if available) must be written on the form of payment. **Personal checks and cash are not accepted. Fees are nonrefundable.**

Mail to:
Prometric
 ATTN: NY Nurse Aide Program
 1260 Energy Lane
 St. Paul, MN 55108



New York State Nursing Home Nurse Aide Registry Recertification Form

Instructions:

Please print clearly, neatly and completely.

The facility where the nurse aide works or last worked must complete this form. This includes verifying the nurse aide's personal information. The person completing this form is responsible for asking, and recording, the nurse aide's response to the question about convictions.

The facility must provide a \$40 company check, certified check or money order made payable to the NYS Commissioner of Health, NYNA. This renewal fee is a nonrefundable processing fee. Mail to address provided on the back of this form. A fee shall not be charged by the operator to any nurse aide for any costs associated with recertification [10 NYCRR 415.26(d)(6)(ii)].

Nurse Aide Information							
First Name and Middle Initial:							
Last Name*:							
Prometric ID:							
Date of Birth:							
Home Phone Number:							
NYS Nurse Aide Certification Number:							
Home Address: <i>(This is the address where the new certificate will be mailed.)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; border-top: 1px solid black; width: 80%;">Street Address or P.O. Box #</td> <td style="border: none; border-top: 1px solid black; width: 20%;">Apt. #</td> </tr> <tr> <td style="border: none; border-top: 1px solid black; width: 33%;">City</td> <td style="border: none; border-top: 1px solid black; width: 17%;">State</td> <td style="border: none; border-top: 1px solid black; width: 17%;">County</td> <td style="border: none; border-top: 1px solid black; width: 33%;">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				
To the best of your knowledge, has the nurse aide ever been convicted of a crime (felony or misdemeanor) in any state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No							

**If this name is a change from what is currently listed on the registry certification, please list the name that is on the current certification: _____.*

Nurse Aide Employer Information							
Name of Facility/Agency:							
Address of Facility/Agency:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; border-top: 1px solid black; width: 80%;">Street Address or P.O. Box #</td> <td style="border: none; border-top: 1px solid black; width: 20%;"></td> </tr> <tr> <td style="border: none; border-top: 1px solid black; width: 33%;">City</td> <td style="border: none; border-top: 1px solid black; width: 17%;">State</td> <td style="border: none; border-top: 1px solid black; width: 17%;">Zip Code</td> <td style="border: none; border-top: 1px solid black; width: 33%;"></td> </tr> </table>	Street Address or P.O. Box #		City	State	Zip Code	
Street Address or P.O. Box #							
City	State	Zip Code					
Phone Number of Facility:							
Employer Facility Code:							
Provide dates of employment for this nurse aide: <i>(Staffing agencies should provide dates worked at the NYS health care facility.)</i>	<p>First date of work: (MONTH/DAY/YEAR): _____</p> <p>Is the nurse aide currently employed at the facility listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, provide date of termination: (MONTH/DAY/YEAR): _____</p>						

Turn over to complete second side of form.

Prometric ID: _____

To be completed by staffing agencies only.

Please provide the name of the NYS health care facility or NYS health care provider where the nurse aide worked.

Name of NYS health care facility or NYS health care provider

Signature of Facility Operator or Designee

The individual named herein has worked for pay as a nurse aide, under the supervision of a registered nurse, at the health care facility listed above, for at least seven hours within the previous 24-month period. I certify to the best of my knowledge that the information put forth on this New York State Nursing Home Nurse Aide Registry Recertification Form is true and correct.

Signature of Facility Operator or Designee

Date

Name and Title (Printed or typed)

Please Note:

If the Recertification is denied or pending for incomplete information, notification may be sent directly to the nurse aide who will be directed to contact the employer. You will receive a monthly report indicating the names of the nurse aides for whom you have submitted renewals during the month and the status of their recertifications. Nurse aides whose certifications are pending for additional information or fees will be included on the report. The nurse aide employer may use another New York State Nursing Home Nurse Aide Registry Recertification Form to submit the missing information by completing the nurse aide's name, Prometric ID and/or certificate number on the form, and the missing information. If the error message is related to non-payment, any fees sent in must include the nurse aide's name and Prometric ID and/or certification number.

Important Reminder: Remember to include the \$40 recertification fee with this form. Payment may be made by company check, certified check or money order. Make checks payable to: NYS Commissioner of Health, NYNA. Personal checks and cash are not accepted.

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

Questions: If you have any questions, please call Prometric at 800.321.6443.

Mail this completed form and your \$40 recertification fee to:

Prometric
Attn: NYS Nurse Aide Registry Recertification
1260 Energy Lane
St Paul, MN 55108



In-Facility Testing Agreement

Instructions:

- Please read this entire agreement. Your facility must meet all requirements in order to be approved as an In-Facility.
- New facilities that have not tested with Prometric in the past must complete this In-Facility contract and request form. Additional contracts and forms may be obtained from www.prometric.com/NurseAide/NY or by calling 800.805.9128. Prometric reserves the right to discontinue use of a facility if security breeches or requirements are not met.
- Signed agreement and request forms must be received by Prometric 30 days in advance of the requested test date.
- Returning facilities that have not previously filled out this agreement will only be required to send the request form to Prometric 30 days in advance of requested test date.
- Each Nurse Aide Evaluator can only test eight candidates per day. If your facility is approved to test more than eight candidates, you must indicate that on the request form.
- Prometric will attempt to schedule a Nurse Aide Evaluator for one of the requested dates.
- Prometric will fax the request form back to the facility with the scheduled test date.
- After candidates have completed the Nurse Aide Registry Application, all candidate applications must be sent together with payment and a copy of the completed request form to Prometric 10 business days prior to the confirmed test date.

Part I – Contact Information

Name of NY Approved Training Program or LTCF:		
Mailing Address		

City	State	Zip Code
Phone No. (Include Area Code):	Fax No.:	
Training Program Approval Number:	Email Address:	
Training Program Coordinator/Instructor:		

Part II – Agreement

The space, equipment and supply requirements for In-Facility testing are detailed in Part III and the procedures for requesting In-Facility testing are detailed in Part IV. Review the agreement terms below and sign the agreement. This Agreement page and the processing request form (Page 39), along with directions to your training program/facility and a description of the areas that will be used for testing must be sent to Prometric. Submit by fax to: 800.813.6670; or by mail to: Prometric, Attn: NYS NA Program, 1260 Energy Lane, St. Paul, MN 55108.

On behalf of my LTCF or training program, we agree to the following terms:

- Ensure that the required space, equipment and supplies described herein for the administration of the Clinical Skills Exam and the Written or Oral Exam are provided;
- Ensure adequate inventories of supplies based on the volume of candidates to be tested;
- Ensure that all the supplies and equipment required for the administration of the Clinical Skills Exam are set up to simulate a resident’s unit and equipment is in working order before the arrival of the Nurse Aide Evaluator;
- Ensure that candidates or the training program have provided for a person to play the role of the resident (volunteer) and that candidates and volunteers have signed the release forms;
- Prescreen candidates to assure that they have the required identification documents for admission to testing; and
- Permit site visits by Prometric, DOH and Senior NAEs to monitor and observe testing and test site compliance.

I understand that failure to comply with the space, equipment and supply requirements may result in suspension of In-Facility testing. Compliance issues will be reported to the DOH. The facility is also expected to work collaboratively with the NAE toward ensuring efficiency in the administration of testing. I understand that Prometric reserves the right to deny and/or cancel testing at my facility at any time.

Signature of Authorizing Facility Representative _____
Date

Part III – Required Space, Equipment and Supplies

In order to qualify for In-Facility testing, the training program/facility must provide the required space, equipment and supplies needed to conduct a standardized test administration. These requirements are detailed below.

Candidate waiting areas

- A. Area where candidate can wait for testing (including designated area where candidate is permitted to eat)
- B. Public restrooms

Oral and Written Test Space and Equipment

- A. Lighting in testing room should be appropriate for office work.
- B. Well ventilated with temperature controls that provide for the general comfort of candidates.
- C. Quiet environment conducive to the concentration required for test taking.
- D. Room used exclusively for testing during administration.
- E. Restroom available to candidate within facility, preferably within proximity of testing room.
- F. Privacy provisions for testing such as ability to close door to testing room.

Clinical Skills Administration Space

- A. Room with closed door to provide for the privacy of testing.
- B. Area simulated to be resident room in LTCF. Actual resident room can be used as long as use of space does not infringe on resident's use of room or resident's rights since testing cannot be interrupted.
- C. Sink with running water and hand controls for turning water on and off located in testing room or within immediate proximity of testing room. (Note: If outside of testing room must be accessible throughout testing.)
- D. Privacy curtain (or other privacy provision)

Clinical Skills Administration Equipment

- A. Resident Room Environment:
 - Working hospital bed with regular mattress (no air mattresses, etc.). Must be able to raise and lower height of bed.
 - Side rails on bed optional
 - Sink with hot running water (both hot and cold) and hand-controlled faucets located in clinical skills room
 - Call bell (designated device, does not need to be operational)
 - Side chair (2)
 - Provision for privacy (curtain screen/screen) – partial does not need to wrap; minimum 2 feet
 - Soiled linen hamper
 - Overbed table – working controls and level surface
 - Bedside cabinet (night table) - must have shelves or drawers
 - Commode chair or toilet (required)
 - Wheelchair with footrests and brakes – standard
- B. Basic Supplies:
 - Bath basins (2) (rectangular shape preferred for footcare)
 - Bedpans (fracture and regular)
 - Emesis basin
 - Combs (6)
 - Drinking Cups – disposable (12)
 - Denture
 - Denture container/cup
 - Toothpaste (2)
 - Toothbrushes (6)
 - Gloves (non-latex all sizes)
 - Lotion
 - Emery Boards (6)
 - Orange Sticks (6)

- Paper Towels
- Soap (2)
- Toilet tissue
- Underpads (incontinent pads)(6)
- Water Pitcher
- Napkins
- Plastic spoons, forks, knives (6)
- Snack containers of Jell-O, pudding or applesauce- not expired (6)
- Drinkable water
- Straws (optional)

C. Linens:

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

D. Clothing to fit mannequin:

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

E. Additional items:

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

Part IV – Procedure for Requesting In-Facility Testing

New facilities (facilities that have not tested with Prometric in the past) must obtain an In-Facility contract and request form from www.prometric.com/NurseAide/NY or by calling 800.805.9128 to request the form. The contract must be filled out by the facility, and all supply requirements must be met. Signed contracts and request forms must be submitted by mail or fax to Prometric 30 days in advance of the requested testing date. Returning facilities (facilities that have not previously filled out this agreement) will only be required to send the processing request form (Page 39) to Prometric 30 days in advance of requested test date.

All request forms must be received and contain three different testing date requests. After receiving a request form and/or In-Facility agreement, confirmations will be faxed and/or emailed to the facility verifying the testing date. After candidates have completed the Nurse Aide Registry Application, all candidate applications must be sent together with the facility's confirmation form and all payments to Prometric 10 business days prior to the confirmed test date. The facility will be faxed or emailed a confirmation of the test days.

Each Nurse Aide Evaluator can only test eight candidates per day. If a facility needs to test more than eight candidates, the facility must submit multiple forms with different requested test dates. If your facility is approved to test more than eight candidates in a day, be sure to indicate how many candidates are testing on the processing request form (Page 39). Testing fees may be paid by facility check, money order or certified check made payable to NY Commissioner of Health. A facility check for the group is allowed, however it may only be for the amount covering the candidates testing on each event date. We will not accept future payments or applications without payments. Candidates covered by the facility check must be listed on the check. If individual payments are made, the candidate's name must appear on each money order/certified check. No cash or personal checks are accepted. Exam fees are nonrefundable and nontransferable.

Candidates who do not show up for testing or who are not admitted to testing because they arrived late or had insufficient identification will forfeit their testing fees. It is the responsibility of the In-Facility site to notify candidates of their scheduled test day. Individual candidates may be rescheduled for another test date if the request is made before **five business days** preceding the scheduled test date. Additions **will not be accepted** without a completed application and exam fees. To reschedule a candidate, call 800.805.9128.

Materials may be sent to: Prometric; Attn: NYS NA In-Facility Testing Request; 1260 Energy Lane; St. Paul, MN 55108. If are trying to ensure delivery in an expedient timeframe, we do not recommend using USPS certified mail. Materials may also be faxed to 800.813.6670.

Part V – Day of Testing

Candidates are expected to provide a volunteer to play the role of the resident during testing. The volunteer may be another nurse aide candidate. Instructors may not play the role of the resident.

Candidate/Volunteer Release forms will be available to candidates on the day of testing. Candidates and volunteers under the age of 18 must have a release form signed by a parent or guardian prior to arriving at the testing center. A copy of the form is on Page 30 and online at www.prometric.com/NurseAide/NY.

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



Application Processing Request for In-Facility Testing

Part I – Notification of Testing

Instructions: When your facility is prepared to schedule a testing date, complete Part I of this form to notify us of your requested test dates. Use a separate form for each testing date you are requesting.

Name of New York Approved Training Program		
Mailing Address		
City	State	Zip Code
Address of Testing Location (only complete if different from the mailing address)		
City	State	Zip Code
Training Program Coordinator/Instructor Name		Facility Contact Email Address
Facility Contact Phone Number		Facility Contact Fax Number
Email Address		
Requested Testing Date: Option #1	Option #2	Option #3
Note: Each NAE can test only eight candidates per day. If you have more than eight candidates, you must fill out a separate request form and request another test date. If your site has been approved to test more than eight candidates per day, please alert us to this information in adjoining box.		Number of Candidates to be Tested

To be completed by Prometric:

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

Instructions: All requests must be received by Prometric 30 days before requested test date. Prometric will fax test date confirmation information back to the facility. Completed candidate applications and test fees must be received by Prometric a minimum of 10 business days before the scheduled test date. The facility requesting testing must submit the applications in a batch, attaching this form as the cover page. The facility must also have a completed In-Facility Testing Agreement (Page 35) on file with Prometric. Test fees may be paid by facility check, money order, or certified cashier's check made payable to NY Commissioner of Health. A facility check for the group is allowed, but must be in the amount for the candidates testing on a specific day only and all candidates' names must be on the check. If individual payments are made, the candidate's name must appear on each money order/certified/cashier's check. Cash and personal checks are not accepted. Test fees are nonrefundable and nontransferable. Rescheduling procedures are explained on Page 9 of the NYS Certification Program Manual.

Mail materials to: Prometric; Attn: NYS NA In-Facility Testing Request; 1260 Energy Lane; St. Paul, MN 55108. If are trying to ensure delivery in an expedient timeframe, we do not recommend using USPS certified mail.

Materials may also be faxed to 800.813.6670.



New York State Service Request Form

Mail this form and fees to: Prometric, Attention NY Nurse Aide, 1260 Energy Lane, St Paul MN 55108.

I am requesting the following service(s): Candidate name and candidate ID must be written on the form of payment in order to be accepted.

<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*
	Hand Score Request	1 and 4	\$25 per copy*
	Duplicate Score Report	1 and 4	\$15 per copy**

***Payable to "NY Commissioner of Health, NYNA":** Fee(s) may be paid by certified check or money order. **Personal checks and cash are not accepted.**

****Payable to Prometric:** Fee(s) may be paid by certified check or money order. **Personal checks and cash are not accepted.**

Section 1. New York State Nurse Aide Information

Candidate ID Number	Nurse Aide Certification Number (if applicable)	
Last Name (as it appears on our records)	First Name and Middle Name (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.		Date
Nurse Aide/Applicant Signature		

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 Name
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. Hand Score Request/Duplicate Score Request

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



New York State Office and County Codes

1 - Northeastern Area	
01	Albany County
09	Clinton County
10	Columbia County
12	Delaware County
15	Essex County
16	Franklin County
17	Fulton County
19	Greene County
20	Hamilton County
28	Montgomery County
38	Otsego County
41	Rensselaer County
45	Saratoga County
46	Schenectady County
47	Schoharie County
56	Warren County
57	Washington County

2 - Buffalo Area	
02	Allegany County
04	Cattaraugus County
06	Chautauqua County
14	Erie County
18	Genesee County
31	Niagara County
36	Orleans County
60	Wyoming County

3 - Rochester Area	
07	Chemung County
25	Livingston County
27	Monroe County
34	Ontario County
48	Schuyler County
49	Seneca County
50	Steuben County
58	Wayne County
61	Yates County

4 - Syracuse Area	
03	Broome County
05	Cayuga County
08	Chenango County
11	Cortland County
21	Herkimer County
22	Jefferson County
24	Lewis County
26	Madison County
32	Oneida County
33	Onondaga County
37	Oswego County
44	St. Lawrence County
53	Tioga County
54	Tompkins County

5 - New Rochelle Area	
13	Dutchess County
29	Nassau County
35	Orange County
39	Putnam County
43	Rockland County
51	Suffolk County
52	Sullivan County
55	Ulster County
59	Westchester County

6 - New York City Area	
70	Bronx County (Bronx)
71	Kings County (Brooklyn)
72	New York County (Manhattan)
73	Queens County (Queens)
74	Richmond County (Staten Island)



Nurse Aide Employer Survey

New York State Nursing Home Nurse Aide Registry

Providing quality service is important to us. Please take a few moments to give us your feedback about your experience with the recertification process and the Registry. After you complete this survey, please return it by faxing to 800.813.6670 or mailing to Prometric, ATTN: NY Nurse Aide Survey, 1260 Energy Lane, St. Paul, MN 55108. Thank you.

Recertification Process

For questions 1-6, indicate which statements are true or false about the recertification process.

1	The recertification process is "user-friendly"	<input type="checkbox"/> T	<input type="checkbox"/> F
2	Recertification forms submitted to Prometric are processed in a timely manner	<input type="checkbox"/> T	<input type="checkbox"/> F
3	My CNAs receive their updated certificates/wallet cards in a timely manner	<input type="checkbox"/> T	<input type="checkbox"/> F
4	I verify changes with the CNA before submitting his/her recertification form	<input type="checkbox"/> T	<input type="checkbox"/> F
5	I ask the CNA if she/he has ever been convicted of a crime (felony or misdemeanor) in any state or country before marking the response to Question 8	<input type="checkbox"/> T	<input type="checkbox"/> F
6	Monthly recertification Applicant Reports from Prometric are accurate and are received in a timely manner	<input type="checkbox"/> T	<input type="checkbox"/> F

Customer Service

For questions 7-11, indicate which statements are true or false about service you have received from Prometric.

7	Prometric is helpful and cooperative	<input type="checkbox"/> T	<input type="checkbox"/> F
8	Prometric is responsive to my inquiries	<input type="checkbox"/> T	<input type="checkbox"/> F
9	The call center operators are knowledgeable and answer my questions satisfactorily	<input type="checkbox"/> T	<input type="checkbox"/> F
10	I can easily reach someone at Prometric when I need help	<input type="checkbox"/> T	<input type="checkbox"/> F
11	I waited less than two minutes for my call to be answered	<input type="checkbox"/> T	<input type="checkbox"/> F

CNA Registry Verification

Questions 12 – 20 are related to verifications of CNAs on the Registry. If your facility does verifications, but you are not personally responsible for this activity, please pass this survey on to the appropriate person.

12	I use the Interactive Voice Response (IVR) system for Registry Verifications	<input type="checkbox"/> T	<input type="checkbox"/> F
13	I use the Internet Web site for Registry Verifications	<input type="checkbox"/> T	<input type="checkbox"/> F
14	If you answered "True" to either method, how many individuals does your facility verify with the registry, on average, each month? <input type="checkbox"/> 0-5 <input type="checkbox"/> 5-20 <input type="checkbox"/> 20+		

For questions 15 – 21, indicate which statements are true or false about your use of the IVR and Internet. If you do not use one or both methods, skip these questions.

IVR QUESTIONS			
15	I am able to access the IVR successfully when I call for verifications	<input type="checkbox"/> T	<input type="checkbox"/> F
16	I have not experienced any difficulty completing verifications	<input type="checkbox"/> T	<input type="checkbox"/> F
17	I received the faxback verification reports within 24 hours of the verification	<input type="checkbox"/> T	<input type="checkbox"/> F
18	I am aware that the registry verifications can be made on the Internet	<input type="checkbox"/> T	<input type="checkbox"/> F
INTERNET QUESTIONS			
19	The registry Web site is helpful and easy to use	<input type="checkbox"/> T	<input type="checkbox"/> F
20	I have not experienced difficulty accessing the registry Web site	<input type="checkbox"/> T	<input type="checkbox"/> F
21	I have not experienced difficulty printing verifications for my files	<input type="checkbox"/> T	<input type="checkbox"/> F

Date Survey Completed: _____



In-Facility Testing Survey New York State Nursing Home Nurse Aide Competency Examination

It is our goal to provide a quality testing program and your feedback is important to us. Please take a few minutes to complete this survey and return it by faxing to 800.813.6670 or mailing to Prometric, ATTN: NY Nurse Aide Survey, 1260 Energy Lane, St. Paul, MN 55108. Thank you.

Testing Site

For questions 1-9, indicate which statements are true or false about your testing site.

1	The Certification Handbook and Program Manual are helpful and easy to use	<input type="checkbox"/> T	<input type="checkbox"/> F
2	I received a testing date within my requested time frame	<input type="checkbox"/> T	<input type="checkbox"/> F
3	I received written confirmation at least 48 hours before the requested test date	<input type="checkbox"/> T	<input type="checkbox"/> F
4	The Nurse Aide Evaluator (NAE) arrived at my facility at least 30 minutes before testing was scheduled to begin	<input type="checkbox"/> T	<input type="checkbox"/> F
5	My candidates were treated professionally and fairly by the NAE	<input type="checkbox"/> T	<input type="checkbox"/> F
If any candidates took the clinical skills test, answer questions 6 and 7, otherwise skip to question 8			
6	I received no feedback from the NAE on the skills my candidates were tested on	<input type="checkbox"/> T	<input type="checkbox"/> F
7	My candidates did not receive preliminary scores	<input type="checkbox"/> T	<input type="checkbox"/> F
If any candidates took the written or oral test, answer questions 8 and 9, otherwise skip to question 10.			
8	My candidates were given adequate instructions in using the answer sheet to record their answers	<input type="checkbox"/> T	<input type="checkbox"/> F
9	The oral test was helpful to students who requested it	<input type="checkbox"/> T	<input type="checkbox"/> F

Customer Service

For questions 10-15, indicate which statements are true or false about the services provided by Prometric when contacted regarding nurse aide competency testing.

10	Prometric is helpful and cooperative	<input type="checkbox"/> T	<input type="checkbox"/> F
11	Prometric is responsive to my inquiries	<input type="checkbox"/> T	<input type="checkbox"/> F
12	The call center operators are knowledgeable and answer my questions satisfactorily	<input type="checkbox"/> T	<input type="checkbox"/> F
13	I can easily reach someone at Prometric when I need help	<input type="checkbox"/> T	<input type="checkbox"/> F
14	I waited less than two minutes for my call to be answered	<input type="checkbox"/> T	<input type="checkbox"/> F
15	I received ordered materials (e.g. Handbook and application forms) in a timely manner	<input type="checkbox"/> T	<input type="checkbox"/> F

Please use the bottom of this page to share other feedback about our services.

Date Survey Completed: _____

PROMETRIC
1260 Energy Lane
St. Paul, MN 55108

**FIRST
CLASS
MAIL**