

# Candidate Information Bulletin State of Idaho

CERTIFIED NURSE AIDE EXAMINATION

PROMETRIC



**NEW!**

## Interactive Practice Exams Now Available Online

Visit [www.prometric.com/nurseaide](http://www.prometric.com/nurseaide)



The Idaho Department of Health and Welfare (the Department) has approved Prometric to administer its Certified Nurse Aide (CNA) Written (Knowledge) examination.

This bulletin is your guide to the process of taking an Idaho CNA Written (Knowledge) exam. The steps below summarize the process. For information about a step, go to the page listed.

### ***To take a CNA written exam***

- 1** Review this bulletin thoroughly to understand the examination process.
- 2** Prepare for your exam using the content outline in this bulletin. (See Page 10.)  
Confirm the exact date, time and location of your exam with the test site where you will take your exam.
- 4** Take the scheduled exam bringing the necessary identification with you to the test center. (See Page 5.)
- 5** If you pass, your CNA certificate will be mailed to you and your name will be added to the Idaho CNA Registry. (See Page 8.)

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

Direct all questions and requests for information about the examination to:

#### **Prometric**

7941 Corporate Drive  
Nottingham, MD 21236  
Phone: 888.843.2341  
Fax: 800.347.9242  
Web site: [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID)  
Email: [IDCNA@prometric.com](mailto:IDCNA@prometric.com)

Direct questions about certification to:

#### **Idaho Department of Health and Welfare**

Idaho Nurse Aide Registry  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720  
Phone: 800.748.2480 (8 a.m. to 5 p.m.)  
Web site: [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov)

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## Certification eligibility options



When you begin the online exam registration process, you will be asked to establish your eligibility to test. Please review the following eligibility route options to determine the one that best fits your situation.

**Important** Once you determine which eligibility route you should use, be sure to select that option during the online exam registration process. Be sure you have chosen the correct route **before** you arrive to take your exam.

### Route 1—New Nurse Aide

To be eligible to test under this route, you must:

- Have successfully completed a state-approved nurse aide training program; **and**
- Have successfully passed the Manual Skills evaluation within six months from when you successfully completed the training program. You will need to bring proof of completion of the manual skills exam with you on the day of testing.

Competency evaluation is expected to occur at the earliest available opportunity after you successfully complete your approved nurse aide training program. The written evaluation must be completed within 12 months of successful completion of the training program. You have three attempts to pass each exam.



**Note** If you are unsuccessful at completing either exam after three attempts, you will be required to repeat an approved nurse aide training program prior to any further testing attempts.

You may be eligible to take the competency evaluation in Idaho if you completed a training program in another state but did not complete that state's testing program and were not placed in that state's Registry.

To be eligible to test in Idaho if you trained in another state, you must:

- Provide evidence of successful completion of another state's training program. That evidence must show the training meets criteria specified in Idaho's OBRA.
- Complete the competency evaluation within Idaho's testing timeframes (skills test must be passed within six months of the completion of training, written test must be passed within one year of completion of training).

To be deemed eligible to test if you fall into one of the 2 categories listed above you must contact Idaho Department of Health and Welfare for information at [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov).

If you cannot provide confirmation of having completed a course that meets OBRA guidelines, or you do not complete the evaluation within the specified timeframe, you must enroll in and complete an Idaho-approved training program and competency evaluation to be placed on the Idaho Registry.

### Route 2—Reciprocity

Nursing assistants who provide evidence of current status on any other state's NA Registry will be given deemed status, that is, they will be entered onto Idaho's NA Registry without having to take an examination. Forms to apply for reciprocity are located at the back of this bulletin or by going to [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov).

**Route 3—Challenger**

The Department will grant permission for a nurse aide candidate to challenge the Idaho Nurse Aide Competency Examination when specific qualifications are met. These include, but are not limited to:

- Successful completion of one semester of an accredited nursing school program as evidenced by a transcript of required nursing courses (not pre-requisites).
- Successful completion of an approved Nurse Aide Training Program.
- Verification of expired status on another state’s nurse aide registry.

The following types of training **do not** meet qualification requirements to challenge the Idaho Nurse Aide Competency Testing:

- Military training (e.g. medic).
- Emergency medical technician (EMT).
- Medical assistant.

If you wish to challenge the Idaho Nurse Aide Competency Examination outside of the guidelines addressed above, you must submit your request to the Idaho Nurse Registry for a determination of testing eligibility. Also submit your evidence that you have met the OBRA requirements for training.

If you meet the qualifications to challenge the Idaho Nurse Aide Competency Examination, you will be given a letter granting permission to test. You should present this letter to the NATCEP for scheduling both the written and manual skills examinations. The NATCEP scheduling your testing must retain a copy of this letter in your file.

**Route 4—Waiver**

Individuals who provide documentation of licensure as a nurse or physician from another state or country may be added to the registry without completing a CNA training course or testing. However, if any evidence exists of negative action on that license, the individual’s application may be denied. To apply for waiver status, contact the Idaho department of Health and Welfare at [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov).

**Route 5—Lapsed**

Choose this route, if you have a “lapsed” status on the CNA registry. A lapsed status means you were a CNA who did not meet the requirement of “performing nursing-related duties for monetary compensation for at least one documented day for a period of 24 consecutive months.” If you wish to become an active CNA again, you will be able to test without completing a training program. However, you must pass both the Manual Skills and Written exam.

Once you pass the Manual Skills exam, you will need to complete the Idaho Nurse Aide Testing Application. The application is located on Page 20 of this bulletin and online at [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID).

Your exam will be scheduled at your training program or the program assigned to you by Idaho Department of Health and Welfare. It is your responsibility to set up a test date and time directly with the training program.

You should bring the completed application with you to the testing center where you will complete the registration process and take the Internet-based exam.

***Scheduling your tests***

Do not send this application to Prometric or the Idaho Department of Health and Welfare.

Please check with your testing site for their policies on rescheduling and for a retesting schedule.

**Fee information**

Payments are made using a valid VISA, American Express or MasterCard credit card directly into the Internet Based Testing system. Fees will be verified before registrations are processed. Delays may be encountered if credit cards cannot be verified. The request for approval of credit card payments will be processed once; if declined, another form of payment will be required.



**Important** Exam fees are **nonrefundable and nontransferable**. Fees will only be returned to candidates who are determined to be ineligible to test. Additional fees paid directly to the testing site will be required.

**Exams and related fees** are as follows:

Exam	Fee
Written Exam	\$29 + testing site fees
Oral Exam	\$29 + testing site fees

**Special test considerations**

**ADA accommodation.** Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the Americans with Disabilities Act (ADA) an opportunity to demonstrate their skills and knowledge. If you require testing accommodations under the ADA, this request must be submitted in writing and accompany your Idaho Nurse Aide Testing Application.

All requests for testing accommodations must describe the accommodations being requested and include documentation such as a physician’s or specialist’s note on official letterhead that supports the testing need. The request will be reviewed to determine if and how we can respond to the requested accommodation. You will be notified before testing is scheduled as to the outcome of your review. Fifteen days’ advance notice is required for all testing arrangements. There is no additional charge for these accommodations. The ADA Request Form is available online at [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID). Prometric will reply to the testing site with approval or disapproval of ADA accommodations.

**English as a Second Language (ESL) accommodation.** The Idaho Nurse Aide Testing Application 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 4.

***Rescheduling a test***

To reschedule a test at a regional test site, you must contact Prometric. If you are testing at an in-facility test site, the facility must reschedule for you. Rescheduling fees are the sole responsibility of the candidate and will not be paid by the state.

Rescheduling fees are as follows:

- **No fee** if you reschedule up to five full working days before your test.
- **A full exam fee** if you reschedule on the fourth business day or less prior to your appointment date.

**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 800.818.8917 to see if a site is closed. If the site is closed, your tests will be rescheduled without a rescheduling fee.

**Retaking an exam.** You must pass the written exam within one year from when you successfully completed the training program. You have three attempts to pass the exam. If you are unsuccessful in passing the exam within three attempts, you will be required to attend an approved nurse aide training program prior to any further testing attempts. The Department may issue a variance to this policy upon recommendation from the NATCEP director.

## ***Taking your exam***

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

- A list of what to bring to the test site.
- An overview of the Written exam process.
- Regulations that will be enforced at the test center.
- A guide to understanding your examination results.
- Information about appeals.

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

## **What to bring to the exam**

### **Required identification**

You must present a valid form of identification before you can test.

That identification document **must**:

- Be government-issued (e.g., driver's license, passport, state-issued identification card or military identification card).
- Contain a current photo.

You must also provide:

- Your Social Security card; or
- A letter from the Social Security Administration that includes your name and Social Security number.

Your Social Security number is entered during registration for the exam and it is imperative that the Social Security number be entered accurately. Your results are reported to the state agency that oversees the Nurse Aide Registry. The agency requires that your results include your Social Security number, which is used as a primary identifier in the state registry database.

If you do not have a Social Security number at the time of testing, you will be allowed to test. However, you will not be placed on the registry until a SS# or ITIN# has been provided. Employment may not be secured without proper documentation at the time of hire.



**Important** Failure to provide appropriate identification at the time of the test is considered a missed appointment.

Testing personnel have the right to refuse admission to any candidate who fails to provide the required identification or, when the identification presented:

- Appears to have been falsified or tampered with.
- Has a photo that does not appear to resemble the candidate testing. (Please make sure your identification has a recent photograph.)

### **If late for your appointment**

If you miss your appointment or arrive late for your test appointment, you may be denied entrance into the test. You will need to arrange an opportunity to reschedule your exam with the testing site/NATCEP.

The Written exam is administered by computer at the test site. You do not need computer experience to take the written test. You will use a computer mouse to select answers. A Nurse Aide Demo Test is available at [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID) to practice using the computer functions.

You will also receive a tutorial before the test begins to familiarize you with taking your test on a computer. This review features:

- Moving the mouse and using the mouse to select answers.
- Marking a question for review.
- Reviewing questions.
- Viewing a summary list of questions showing answered and unanswered questions.
- Submitting a test for scoring.

The Written (Knowledge) exam consists of 60 multiple-choice questions that test your overall knowledge of information required as a nurse aide caring for nursing home residents. You will have 90 minutes to complete the exam. The content outline for the Written exam is located on Page 10.

### **Oral Exam**

The Written (Knowledge) exam may also be taken in an oral format. 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.

The oral administration may be helpful for candidates who have a reading disability, limited reading skills or those who consider English their second language. Candidates who would like to take the oral test **must** select this option on the application form.

### **Practice Exam**

A Nurse Aide Practice Exam is available online at [www.prometric.com/NurseAide/NApracticeexam.htm](http://www.prometric.com/NurseAide/NApracticeexam.htm). 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 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.

## **Written test overview**

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.

### Sample Test

A Nurse Aide Certification Sample Test is located on Page 12 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.

## 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 Nursing assistant 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.
- No guests, visitors, children or family members are allowed at the test center.

### Visitors

### 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

Since your exam is given on computer, you will receive a printed score report immediately after finishing your exam. The score report will list an overall result, either pass or fail.

To pass the Written or Oral exam, you must get an overall number of questions correct. It is not necessary to pass each content area. This makes it possible to have a fail in several of the content areas on the exam and still have an overall result of pass.

Prometric will send information on the candidate's successful completion of the Nurse Aide Competency Examination to the state's Nurse Aide Registry within two business days of the candidate passing the exam.



**Note** Exam results are confidential and are not given out to unauthorized individuals or over the phone.

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## Appeals process

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

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

## Idaho Nurse Aide Registry

Certified Nurse Aide (CNAs) are regulated through the Idaho Department of Health and Welfare. They are regulated by the Omnibus Budget Reconciliation Act (OBRA) of 1987.

The names of candidates who successfully pass both the Written and Manual Skills exams will be added to the Idaho Registry as a CNA. The Registry is available to CNAs and the public for verification of certification at [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov) and [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID).



**Address and/or name change**

It is the responsibility of every nurse aide to update the Registry with any address change or any change in name. Directions on how to update your information are available online at [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov).

**Removal from the Registry**

In the case of a validated finding of **neglect only** during an investigation of allegation(s) of resident neglect, abuse, and/or misappropriation of resident property, the nurse aide may petition the Registry to have his or her name removed from the registry.

The nurse aide is only eligible for removal of his/her name from the Registry if the CNA abuse committee has determined the following:

- The employment and personal history of the nurse aide does not reflect a pattern of abusive behavior or neglect.
- The neglect involved in the original finding was a singular occurrence.

Federal law requires that a determination on a petition for removal from the Registry cannot be made prior to the expiration of the one-year period beginning on the date on which the validated neglect was added to the Registry as a result of an investigation. For information about this process, go to [www.CNARegistry.dhw.idaho.gov](http://www.CNARegistry.dhw.idaho.gov).

**Recertification**

A Nurse Aide Certification is valid for 24 months (two years). You must apply for recertification every two years. To be eligible to recertify, you must have worked for pay as a nurse aide for at least one documented day in the previous 24 months.

A renewal reminder will be mailed to you approximately 45 days prior to the expiration of your certification. This reminder letter outlines two options for your renewal. You must provide all information/signatures requested for the renewal application to be processed.

Upon receipt of a completed form and verification of the information provided, recertification will be given for another two-year period beginning from the date of the expiration of the previous certification time period.

If you do not renew your certification within the requested timeframe, your recertification may be for less than two years.



**Important** If you have not worked for pay for a minimum of one, 8-hour day during the previous 24 consecutive months, your certificate will not be renewed. If you want to become certified again, you must retake both the Manual Skills Evaluation and Written Examination.

If a nurse aide with a substantiated complaint of abuse, neglect, or misappropriation of resident's property applies for renewal of their certification, such certification may be processed. The new Idaho Nurse Aide Registry card for such a nurse aide shall be noted with the following: Prohibited to Work in a Medicare/Medicaid Facility under 42 CFR 483.156.

Employers that wish to complete the renewal process online may go to [www.prometric.com/NurseAide/ID](http://www.prometric.com/NurseAide/ID) and apply for approval to the registry system by filling out the Employer Renewal Form.

## Examination Content Outlines

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

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

The following outline gives an overview of the content of 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/AR](http://www.prometric.com/NurseAide/AR).

**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. Nursing assistants 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

# 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		



Return Signed and Completed Form To:  
IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF MEDICAID - BUREAU OF FACILITY STANDARDS  
IDAHO NURSE AIDE REGISTRY  
PO BOX 83720  
3232 W ELDER STREET  
BOISE ID 83720-0036

Print Form

**Nurse Aide Certification Renewal Form**  
(Please Type or Print Clearly)

Name

Address

City  State  Zip Code

Social Security Number:  Date of Birth:

Phone Number  Certification Expiration Date:

*Do not submit this form more than 45 days before the Certification Expiration Date.*

**Are you currently employed by:**

- Nursing Home     Home Health Agency  
 Hospital         Personal Care Services (PCS)  
 Not currently employed in Nursing\*

\* If you marked "Not currently employed in Nursing", indicate in the space below the date you last worked as a CNA.

\*Month/Day/Year

**You must sign below to authorize your employer to release employment verification information to the Nurse Aide Registry.**

Date

Signed By \_\_\_\_\_

**Verification of CNA, HHA, or PCS Employment:**

Have your **CURRENT** or **MOST RECENT** nurse aide employer complete the section below. If you are a PCS Provider, your CLIENT is your employer and should provide the following information:

Employer:  Phone Number

Street Address

City  State  Zip Code

Employed FROM (mm/dd/yy)  TO: (mm/dd/yy)

Date:

Signed By \_\_\_\_\_

Telephone (208) 334-6620    Toll Free (800) 748-2480    Fax: (208) 334-6629

IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF MEDICAID - BUREAU OF FACILITY STANDARDS  
IDAHO NURSE AIDE PROGRAM

Print Form

3232 Elder Street  
PO Box 83720  
Boise, ID 83720-0036

Phone: 800-748-2480  
Fax: 208-334-6629

STATE TRANSFER OF CURRENT NURSING ASSISTANT CERTIFICATION

Please enter data or print clearly using blue or black ink

Please complete the top half of this form and send it to the Idaho Nurse Aide Program.

Name of Applicant:   
*Last First Middle Maiden*

Mailing Address:   
*Street Address City State Zip Code*

Contact Number  Contact Number   
*Home Work*  
 Unlisted Telephone Number?

Email

Identification Information: SSN  Date of Birth

Transferring from what State?  Certification Number:

I authorize the release of my registry status and all information requested below to the Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Facility Standards.

Date

Signature of Applicant: \_\_\_\_\_

Stop here! Do not write below this line. Mail this form to the Idaho Nurse Aide Program at the address above.

The bottom of this form to be completed by Idaho Nurse Aide program representative.

CNA Certification Number: \_\_\_\_\_  Yes  No

Status Current? Date of Expiration

Disciplinary Status:  None  Probation  Restricted  Warning  
 Suspension  Denied  Censure  Revocation

Abuse: Are there any substantiated findings of abuse?  Yes  No

Signature/Title \_\_\_\_\_ Date Verified: \_\_\_\_\_

State Verified for \_\_\_\_\_

Spoke with \_\_\_\_\_  On-line  Automated Telephone

**PLEASE Note:** If you are seeking certification in Idaho via reciprocity from **MONTANA or IOWA** you must submit proof that you have completed an accredited CNA training course, along with this form.

**IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF MEDICAID - BUREAU OF FACILITY STANDARDS  
IDAHO NURSE AIDE PROGRAM**  
3232 W Elder Street  
PO Box 83720  
Boise ID 83720-0036

Print Form

**Phone: 800-748-2480  
Fax: 208-334-6629**

**VERIFICATION OF CURRENT NURSING ASSISTANT CERTIFICATION  
MONTANA or IOWA -ONLY**

Please type or print clearly using blue or black ink  
Please complete the top of this form, sign, and sent to the Idaho Nurse Aide Program

**Applicant's Name**   
Last First Middle Maiden

**Mailing Address:**   
Street Address City State Zip Code

**Contact Phone Number - Home:**  **Contact Phone Number - Work:**   
 Unlisted Phone Number email

**Identification Information SSN**  **Date of Birth:**

**Transferring from which State:**  MONTANA  IOWA **Certification No.**

*I authorize the release of my registry status and all relevant information requested below to the Idaho Department of Health and Welfare, Division of Medicaid, Bureau of Facility Standards.*

**Date:**

**Signed By** \_\_\_\_\_

**Stop here! Do not write below this line. Mail this form to the Idaho Nurse Aide Program at the address above.**

**RECIPROCITY FROM MONTANA & IOWA**

**For Office Use Only**

**Other Names used by CNA:**

**CNA Obtained By:**  Deeming  Endorsement  Competency Exam

**CNA Training - Date Completed:**  **Competency Exam Date:**

**Met OBRA Standards:**  Yes  No **Certification Status Current:**  Yes  No

**Original Date of CNA Certification**

**Disciplinary Status:**  None  Probation  Restricted  Warning  
 Suspension  Denied  Censure  Revocation

**Abuse:** Are there any substantiated findings of abuse?  Yes  No

**Date Verified**

Signature/Title \_\_\_\_\_

(Spoke with \_\_\_\_\_ at \_\_\_\_\_ BON on \_\_\_\_\_, 2000 \_\_.)

## Idaho Nurse Aide Testing Application

(Please print clearly and neatly)

**Instructions:** You will be applying for your exam on a computer at the NATCEP where you will be testing. The fields below are similar to the fields you will see on the actual application. Completing the information below and having this form with you when you begin the application will help the process go smoother.

### Sign-in Information

<b>User Name</b>	
	(First letter of your first name as a capital letter + first 4 letters of your last name in lower case + year of birth. For Example: User Name for Lynn Smith born in 1963 is: Lsmit1963).
<b>Password</b>	
	(Same as your User Name + a "#" sign at the end. For example: Password for Lynn Smith is: Lsmit1963#).

### Name

<b>First Name</b>	
Middle Name/Initial	(optional field)
<b>Last Name</b>	

### Security Question and Answer

<b>Question</b>	Online, you will see a dropdown menu with four questions from which to choose. To make it easier to remember when you go back in, you may want to choose the question "What is your mother's maiden name?" and answer it with the initials of the NATCEP where you are taking your exam.
<b>Answer</b>	This is for your purposes only. Your answer to whichever question you choose, just needs to be something you will remember.

### Mailing Address

<b>Mailing Address</b>	
<b>Address 2</b>	
<b>City</b>	
<b>State/Province</b>	Enter ONLY the two-letter abbreviation for the state in which you live. For example: Idaho is ID; California is CA.
<b>Postal Code</b>	
<b>Country</b>	United States

### Contact Information

Email Address	(optional field)
<b>Home Phone #</b>	_____ - _____ - _____ (Dashes are required when entered online)

## Other Information

<b>Birth Date</b>	____/____/_____(Must be in MM/DD/YYYY format when entered online)
<b>SSN/ Government ID#</b>	_____(Nine digits are required when entered online)
<b>Prometric Testing ID</b>	When entering online, the system will automatically generate your Prometric Testing ID. BE SURE to write it down for future reference.
<b>Testing Route</b>	<input type="checkbox"/> Route 1 – New Nurse Aide <input type="checkbox"/> Route 2 – Reciprocity <input type="checkbox"/> Route 3 – Challenger (See Page 2 of the Candidate Information Bulletin to determine which testing route you should choose.)
<b>If you are testing under Route 1, you must answer the following questions about your training program.</b>	
<b>Nurse Aide Training Program Name</b>	
<b>Nurse Aide Training Program Code</b>	
<b>Training Program Completion Date</b>	
<b>Instructor Name</b>	

## Exam Selection

There may be additional test administration fees charged by the training program.

<input checked="" type="checkbox"/>	Exam Title	Fee	Total
	Written Exam	\$29	\$
	Oral Exam	\$39	\$

## Payment Details

If your facility is entering the payment information you will not need to fill out this section.

<b>First Name</b>	
<b>Last Name</b>	
<b>Home Phone #</b>	
<b>Email</b>	(If you do not have a home email address, use your school's email address.)
<b>Billing Address</b>	
<b>City</b>	
<b>State/Province</b>	
<b>Postal Code</b>	
<b>Country</b>	
<b>Card Type</b>	
<b>Card Number</b>	(Enter the number with NO spaces)
<b>Card Security Number</b>	(Located on the back of your credit card)
<b>Card Expires</b>	(MONTH/YEAR)

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

I certify that I am the applicant who is referred to in this application and that the statements herein are true. I understand that the results from my Written Examination will be released to my nursing home employer or training program. I understand that I must have taken and passed the Manual Skills exam in order to be eligible to take the Written exam. I also understand that if I cheat or engage in other prohibited behavior during my examination, I may be disqualified from continuing to take the examination or from receiving my examination results. I have read and understand the information in the Idaho Nurse Aide Candidate Information Bulletin.

Applicant's Signature	Date

PROMETRIC  
7941 Corporate Drive  
Nottingham, MD 21236  
800.818.8917

**FIRST  
CLASS  
MAIL**