

Candidate Information Bulletin State of Connecticut

CERTIFIED NURSE AIDE EXAMINATION

PROMETRIC



NEW!

Interactive Practice Exams Now Available Online

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The Connecticut Department of Public Health (DPH) has contracted with Prometric Inc. (Prometric) to develop and administer its Nurse Aide Competency Exam and to manage the Certified Nurse Aide (CNA) Registry.

This handbook describes the steps to becoming a Connecticut nurse aide listed on the CNA Registry.



To become a certified nurse aide in Connecticut

- Complete the Connecticut Nurse Aide Registry Application—Page 17. The application is also available online at www.prometric.com/NurseAide/CT.
- Take your tests at your scheduled test location. Be sure to bring the necessary identification with you to the test center—Page 5.
- If you pass both the Clinical Skills and the Written examinations, you will be mailed your CNA certificate and will be added to the Connecticut CNA Registry—Page 8.



To get answers not provided in this bulletin

Direct all questions and requests for information about the exam process to:

Prometric

7941 Corporate Drive
Nottingham, MD 21236
Phone: 866.499.7485

www.prometric.com/NurseAide/CT

Direct certification regulations questions to:

Connecticut Department of Public Health

410 Capitol Avenue MS 12MQA
P.O. Box 340308
Hartford, CT 06134-0308
Phone: 860.509.7596

www.ct.gov/dph

Eligibility Route Options

Please review the eligibility routes, be sure to select (mark) that option on the Connecticut Nurse Aide Registry Application.



Important If you meet the requirements of Routes **1, 2, 3,** or **4,** you are required to take the Connecticut Nurse Aide Competency Exam.

Route 1—New Nurse Aide Candidate

Select this route if you have successfully completed a Connecticut state-approved nurse aide training program within the past 24 months.

Route 2—Nurse or Student Nurse

Select this route if you have successfully completed a course, or courses, of no less than 100 hours of theory and clinical instruction in an approved **practical nursing or registered nursing program** within the past 24 months

Route 3—Out-of-State Nurse Aide

Select this route if you have successfully completed a state-approved nurse aide training program in another state in the past 24 months that consisted of a minimum of 100 hours and have not successfully completed that state's examination.

Route 4—Lapsed Nurse Aide

Select this certification route if you were a certified nurse aide in Connecticut but your certification has lapsed and you are not eligible for renewal. You must take and pass both tests to be active on the registry.



Important If you meet the requirements of Routes **5** or **7,** you are not required to take the exam. To be placed directly on the Registry, complete the Connecticut Nurse Aide Registry Application and send it to Prometric.

Route 5—Completed Nurse Aide Training and State Exam within the last 24 months

Select this route if you completed a nurse aide training program consisting of a minimum of 100 hours within the past 24 months. The training program must be governed by the Board of Regents for Higher Education and approved by the Department of Public Health. **Reminder.** In Part D of the application, you will need to provide your training program information (code and completion date not needed) and secure your instructor's signature.

Route 7—Reciprocity

Select this route if you are currently active and in good standing on a Registry in another state.

Scheduling your Tests

The Connecticut Nurse Aide Exam consists of a **Clinical Skills Test and a Written (Knowledge) Test**. You are not required to pass one test before taking the other. First-time testers must register for both tests.

Please follow the steps below:

- Determine your eligibility route.
- Complete the Connecticut Nurse Aide Registry Application (Page 17).
- Mail the completed form, any required documentation, and the exam fee to Prometric.
- You will be scheduled for the next available testing date.



Note Complete all forms clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned.

Name Change

Always use your name as it appears on your identification. If your identification and Social Security card have been changed to match a new legal name, you must submit a copy of the legal name change documents to Prometric, along with the Name/Address Change/Duplicate Certification Form located online at www.prometric.com/NurseAide/CT. If you want a new certificate showing the changed name, there is a \$15 fee.

In-facility Test Sites

If you are taking your exam In-facility, please give your application to your school. A representative from the nursing home or training program where you are taking your exam will schedule your exam appointment and notify you of the scheduled time and date. If you send your application form to Prometric, you will be scheduled at a regional test site.

Regional Test Sites

If you are taking your exam at a regional test site, send your application form and fees to Prometric. Be sure to enter the city where you would like to take your test on the application form. The listing of the most current regional test site locations is posted online at www.prometric.com/NurseAide/CT.

Admission Letter

After Prometric reviews your application materials and approves your eligibility to take the exam, Prometric will email you an Admission Letter. The letter has the time, date and location of your exam.

Prometric will send your admission letter to the email address on the testing application. If the scheduled exam date will not work for you, contact Prometric immediately to have your exam rescheduled. More information about rescheduling can be found on Page 4.

Fee Information

Fees must be included with the Connecticut Nurse Aide Registry Application.

Applications received without proper payment will be returned. You may pay the exam fees:

- By using a valid VISA, American Express or MasterCard credit card. Credit cards will be verified before registrations are processed.

- With a money order or certified check made payable to Prometric. Your name must be written on the money order/certified check. **Personal checks and cash are not accepted.**



Important Testing fees are **nonrefundable and nontransferable**. Fees will only be returned to candidates who are determined to be ineligible to test.

Exam and related fees are as follows:

| Test | Fee |
|---------------------------------------|-------|
| Clinical Skills Test and Written Test | \$118 |
| Clinical Skills Test and Oral Test | \$128 |
| Clinical Skills Test (retakes only) | \$73 |
| Written Test (retakes only) | \$45 |
| Oral Test (retakes only) | \$55 |
| Reciprocity (Route 7) | \$55 |
| Routes 5 | \$55 |
| Rescheduling Fee* | \$25 |
| Appeals/Handscore | \$25 |
| Duplicate Certificates | \$15 |

**This fee is required to reschedule a testing appointment. Payment of this fee must be made before the candidate can reschedule. This fee is the sole responsibility of the candidate and will not be paid by the state.*

Special Test Considerations

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

Candidates should submit professional documentation of the disability with their application to help us determine the necessary testing arrangements. Thirty days’ advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

English as a Second Language (ESL) accommodation. The Connecticut Nurse Aide Competency Exam is offered only in English. Translators are not permitted and translation dictionaries may not be used during the exam administration. Information about taking the exam in an oral format is available on Page 5.

Rescheduling and Retesting

Rescheduling fees are the sole responsibility of the candidate and will not be paid by the state. In-facility rescheduling must be handled by your site.


Regional rescheduling fees are as follows:

- **\$25** to reschedule **up to five full working days** before your test.
- **A full exam fee** if you reschedule **less than five full working days** before your test, or if you are denied admission into a test site for not providing valid ID on the day of your test.

If absent or late. If you miss your test or are late and are not allowed to test, you will lose your fees and must pay a new fee to test. If you miss your test due to illness or emergency, call Prometric. The rescheduling fee may be waived with proof of your illness or emergency.

Emergency closing. Severe weather or an emergency could require cancellation of scheduled tests. If this occurs, Prometric will attempt to contact you by phone. You may also call 866.499.7485 to see if a site is closed. If the site is closed, your tests will be rescheduled without a rescheduling fee.

Retesting. You must take and pass both the Clinical Skills Test and Written Test within a two-year eligibility period. A testing fee and application are required each time you take a test. You are only required to retake the test you failed.



Note If you do not pass your exam within 24 months of completing your nurse aide training program, you will need to retrain before you can test again.

Taking your Exam

You should arrive at the test site at least **30 minutes before** your scheduled exam appointment. This allows time for you to sign in and for staff to verify your identification.


What to bring to the exam

Admission letter. While you are not required to present the letter sent to you by Prometric, it is recommended that you do so.

Identification required. You must present **two** valid pieces of identification before you may test and one piece **must**:

- Be a current (not expired) government-issued (e.g., driver's license, passport, state-issued identification card or military identification card);
- Contain **both** a current photo and your signature (this must be legible); and
- Have a name that **exactly** matches the name on your ID and Admission Letter.

Examples of acceptable second forms of identification include credit cards and Social Security cards. All forms of identification must have been signed before the day of testing. **The second form of identification must have your signature on it.**



Important If you do not provide correct identification at the time of the exam, it is considered a missed appointment. You will be required to pay the entire exam fee in order to be scheduled for another test date.

What to wear. If you are taking the Clinical Skills Test, you are required to wear flat, nonskid, closed-toed shoes. It is suggested that scrubs be worn on the day of testing. You should also have a watch with a secondhand.

Written Test overview

You do not need computer experience to take the written test. You will use a computer mouse to select answers. The Written test consists of 60 multiple-choice questions. You will have 90 minutes to take the test. The content outline shown on Page 12 is the basis for the Written test.

Oral Test

The Written Test may be taken in an oral form. During an oral test, you will hear the questions read to you while reading and answering questions on the computer. You may replay questions as many times as needed. If you would like to take the oral test, you should select this option on the application form. This request **cannot** be made on the day of testing.

Practice Exam

A Nurse Aide Practice Exam is available online at www.prometric.com/nurseaide. The practice exam is created in the same format and uses the same question types as the actual certification exam. The practice exam will also help you become familiar with the computer-based testing process.

During the practice exam, you will get immediate feedback to correct and incorrect responses, rational statements, reference listings, as well as overall feedback at the end of the session. If you like, you may print out the final practice exam results to help you with further test preparation.

The Nurse Aide Practice Exam contains 50 questions. The fee for each practice exam is \$10 and is payable online using a credit or debit card at the time you purchase the practice exam.

The Clinical Skills Readiness Test allows you to prepare for your skills exam by testing your knowledge of the skills you will need to perform on the day of testing. There are 6 tests available with 3-4 skills in each. The fee for each Clinical Skill Readiness test is \$5 to \$7 with a super pack of all skills available for \$25. The fee is payable online using a credit or debit card at the time you purchase the practice exam.

Sample Test

A Nurse Aide Certification Sample Test is located on Page 17 of this bulletin. The sample test is intended to help you become familiar with the exam format. How well you do on this sample test does not predict your results on your actual test.

Clinical Skills Test overview

The Clinical Skills Test is a timed test. The skills that you will be asked to perform are assigned by computer at the time you are scheduled for testing. For your test, you will be scored on five skills. While performing three assigned skills, you will also be scored on two additional skills — Handwashing and Indirect Care. Indirect Care is care related to resident rights and preferences, communication with the resident, resident safety, comfort and needs, and infection control.

The amount of time you will have to take your test is based on the skills you are asked to perform. The times for this test vary since some skills take longer to perform than other skills. When you are given the instructions for the skills on your test, you will be told how much time you have for your test. You will be reminded how much time you have just before you begin your test. The time allowed for the Clinical Skills test ranges from 31 minutes to 40 minutes based on the skills you are asked to perform.

To pass the Clinical Skills Test, you must pass all five skills. To pass a skill, you are not required to perform the skill perfectly, but you are required to demonstrate competency of the skill. Each skill has a list of checkpoints. The Nurse Aide Evaluator (NAE) will watch you perform the skill and compare your performance to the checkpoints for the skill. A Clinical Skills Checklist is available online at www.prometric.com/NurseAide/CT.

The rules for the Clinical Skills Test allow you to make corrections while performing a skill. You must tell the NAE that you are making a correction during the skill and you must actually perform the correction. Once you have completed a skill, you may not go back to correct a previous skill. There are times when a safety issue

will be addressed by the NAE. If a safety issue has occurred, you will not be able to make a correction.

The NAE who administers the Clinical Skills Test is not permitted to teach, coach, or discuss your results or performance with you.

While you are waiting to take the Clinical Skills test, you will be given a copy of the **General Instructions for the Nurse Aide Clinical Skills Test** to read. These instructions describe the basic rules for the test and other candidate considerations. A copy of this document, along with samples of the forms you will use to document measurements during your test, are available for review at www.prometric.com/NurseAide/CT.

Resident Actor

You will be asked to volunteer to act as the resident for another candidate testing on the same day. Specific instructions explaining this will be read before the test begins. The chart below lists the skills that may be performed on you when playing the role of the resident.

| Skills to be performed | |
|--|---|
| Assisting you to walk | Measuring your pulse |
| Brushing your teeth | Moving you from the bed into a wheelchair |
| Changing bed linens while you are in bed | Moving your arm or leg through simple exercises |
| Cleaning and shaping your nails | Placing you on a bedpan (clothes on) |
| Feeding you a small snack | Turning you on your side in bed |
| Measuring your breathing | Washing and applying lotion to one foot |

When you are playing the role of the resident, you must be able to participate in the skills identified above. If you are unable to participate in any of the skills, speak with the NAE administering the test when you check in at the test site.

Stopping the Testing of a Skill

During the Clinical Skills Test, the NAE can stop the testing of a skill if the resident actor/volunteer is in danger.

Test Site Regulations

The following regulations will be observed at each test site. If you do not follow these rules, it will result in the disqualification of your exam. Prometric reserves the right to audiotape and videotape any examination session.

References

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

Personal items

- Prometric is not responsible for personal items brought to the test center. It is recommended that personal items not be brought into the test site. Note the following:
 - Electronic equipment is **not** permitted in the testing area. This includes **cell phones**, PDAs, pagers, cameras, tape recorders, etc. All of these items will be collected by the Nurse Aide Evaluator (NAE).
 - Other personal items—purses, briefcases, etc.—are not permitted in the testing area. **Note:** It is recommended that purses not be brought to the test center. Access to purses will not be allowed during testing.

- Restroom Breaks**
- If you leave the testing room during a test, you must sign out/in on the roster and you will lose exam time.
 - You will not have access to any personal items during this break.
 - You are not allowed to use any electronic devices or phones during breaks.

- Visitors**
- No guests, visitors, children or family members are allowed at the test center.

- Misconduct or disruptive behavior**
- If you engage in any disruptive or offensive behaviors, you will be dismissed from the exam. If dismissed, your test results will be invalid. Examples are: giving or receiving help, **cell phones ringing in the test center**, resident actors talking, prompting or moving when not directed to do so, taking part in an act of impersonation, removing test materials or notes from the testing room, using rude or offensive language and behavior that delays or interrupts testing.

- Weapons**
- Weapons are not allowed at the test center.



Important Every time you enter the test room, you will be asked to turn your pockets inside out to confirm that you have no prohibited items. The test center administrator will collect any materials that violate the rules.

Copyrighted questions. All test questions are the property of Prometric Inc. and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

If questions arise. Test site employees are not allowed to answer any questions about the exam content. If you do not understand a question on the test, you should answer the question to the best of your ability.

Your Exam Results

If you pass both parts of the exam, your Connecticut Nurse Aide Certificate will be mailed to you and your name will be added to the Connecticut CNA Registry. People who are successful typically are listed on the registry within 48 hours. You can access the registry by going to www.prometric.com/NurseAide/CT and clicking the registry link towards the bottom of the page. Your certificate will be mailed within 15 business days from the date you tested. Scores are confidential and will be given only to you and the state. **Scores are not given over the phone.**

Written (and Oral) Test

Since your test is given on computer, you will get a score report when the test is done. The score report will list either pass or fail. **Test site employees cannot discuss your results with you.**

Clinical Skills Test

Your score report will be given to you at the test site shortly after the completion of your test. You must pass all five skills to pass the Clinical Skills Test. **The nurse giving the test is not allowed to discuss your results with you.**


You may also go online to see your official results. Follow these steps:

Clinical Skills Exam Results

The email address utilized on the application will allow you to access your score report electronically.

If your application was submitted under your Site Contact's email address, please contact the Site Contact to assist with providing your score report. Instruction on how to access score reports are outlined below:

1 Logon to <https://tcnet.prometric.com/ctcna>.

2 Select Forgot Password? 

3 Ensure the "Reset Password via E-Mail" is selected. Enter your Prometric ID as your username (this number is on your ATT letter). If you do not have your letter, you can contact customer service to get it.

4 Continue following the onscreen instruction for resetting password via email. Note: If your application is registered under your Site Contact's email, please contact the Site Contact to assist with accessing your score report.

5 Once your password reset is complete, logon to <https://tcnet.prometric.com/ctcna>.

6 In the Main Menu, click on the link that says Review Scores.

7 Click on the date of the exam results listed in the history box to obtain your Clinical Skills exam score report.


8 To see which checkpoints you missed on your exam, click on the link in the score report that says Item Feedback.

Written (Oral) Exam Results

The email address utilized on the application will allow you to access your score report electronically.

If your application was submitted under your Site Contact's email address, please contact the Site Contact to assist with providing your score report. Instruction on how to access score reports are outlined below:

1 Logon to <https://tcnet.prometric.com/ctcna>.

2 Select Forgot Password? 

3 Ensure the "Reset Password via E-Mail" is selected. Enter your Prometric ID as your username (this number is on your ATT letter). If you do not have your letter, you can contact customer service to get it.

4 Continue following the onscreen instruction for resetting password via email. Note: If your application is registered under your Site Contact's email, please contact the Site Contact to assist with accessing your score report.

5 Once your password reset is complete, logon to <https://tcnet.prometric.com/ctcna>.

6 In the Main Menu, click on the link that says Review Scores.

7 Click on the date of the exam results listed in the history box to obtain your Written exam score report.

Unsuccessful candidates

If you fail a test, you will be given an official score report at the test site on the day of testing. If you do not pass an exam, information about retaking the exam will be on the score report.

Appeals Process

Our goal is to provide a quality exam and a pleasant testing experience for every candidate. If you are dissatisfied with either and believe we can correct the problem, we would like to hear from you. We provide an opportunity for general comments at the end of your exam. Your comments will be reviewed by our personnel, but you will not receive a direct response.

If you are requesting a response about exam content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal in writing. Your appeal letter must provide your name and Prometric ID, the exam title, the date you tested and the details of your concern, including all relevant facts. Letters must be received within 60 days of the exam date. Be sure to include your signature and return address.

Please mail your appeal letter to:

Prometric
ATTN: Appeals Committee
7941 Corporate Drive
Nottingham, MD 21236

The Appeals Committee will review your concern and send you a written response with acknowledgement of receipt within 10 business days.



Important Faxed appeals will not be accepted because an original signature is required.

Renewal/ Recertification

To be eligible for renewal, you must have worked for pay as a CNA for at least eight hours during the last 24 months. Renewal periods are for two years from the last day you worked as a CNA.

If you are eligible for renewal, your employer should fill out one of the Employment Verification forms. There is a link to the forms at www.prometric.com/NurseAide/CT under the Certificate Renewal Forms heading. The forms are also online at www.prometric.com/NurseAide/CT under the Registry Services heading and in this handbook beginning on page 14.

If your record in the Connecticut CNA Registry is flagged for resident abuse or neglect, misappropriation of resident property or Medicaid fraud, your certification will not be renewed.

You will not receive another certificate at time of renewal. Your original testing certificate is your official certificate.



Note You can verify the status of a certified nurse aide online at <https://registry.prometric.com/registry/publicCT>.

Name or Address Change

It is your responsibility to update the registry with any address change or any change in name. If your name changes, you must send legal proof of your name change to Prometric. Forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree.

To make a change to the registry, complete the Name/Address Change/Duplicate Certificate Form located online at www.prometric.com/NurseAide/CT and mail the form, along with a copy of your legal documentation, to Prometric.

There is no charge for updating your name with the Connecticut CNA Registry. If you want a new certificate showing the changed name, there is a \$15 fee.

Reciprocity to another State

If you are active and in good standing on the CT CNA Registry and wish to apply to another state for reciprocity, you must contact the state you are moving to. Please note that the application will need to be sent to CT in order to obtain verification of certification.

Examination Content Outlines

The Competency Examination consists of two tests, a Written (Knowledge) Test and a performance-based Clinical Skills Test. You must pass both the Written and Clinical Skills tests within 24 months of completing your nurse aide training.

Written (Knowledge) Test Content Outline 60 questions—90 minute time limit

The following outline gives an overview of the content of the Written Test. The test will include questions on the subjects contained in this outline.

I. Role of the Nurse Aide - 18%

- A. Personal responsibility
 1. Reporting requirements
 2. Promotion of personal health and safety
 3. Promotion and protection of resident rights
 4. Time management and work prioritization
 5. Workplace standards, including ethical and unethical behaviors
 6. Nurse Aide Registry
- B. Nurse aide as a member of the health care team
 1. Job responsibilities of the nurse aide, including duties and limitations
 2. Interdisciplinary team member roles
 3. Teamwork principles (e.g., collaboration, cooperation, sharing information, customer service)
 4. The care planning process and implementation
 5. Nurse aide's responsibility to provide care according to the care plan
- C. Interpersonal relations/communication skills
 1. Communication principles
 2. Communication types
 3. Factors affecting communication
 4. Therapeutic communication techniques

II. Promotion of Safety - 18%

- A. Potential hazards in the healthcare environment
- B. Common injuries of residents (e.g., skin tears and shearing, falls, spills, burns, bruises)
- C. Risks related to common injuries
- D. Safety and comfort
 1. Comfort needs of the resident
 2. Accident prevention including fall prevention protocols
 3. Restraint techniques and alternatives
 4. Legal implications in the use of restraints
 5. Risk factors for elopement (resident leaving without staff knowledge)
- E. Safety devices (e.g., wanderguard, alarms)

- F. Infection prevention and control
 1. Maintaining a clean environment
 2. Factors that contribute to spread of disease-causing organisms
 3. Signs and symptoms of infections
 4. Practices that decrease the risk of exposure to disease-causing organisms
- G. Emergencies
 1. Emergency and disaster response protocols
 2. Immediate life-safety techniques
 3. Evacuation procedures
- H. Fire prevention and safety

III. Promotion of Function and Health of Residents - 24%

- A. Personal care skills
 1. Feeding
 2. Bathing
 3. Perineal care, including catheter
 4. Foot/nail care
 5. Mouth care
 6. Skin care
 7. Toileting
 8. Grooming
 9. Dressing/undressing
- B. Health maintenance/restoration
 1. Promoting circulation and skin integrity (e.g., specialized mattresses, chair cushions, positioning)
 2. Nutrition and hydration
 3. Sleep and rest needs
 4. Elimination (bowel and bladder)
 5. Mobility, including bed mobility
 6. Effects of immobility
 7. Care and use of assistive devices
- C. Age-related changes
 1. Cognitive (e.g., memory) changes
 2. Psychosocial (e.g., relationships) changes
 3. Physical changes
- D. Psychosocial needs of residents
 1. Fundamental human needs (e.g., Maslow's Hierarchy of Needs)
 2. Emotional support strategies
 3. Intervention strategies to assist residents in coping with losses and adjustments to nursing home placement (e.g., control, autonomy, privacy)

IV. Basic Nursing Care Provided by the Nurse Aide - 26%

- A. Routine, chronic, non-life threatening situations
 - 1. Observation and reporting of physical changes
 - 2. Observation and reporting of behavioral changes
- B. Acute emergency situations
 - 1. Chest pain
 - 2. Cardiac arrest
 - 3. Respiratory distress
 - 4. Difficulty swallowing
 - 5. Choking/aspirations
 - 6. Vomiting
 - 7. Seizures
 - 8. Changes in mobility, speech, or other potential signs of stroke
 - 9. Diabetic situations
 - 10. Sudden onset of confusion or agitation
 - 11. Changes in level of consciousness
 - 12. Falls
 - 13. Bleeding
 - 14. Burns

V. Providing Specialized Care for Residents with Changes in Health - 14 %

- A. Physical problems
 - 1. Common physical impairments and related care
 - 2. Providing for safety, care, and comfort of residents with physical impairments
 - 3. Impact of impairment on resident safety, care, and comfort
- B. Psychological problems
 - 1. Common psychological impairments and related care (e.g., confusion, anxiety, depression, delirium, phobias, addiction)
 - 2. Special considerations for the 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 (e.g., spiritual beliefs, culture, past experience)
 - 4. Physical changes and needs as death approaches
 - 5. Post-mortem care procedures

Clinical Skills

The following is a list of the clinical skills that you may be asked to perform during the Clinical Skills Test. A checklist for these skills may be found online at www.prometric.com/NurseAide/CT.

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

I. Clinical Skills List

- A. Ambulate the resident using a transfer/gait belt
- B. Assist resident needing to use a bedpan
- C. Change bed linen while the resident remains in bed
- D. Change resident's position to a supported side-lying position
- E. Dress a resident who has a weak arm
- F. Empty contents of resident's urinary drainage bag, and measure and record urine output on an Intake and Output (I&O) form
- G. Feed a resident who is sitting in a chair
- H. Measure and record a resident's radial pulse
- I. Measure and record a resident's respirations
- J. Provide catheter care to a female resident who has an indwelling urinary catheter
- K. Provide foot care to a resident who is sitting in a chair
- L. Provide mouth care to a resident who has a denture
- M. Provide mouth care to a resident who has teeth
- N. Provide perineal care to a female resident who is incontinent of urine
- O. Provide resident hand and nail care
- P. Provide resident a partial bed bath and back rub
- Q. Provide resident with passive range of motion (ROM) exercises to one elbow and wrist
- R. Provide resident with passive range of motion (ROM) exercises to one shoulder
- S. Provide resident with passive range of motion (ROM) exercises to one hip, knee and ankle
- T. Transfer the resident from the bed into a wheelchair using a pivot technique and a transfer/gait belt



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC
HEALTH

Connecticut Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment in Connecticut for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 * option #1.

To Be Completed By Nurse Aide:

Name: _____

Current Address: _____

Telephone Number: _____

E-mail Address: _____

Connecticut Nurse Aide Registration Number: _____

Social Security Number: _____

Are you certified in any other states as a nurse aide? _____ If you answered "Yes", please identify the other states in which you are certified.: _____

To Be Completed By Employer:

The Person identified above is/has been employed as a Certified Nurse Aide by the following facility or Agency: *(Please Print)*

Facility/Agency Name: _____

Address: _____

Employer Code (If Applicable) _____

Date of Hire: _____

Last Reported Date of Employment: _____
(If currently employed, use today's date.)

Termination Date: _____
(If Applicable)

Employer Representative *(Please Print)*

Telephone Number

Signature of Employer Representative

Date

Please note: this form must be completed in its entirety and mailed or faxed directly from the employer to:

CT Nurse Aide Registry Program
Department of Public Health
410 Capitol Avenue, MS #12MQA
P.O. Box 340308
Hartford, CT 06134-0308
Facsimile: (860) 707-1983



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Connecticut Nurse Aide Employment Verification Form Private Duty

This form is to be used for verifying nurse aide or nursing-related employment in Connecticut for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 * Press option #1.

To Be Completed By Nurse Aide:

Name: _____

Current Address: _____

Telephone Number: _____

Connecticut Nurse Aide Registration Number: _____

Social Security Number: _____

Are you certified in any other states as a nurse aide? _____ If you answered "Yes", please identify the other states in which you are certified: _____

To Be Completed By Employer:

Employer Name: _____

Address: _____

Date of Hire: _____ Last Reported Date of Employment: _____
(If currently employed, use today's date.)

Please provide a description of the specific nursing or nursing related activities performed (*attach an additional sheet if necessary*):

I certify that all of the information contained herein is true and accurate to the best of my knowledge and belief:

Signature of Employer Representative

Telephone Number

Employer Representative (*Please Print*)

Date

Please note: this form must be completed in its entirety and mailed or faxed directly from the employer to:

**CT Nurse Aide Registry Program
Department of Public Health
410 Capitol Avenue, MS #12MQA
P.O. Box 340308
Hartford, CT 06134-308
Facsimile: (860) 707-1983**



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Out of State Connecticut Nurse Aide Employment Verification Form

This form is to be used for verifying nurse aide or nursing-related employment outside of Connecticut for the purpose of maintaining current status on the Connecticut Nurse Aide Registry. Should you have any questions with the completion of this form, please call the Nurse Aide Registry staff at (860) 509-7603 * Press option #1.

To Be Completed By Nurse Aide:

Name: _____

Current Address: _____

Telephone Number: _____

Connecticut Nurse Aide Registration Number: _____

Social Security Number: _____

Are you certified in any other states as a nurse aide? _____ If you answered "Yes," please identify the other states in which you are certified: _____

To Be Completed By Employer:

Facility/Agency Name: _____

Address: _____

Date of Hire: _____ Last Reported Date of Employment: _____
(If currently employed, use today's date.)

Signature of Director of Nursing or Administrator

Telephone Number

Name of Director or Nursing or Administrator
(Please Print)

Date

Please note: this form must be completed in its entirety and mailed or faxed directly from the employer to:

**CT Nurse Aide Registry Program
Department of Public Health
410 Capitol Avenue, MS 12MQA
P.O. Box 340308
Hartford, CT 06134-308
Facsimile: (860) 707-1983**

Nurse Aide Certification Sample Test

Notice: This Sample Test is provided as a courtesy to individuals who are preparing to take a Prometric Nurse Aide Competency Examination. You are reminded that how well you do on these practice questions, does not predict results on your actual examination.

Directions: This test contains 50 questions. Each question has four suggested answers, (A),(B), (C) or (D). For each question, choose the ONE that best answers it.

1. A resident often carries a doll with her, treating it like her baby. One day she is wandering around crying that she can't find her baby. The nurse aide should
 - (A) ask the resident where she last had the doll.
 - (B) ask the activity department if they have any other dolls.
 - (C) offer comfort to the resident and help her look for her baby.
 - (D) let the other staff know the resident is very confused and should be watched closely.
2. A nurse aide is asked to change a urinary drainage bag attached to an indwelling urinary catheter. The nurse aide has never done this before. The best response by the nurse aide is to
 - (A) change the indwelling catheter at the same time.
 - (B) ask another nurse aide to change the urinary drainage bag.
 - (C) change the bag asking for help only if the nurse aide has problems.
 - (D) ask a nurse to watch the nurse aide change the bag since it is the first time.
3. Before feeding a resident, which of the following is the best reason to wash the resident's hands?
 - (A) The resident may still touch his/her mouth or food.
 - (B) It reduces the risk of spreading airborne diseases.
 - (C) It improves resident morale and appetite.
 - (D) The resident needs to keep meal routines.
4. Which of the following is a job task performed by the nurse aide?
 - (A) Participating in resident care planning conferences
 - (B) Taking a telephone order from a physician
 - (C) Giving medications to assigned residents
 - (D) Changing sterile wound dressings
5. Which of the following statements is true about range of motion (ROM) exercises?
 - (A) Done just once a day
 - (B) Help prevent strokes and paralysis
 - (C) Require at least ten repetitions of each exercise
 - (D) Are often performed during ADLs such as bathing or dressing
6. While the nurse aide tries to dress a resident who is confused, the resident keeps trying to grab a hairbrush. The nurse aide should
 - (A) put the hairbrush away and out of sight.
 - (B) give the resident the hairbrush to hold.
 - (C) try to dress the resident more quickly.
 - (D) restrain the resident's hand.
7. A resident who is lying in bed suddenly becomes short of breath. After calling for help, the nurse aide's next action should be to
 - (A) ask the resident to take deep breaths.
 - (B) take the resident's vital signs.
 - (C) raise the head of the bed.
 - (D) elevate the resident's feet.
8. A resident who has cancer is expected to die within the next couple of days. Nursing care for this resident should focus on
 - (A) helping the resident through the stages of grief.
 - (B) providing for the resident's comfort.
 - (C) keeping the resident's care routine, such as for bathing.
 - (D) giving the resident a lot of quiet time and privacy.

9. While giving a bedbath, the nurse aide hears the alarm from a nearby door suddenly go off. The nurse aide should
- (A) wait a few minutes to see if the alarm stops.
 - (B) report the alarm to the charge nurse immediately.
 - (C) make the resident being bathed safe and go check the door right away.
 - (D) stop the bedbath and go check on the location of all assigned residents.
10. Gloves should be worn for which of the following procedures?
- (A) Emptying a urinary drainage bag
 - (B) Brushing a resident's hair
 - (C) Ambulating a resident
 - (D) Feeding a resident
11. When walking a resident, a gait or transfer belt is often
- (A) worn around the nurse aide's waist for back support.
 - (B) used to keep the resident positioned properly in the wheelchair.
 - (C) used to help stand the resident, and then removed before walking.
 - (D) put around the resident's waist to provide a way to hold onto the resident.
12. Which of the following statements is true about residents who are restrained?
- (A) They are at greater risk for developing pressure sores.
 - (B) They are at lower risk of developing pneumonia.
 - (C) Their posture and alignment are improved.
 - (D) They are not at risk for falling.
13. A resident has diabetes. Which of the following is a common sign of a low blood sugar?
- (A) Fever
 - (B) Shakiness
 - (C) Thirst
 - (D) Vomiting
14. When providing foot care to a resident it is important for the nurse aide to
- (A) remove calluses and corns.
 - (B) check the feet for skin breakdown.
 - (C) keep the water cool to prevent burns.
 - (D) apply lotion, including between the toes.
15. When feeding a resident, frequent coughing can be a sign the resident is
- (A) choking.
 - (B) getting full.
 - (C) needs to drink more fluids.
 - (D) having difficulty swallowing.
16. When a person is admitted to the nursing home, the nurse aide should expect that the resident will
- (A) have problems related to incontinence.
 - (B) require a lot of assistance with personal care.
 - (C) experience a sense of loss related to the life change.
 - (D) adjust more quickly if admitted directly from the hospital.
17. A resident gets dressed and comes out of his room wearing shoes that are from two different pairs. The nurse aide should
- (A) tease the resident by complimenting the resident's sense of style.
 - (B) ask if the resident realizes that the shoes do not match.
 - (C) remind the resident that the nurse aide can dress the resident.
 - (D) ask if the resident lost some of his shoes.
18. A resident's wife recently died. The resident is now staying in his room all the time and eating very little. The best response by the nurse aide is to
- (A) remind the resident to be thankful for the years he shared with his wife.
 - (B) tell the resident that he needs to get out of his room at least once a day.
 - (C) understand the resident is grieving and give him chances to talk.
 - (D) avoid mentioning his wife when caring for him.
19. When a resident refuses a bedbath, the nurse aide should
- (A) offer the resident a bribe.
 - (B) wait awhile and then ask the resident again.
 - (C) remind the resident that people who smell don't have friends.
 - (D) tell the resident that nursing home policy requires daily bathing.

20. When a resident is combative and trying to hit the nurse aide, it is important for the nurse aide to
- (A) show the resident that the nurse aide is in control.
 - (B) call for help to make sure there are witnesses.
 - (C) explain that if the resident is not calm a restraint may be applied.
 - (D) step back to protect self from harm while speaking in a calm manner.
21. During lunch in the dining room, a resident begins yelling and throws a spoon at the nurse aide. The best response by the nurse aide is to
- (A) remain calm and ask what is upsetting the resident.
 - (B) begin removing all the other residents from the dining room.
 - (C) scold the resident and ask the resident to leave the dining room immediately.
 - (D) remove the resident's plate, fork, knife, and cup so there is nothing else to throw.
22. Which of the following questions asked to the resident is most likely to encourage conversation?
- (A) Are you feeling tired today?
 - (B) Do you want to wear this outfit?
 - (C) What are your favorite foods?
 - (D) Is this water warm enough?
23. When trying to communicate with a resident who speaks a different language than the nurse aide, the nurse aide should
- (A) use pictures and gestures.
 - (B) face the resident and speak softly when talking.
 - (C) repeat words often if the resident does not understand.
 - (D) assume when the resident nods his/her head that the message is understood.
24. While walking down the hall, a nurse aide looks into a resident's room and sees another nurse aide hitting a resident. The nurse aide is expected to
- (A) contact the state agency that inspects the nursing facility.
 - (B) enter the room immediately to provide for the resident's safety.
 - (C) wait to confront the nurse aide when he/she leaves the resident's room.
 - (D) check the resident for any signs of injury after the nurse aide leaves the room.
25. Before touching a resident who is crying to offer comfort, the nurse aide should consider
- (A) the resident's recent vital signs.
 - (B) the resident's cultural background.
 - (C) whether the resident has been sad recently.
 - (D) whether the resident has family that visits routinely.
26. When a resident is expressing anger, the nurse aide should
- (A) correct the resident's misperceptions.
 - (B) ask the resident to speak in a kinder tone.
 - (C) listen closely to the resident's concerns.
 - (D) remind the resident that everyone gets angry.
27. When giving a backrub, the nurse aide should
- (A) apply lotion to the back directly from the bottle.
 - (B) keep the resident covered as much as possible.
 - (C) leave extra lotion on the skin when completing the procedure.
 - (D) expect the resident to lie on his/her stomach.
28. A nurse aide finds a resident looking in the refrigerator at the nurses' station at 5 a.m. The resident, who is confused, explains he needs breakfast before he leaves for work. The best response by the nurse aide is to
- (A) help the resident back to his room and into bed.
 - (B) ask the resident about his job and if he is hungry.
 - (C) tell him that residents are not allowed in the nurses' station.
 - (D) remind him that he is retired from his job and in a nursing home.
29. Which of the following is true about caring for a resident who wears a hearing aid?
- (A) Apply hairspray after the hearing aid is in place.
 - (B) Remove the hearing aid before showering.
 - (C) Clean the earmold and battery case with water daily, drying completely.
 - (D) Replace batteries weekly.

30. Residents with Parkinson's disease often require assistance with walking because they
- (A) become confused and forget how to take steps without help.
 - (B) have poor attention skills and do not notice safety problems.
 - (C) have visual problems that require special glasses.
 - (D) have a shuffling walk and tremors.
31. A resident who is inactive is at risk of constipation. In addition to increased activity and exercise, which of the following actions helps to prevent constipation?
- (A) Adequate fluid intake
 - (B) Regular mealtimes
 - (C) High protein diet
 - (D) Low fiber diet
32. A resident has an indwelling urinary catheter. While making rounds, the nurse aide notices that there is no urine in the drainage bag. The nurse aide should first
- (A) ask the resident to try urinating.
 - (B) offer the resident fluid to drink.
 - (C) check for kinks in the tubing.
 - (D) obtain a new urinary drainage bag.
33. A resident who is incontinent of urine has an increased risk of developing
- (A) dementia.
 - (B) urinary tract infections.
 - (C) pressure sores.
 - (D) dehydration.
34. When cleansing the genital area during perineal care, the nurse aide should
- (A) cleanse the penis with a circular motion starting from the base and moving toward the tip.
 - (B) replace the foreskin when pushed back to cleanse an uncircumcised penis.
 - (C) cleanse the rectal area first, before cleansing the genital area.
 - (D) use the same area on the washcloth for each washing and rinsing stroke for a female resident.
35. Which of the following is considered a normal age-related change?
- (A) Dementia
 - (B) Contractures
 - (C) Bladder holding less urine
 - (D) Wheezing when breathing
36. A resident is on a bladder retraining program. The nurse aide can expect the resident to
- (A) have a fluid intake restriction to prevent sudden urges to urinate.
 - (B) wear an incontinent brief in case of an accident.
 - (C) have an indwelling urinary catheter.
 - (D) have a schedule for toileting.
37. A resident who has stress incontinence
- (A) will have an indwelling urinary catheter.
 - (B) should wear an incontinent brief at night.
 - (C) may leak urine when laughing or coughing.
 - (D) needs toileting every 1-2 hours throughout the day.
38. The doctor has told the resident that his cancer is growing and that he is dying. When the resident tells the nurse aide that there is a mistake, the nurse aide should
- (A) understand that denial is a normal reaction.
 - (B) remind the resident the doctor would not lie.
 - (C) suggest the resident ask for more tests.
 - (D) ask if the resident is afraid of dying.
39. A slipknot is used when securing a restraint so that
- (A) the restraint cannot be removed by the resident.
 - (B) the restraint can be removed quickly when needed.
 - (C) body alignment is maintained while wearing the restraint.
 - (D) it can be easily observed whether the restraint is applied correctly.
40. When using personal protective equipment (PPE) the nurse aide correctly follows Standard Precautions when wearing
- (A) double gloves when providing perineal care to a resident.
 - (B) a mask and gown while feeding a resident that coughs.
 - (C) gloves to remove a resident's bedpan.
 - (D) gloves while ambulating a resident.
41. To help prevent resident falls, the nurse aide should
- (A) always raise siderails when any resident is in his/her bed.
 - (B) leave residents' beds at the lowest level when care is complete.
 - (C) encourage residents to wear larger-sized, loose-fitting clothing.
 - (D) remind residents who use call lights that they need to wait patiently for staff.

42. As the nurse aide begins his/her assignment, which of the following should the nurse aide do first?
- (A) Collect linen supplies for the shift
 - (B) Check all the nurse aide’s assigned residents
 - (C) Assist a resident that has called for assistance to get off the toilet
 - (D) Start bathing a resident that has physical therapy in one hour
43. Which of the following would affect a nurse aide’s status on the state’s nurse aide registry and also cause the nurse aide to be ineligible to work in a nursing home?
- (A) Having been terminated from another facility for repeated tardiness
 - (B) Missing a mandatory infection control inservice training program
 - (C) Failing to show for work without calling to report the absence
 - (D) Having a finding for resident neglect
44. To help prevent the spread of germs between patients, nurse aides should
- (A) wear gloves when touching residents.
 - (B) hold supplies and linens away from their uniforms.
 - (C) wash hands for at least two minutes after each resident contact.
 - (D) warn residents that holding hands spreads germs.
45. When a sink has hand-control faucets, the nurse aide should use
- (A) a paper towel to turn the water on.
 - (B) a paper towel to turn the water off.
 - (C) an elbow, if possible, to turn the faucet controls on and off.
 - (D) bare hands to turn the faucet controls both on and off.
46. When moving a resident up in bed who is able to move with assistance, the nurse aide should
- (A) position self with knees straight and bent at waist.
 - (B) use a gait or transfer belt to assist with the repositioning.
 - (C) pull the resident up holding onto one side of the drawsheet at a time.
 - (D) bend the resident’s knees and ask the resident to push with his/her feet.
47. The resident’s weight is obtained routinely as a way to check the resident’s
- (A) growth and development.
 - (B) adjustment to the facility.
 - (C) nutrition and health.
 - (D) activity level.
48. Which of the following is a right that is included in the Resident’s Bill of Rights?
- (A) To have staff available that speak different languages on each shift
 - (B) To have payment plan options that are based on financial need
 - (C) To have religious services offered at the facility daily
 - (D) To make decisions and participate in own care
49. Which of the following, if observed as a sudden change in the resident, is considered a possible warning sign of a stroke?
- (A) Dementia
 - (B) Contractures
 - (C) Slurred speech
 - (D) Irregular heartbeat
50. Considering the resident’s activity, which of the following sets of vital signs should be reported to the charge nurse immediately?
- (A) Resting: 98.6°-98-32
 - (B) After eating: 97.0°-64-24
 - (C) After walking exercise: 98.2°-98-28
 - (D) While watching television: 98.8°-72-14

| Answer Key | | | |
|------------|--------|--------|--------|
| 1 - C | 14 - B | 27 - B | 39 - B |
| 2 - D | 15 - D | 28 - B | 40 - C |
| 3 - A | 16 - C | 29 - B | 41 - B |
| 4 - A | 17 - B | 30 - D | 42 - C |
| 5 - D | 18 - C | 31 - A | 43 - D |
| 6 - B | 19 - B | 32 - C | 44 - B |
| 7 - C | 20 - D | 33 - C | 45 - B |
| 8 - B | 21 - A | 34 - B | 46 - D |
| 9 - C | 22 - C | 35 - C | 47 - C |
| 10 - A | 23 - A | 36 - D | 48 - D |
| 11 - D | 24 - B | 37 - C | 49 - C |
| 12 - A | 25 - B | 38 - A | 50 - A |
| 13 - B | 26 - C | | |



Connecticut Certified Nursing Assistant Examination Application

Instructions

- Please go to www.prometric.com/NurseAide/CT to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms **will not** be processed.
- To apply online please go to: www.prometric.com/NurseAide/CT.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: CT Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236.**



The name you provide on this application **must** match **EXACTLY** the name on your government-issued identification you will provide on the day of testing. If the name does not match **EXACTLY**, you **will not** be permitted to take your exam and **will forfeit** any test fees.

If you have previously taken a nurse aide exam with Prometric and your legal name has changed since then, you **must** provide a **copy** of acceptable legal documentation along with this application. Acceptable documents include marriage certificate; divorce decree; birth certificate; and legal name change court documents. Prometric will be unable to process your application until the legal acceptable documents are received.

- **If applying for Testing Accommodations under the Americans with Disabilities Act (ADA):**
 - Please go to www.prometric.com/nurseaide to print the required ADA Accommodations Request Packet. This packet **MUST** be completed and submitted with this application.
 - Fill out the box below.

Note: Candidates applying to take the Oral (audio) Exam do not need to apply for ADA accommodations.

I am applying for **Americans with Disabilities Act (ADA) accommodations**. I am requesting testing accommodations and have included the **required ADA Accommodations Request Packet** along with this application. I understand I must request accommodations **30 days in advance of the test date** and not **all** accommodations can be approved.

Yes No

Candidate Information

All fields marked with * are required. Print one number/letter in each box where required.

| | |
|---|--|
| *Have you taken a Certified Nurse Aide exam with Prometric? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| *Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| *First Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Middle Initial <input type="text"/> |
| *Last Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| | | | |
|--|---------------|--------------------------------|--|
| *Date of Birth (Month/Day/Year) □ □ / □ □ / □ □ □ □ | | Previous name (if applicable): | |
| *Street Address (including Apt. number or P.O. Box, if applicable) | | | |
| *City | *State □ □ | *ZIP Code □ □ □ □ □ □ | |
| * Phone Number (including area code) □ □ □ - □ □ □ - □ □ □ □ | | | |
| *Email Address (application will not be processed without an email address) | | | |
| Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male | | | |

Certification Option/Eligibility

Please check a certification route.

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Certification Route |
| | Route 1 - New Nurse Aide |
| | Route 2 - Nurse or Student Nurse |
| | Route 3 - Out-of-State Nurse Aide |
| | Route 4 - Lapsed Nurse Aide |
| | Route 5 - Completed Nurse Aide Training and took state exam within the last 24 months |
| | Route 7 - Reciprocity |

Training Information

This section must be completed if the **Certification Route 1 or 5** is selected.

| | |
|---|--|
| *Training Completion Date: □ □ / □ □ / □ □ □ □ | *Training Program Code (if available – see completion certificate) |
| *Name of Training Program | |
| *Training Program Mailing Address (Street Address or P.O. Box) | |
| City | State □ □ ZIP Code □ □ □ □ □ □ |
| I certify that this applicant has successfully completed a state-approved nurse aide training program. | |
| Training Instructors Name: | Training Instructor Signature: |

Test Site Information

Please check one of the following Routes.

| | | |
|---|---|------------------|
| ✓ | Test Site | |
| | Testing at your Facility: My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator. Do not send to Prometric. | |
| | Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/CT.</i> | *Test site code: |

Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable**.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

| ✓ | First-Time Tester | Fee | Total |
|---|---|------------------|--------------|
| | Written Test and Clinical Skills Test | \$118 | \$ |
| | Oral Test and Clinical Skills Test | \$128 | \$ |
| ✓ | Re-tester | Fee | |
| | Clinical Skills Test ONLY | \$73 | \$ |
| | Written Test ONLY | \$45 | \$ |
| | Oral Test ONLY <i>(You may select this Route even if you previously took the Written test.)</i> | \$55 | \$ |
| ✓ | Other | Fee | |
| | Route 5 – trained and took state exam in last 24 months | \$55 | \$ |
| | Route 7 – Reciprocity | \$55 | \$ |
| | Rescheduling/No Show | \$20 | \$ |
| | | Total Fee | |

An additional rescheduling/no show fee of \$20 is required to reschedule an exam appointment with less than five business days' notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

Applicant's Affidavit and Candidate Release Statement

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if any information given is not true, my registration status as a nursing assistant may be at risk.
- I understand if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Connecticut Nursing Assistant Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the CDPH, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

***Candidate Signature (in box below)**

Date: _____

If you **DO NOT** receive your emailed ATT letter from Prometric within **10-14 business days** of receipt at Prometric, please contact Prometric.

Questions: For additional information, please visit our website at www.prometric.com/nurseaide.

Please make a copy of all completed forms for your personal records.



Payment Form

*Candidate Name: _____

*Date of Birth: _____



Note: You have the option of submitting your application and payment online using your credit card at www.prometric.com/en-us/clients/nurseaide.

Credit Card Type (Check One)

MasterCard Visa American Express

| | |
|----------------------------|------------------------------|
| Card Number | Expiration Date □ □ / □ □ |
| Amount \$ ____ . ____ | C/C Security Code □ □ □ □ |
| Name of Cardholder (Print) | |
| Signature of Cardholder | |

Certified Check or Money Order Payments

Certified Check 3rd Party/Facility Check Money Order

| |
|---|
| Certified Check/Money Order/3 rd Party/Facility Check Number (one number or letter in each box): |
| <div style="display: flex; justify-content: space-around;"> □□□□□□□□□□□□□□□□□□□□ </div> |

Please mail completed forms to:
Prometric
ATTN: CT Nurse Aide Program
7941 Corporate Drive
Nottingham, MD 21236