

# Candidate Information Bulletin State of New Mexico

## CERTIFIED NURSE AIDE EXAMINATION

PROMETRIC



**NEW!**

### Interactive Practice Exams Now Available Online

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



The New Mexico Human Services Department (HSD) and the New Mexico Department of Health (DOH) have contracted with Prometric to develop and administer the New Mexico Nurse Aide Competency Examination and manage the Certified Nurse Aide (CNA) Registry.

Follow these main steps if you are interested in becoming a CNA in New Mexico.

#### To Become a CNA in New Mexico

- 1 Complete the New Mexico Nurse Aide Registry Application—Page 20.  
The application is also available online at [www.prometric.com/nurseaide/nm](http://www.prometric.com/nurseaide/nm).
- 2 Prepare for your exam, using the content outlines in this bulletin—Page 13.
- 3 Take your exams at your scheduled exam location. Be sure to bring the necessary identification with you to the test center—Page 6.
- 4 If you pass, your CNA certificate will be mailed to you and your name will be added to the New Mexico Certified Nurse Aide Registry.

#### 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: 866.391.1945

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

Direct questions about certification to:

##### New Mexico Department of Health Health Facility Licensing and Certification Bureau

2040 S. Pacheco Street, Room 413  
Santa Fe, NM 87505

Health Facilities & Licensing Bureau: 505.476.9025

Fax: 505.476.9048

E-mail: [CNA.Registry@state.nm.us](mailto:CNA.Registry@state.nm.us)

## **Eligibility Route Options**

Federal and state rules require that if you work in a Medicaid-approved nursing facility providing nurse aide care to residents, you must meet specific training and testing requirements to become certified. When applying for nurse aide certification, you must establish your eligibility.

New Mexico has nine different routes for eligibility. Please review the following eligibility routes to determine the one that best fits your situation.

### **Route 1—New Nurse Aide (New Mexico Trained)**

Select this route if you have successfully completed a New Mexico state-approved nurse aide training program that is at least 75 hours in duration within the past 24 months. **Reminder.** Your training program director must complete the “Work Verification” Section of the application (at the end of this bulletin) as proof of your training.



**Note** To be placed on the Registry, you must take and pass both parts of the Competency Examination within 24 months of completing your training. If you do not, you will be required to retrain.

### **Route 2—Military Trained**

Select this route if you have obtained nurse aide-related skills and training through military service within the past 24 months. The DOH must approve candidates applying for certification under Route 2. Call the DOH at 505.476.9025 for more information on the approval process. Once the DOH approves your eligibility to test, you will be sent an Approval Letter.

**Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.

### **Route 3—Graduate RN/LPN**

Select this route if you have successfully completed a New Mexico state-approved RN/LPN program, but have not yet been licensed. The DOH must approve candidates applying for certification under Route 3. Call the DOH at 505.476.9025 for more information on the approval process. Once the DOH approves your eligibility to test, you will be sent an Approval Letter.

**Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.

### **Route 4—Out-of-State Nurse Aide (Expired)**

Select this route if you have been a nurse aide listed on another state’s nurse aide registry but your certification has expired within the past 24 months. Your certification must also be in good standing without findings of resident abuse, neglect or misappropriation of resident property. The DOH must approve candidates applying for certification under Route 4. Call the DOH at 505.476.9025 for more information on the approval process. Once the DOH approves your eligibility to test, you will be sent an Approval Letter.

**Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.



**Note** Out-of-state nurse aides who have current certification in another state may apply to the New Mexico DOH, Division of Health Improvement, Health Facility Licensing and Certification Bureau (HFLC) for reciprocity to New Mexico. If approved, the nurse aide may be granted a New Mexico CNA Certificate without further training or testing. For more information, contact the HFLC at 505.476.9025.

### **Route 5—Out-of-State or Foreign-Trained Nurse/Nurse Aide (RN/LPN/NA)**

Select this route if you are an RN, LPN or NA trained in another state or country. You must have a valid nursing license from your former state/country and be in good standing on the applicable registry. The DOH must approve candidates applying for certification under Route 5. Call the DOH at 505.476.9025 for more information on the approval process. Once the DOH approves your eligibility to test, you will be sent an Approval Letter.

**Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.

### **Route 6—RN/LPN Student**

Select this route if you have successfully completed the required basic course work and clinicals in a New Mexico state-approved nursing program within the past 24 months. The DOH must approve candidates applying for certification under Route 6. Call the DOH at 505.476.9025 for more information on the approval process. Once the DOH approves your eligibility to test, you will be sent an Approval Letter. **Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.

### **Route 7—Expired New Mexico Certificate - Less than 24 Months Ago**

Select this route if you are on the New Mexico CNA Registry but your certificate has expired within the past 24 months. Training will not be required if your expiration date is within the past 24 months at the time you apply and you complete testing within six months of applying. **Reminder.** When you complete the application (at the end of this bulletin), you must provide your certificate number next to Route 7.

### **Route 8—Expired New Mexico Certificate - More than 24 Months Ago**

Select this route if you were on the New Mexico CNA Registry but your certificate expired more than 24 months ago. If you have been working in a nursing-related field during this time, you may apply to the DOH at 505.476.9025 to be considered for an Approval Letter to test without retraining. If approved by the DOH, you will be sent an Approval Letter.

**Reminder.** You must send your Approval Letter, along with your completed application (at the end of this bulletin) to Prometric. You must complete your testing within six months of the date on your Approval Letter.

### Route 9—Expired New Mexico Certificate - Retrained

Select this route if you have a New Mexico certificate that expired more than 24 months ago and you have not worked in a nursing-related field in the past 24 months. In order to become recertified through Route 9, you must successfully complete a New Mexico state-approved nurse aide training program, then take and pass the Competency Examination. **Reminder.** Your training program director must complete the “Work Verification” section of the application (at the end of this bulletin) as proof of your training. You must also provide your previous certificate number next to Route 9 in the application.



**Note** All Route 9 candidates have 24 months from the date they completed their training program to take and pass both parts of the Competency Examination.

## Scheduling Your Tests

The New Mexico Certified Nurse Aide (CNA) Competency Exam consists of two separate tests: The Clinical Skills test and the Written (Knowledge) test. You may take the two tests in any order. You are not required to pass one test before taking the other.

### Completing the Application Form

Before you can test, you must submit:

- 1 The New Mexico Nurse Aide Registry Application form on Page 20. Complete the form clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned.
- 2 The appropriate fee(s).
- 3 If your eligibility route requires you to get pre-approval from the DOH **before** submitting your application to Prometric, attach a copy of the DOH Approval Letter to your application.

### Name Change

If your name has changed, but you have not had the name change made on your identification card and/or Social Security card, you will need to apply for testing using your name as it appears on your identification. When your identification and Social Security card have been changed to match your new legal name, you may submit a copy of the legal documents to Prometric. The change will be made in our system at that time.

### Test Sites and Dates

Prometric gives the CNA competency exam in test sites throughout the state. Be sure to include your preferred test site on your application form. A list of current test sites is available online at

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

### Authorization to Test Letter

Upon receipt of your completed application, Prometric will review your eligibility. If you are eligible to take the competency exam, Prometric will email you an Authorization to Test Letter. This letter will include the date, location and time of your test. You **must** bring this letter and proper identification with you to the test site.

### Fee Information

The State of New Mexico will pay test fees for first time testing candidates who have been offered employment or are currently employed by a Medicaid certified nursing facility. Lapsed candidates or retesting candidates due to a failed attempt or a no show are responsible for their own testing fees. In order for the state to pay your test fees, an authorized facility representative must complete the "Work Verification" section of your application.

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

- Money orders or cashier's checks made payable to Prometric are accepted. **Personal checks and cash are not accepted.**
- To pay by credit card, **add your information to the application.**
- Fees must be included with the application. **Applications received without proper payment will be returned.**
- Your name and Social Security number must be written on the money order/ cashier's checks.

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

<input checked="" type="checkbox"/>	First-Time Tester	Fee	5% NM State Tax	Total Fee
	Clinical Skills and Written Test	\$102	\$5.10	\$107.10
	Clinical Skills and Oral Test (English)	\$102	\$5.10	\$107.10
	Clinical Skills and Oral Test (Spanish)	\$102	\$5.10	\$107.10
<input checked="" type="checkbox"/>	Re-tester*	Fee	5% NM State Tax	
	Clinical Skills Retest	\$65	\$3.25	\$68.25
	Written Retest	\$37	\$1.85	\$38.85
	Oral Retest (English)	\$37	\$1.85	\$38.85
	Oral Retest (Spanish)	\$37	\$1.85	\$38.85

*\*A fee is required to reschedule an appointment for candidates who provided less than five days notice to change a scheduled test appointment, or who did not show up or were late for a scheduled appointment. Payment of this fee must be made before the candidate will be rescheduled. This fee is the sole responsibility of the candidate and will not be paid by the state.*

**Refund Policy.** Test fees are nonrefundable and nontransferable. Fees will only be returned to candidates who are determined to be ineligible to test.

### Special Test Considerations

**ADA Accommodation.** If you need testing accommodations under the Americans with Disabilities Act (ADA), please fill out the ADA Request Packet located at [www.prometric.com/nurseaide/nm](http://www.prometric.com/nurseaide/nm) Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge.

**ESL Accommodation.** Translators are not permitted and translation dictionaries may not be used during the competency examination. However, the Written test is offered in an oral version in both English and Spanish.

Candidates for whom English is a Second Language should review the "Oral test" section on Page 7 to determine if this is an appropriate option for them.

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## **Rescheduling a Test**

To avoid a rescheduling fee, you must contact Prometric at least **five full business days** before the day of your scheduled appointment. Rescheduling fees are the sole responsibility of the candidate and will not be paid by the state.

If you do not allow at least five full business days to reschedule your appointment, you must pay a rescheduling fee equivalent to the original test fee before another test may be scheduled.

**If Absent or Late.** If you miss your appointment or arrive late and are not allowed to test, you must pay a rescheduling fee equivalent to the original test fee. Payment of this fee must be made before you will be rescheduled.

**Emergency Closing.** Severe weather or an emergency could require canceling scheduled tests. If this occurs, Prometric will attempt to contact you by phone. You may also call 866.391.1945 to see if a site is closed. If the site is closed, your tests will be rescheduled without a rescheduling fee.

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## **Taking Your Exam**

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

### **What to Bring to the Exam**

**Authorization to Test letter.** You must present the original letter sent to you by Prometric.

**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, 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 test. **The second form of identification must also have your signature on it.**

**ID that is cracked, torn or may have been tampered with will not be accepted and you may not be admitted to test.**



**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 exam.

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

### Written Test Overview

The Written test is administered using Prometric's user-friendly, Microsoft Windows®-based, computerized testing system. You do not need computer experience to use this system. You will use a computer mouse to select answers.

The Written test consists of 60 multiple-choice questions that evaluate your nurse aide knowledge and skills. You will have 90 minutes to take the test. The content outline on Page 13 is the basis for the Written test. The outline lists all topics covered in the test.

### Oral Test

The Written test can 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. A Reading Assessment that may help you decide if you should consider taking the oral test is available online at [www.prometric.com/nurseaide/nm](http://www.prometric.com/nurseaide/nm). If you would like to take the Oral test, you must select this option on the application form. This request **cannot** be made on the day of testing.

Besides the Knowledge portion of the test that is the same as taken by all nurse aide candidates, the Oral test has an additional section of exam questions on Reading Comprehension. The Reading Comprehension Test has approximately 15 questions. This test is used to find out if candidates have the reading skills a nurse aide who works in a nursing facility needs.

Candidates must pass both the Reading Comprehension section and the Knowledge test section in order to pass the Oral test. Candidates will be given a separate score for each section. Each time a candidate takes the Oral test, she/he will be required to take the Reading Comprehension section, even if it was passed in a previous attempt.

### Practice Exam

A Nurse Aide Practice Exam is available online at [www.prometric.com/nurseaide](http://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 as well as overall feedback at the end of the session. The practice exam will list rational statements and reference listings for further study.

The Written Nurse Aide Practice Exam contains 50 questions. The fee for each practice exam is \$10. A super pack of all 3 practice exams is available for \$25 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 15 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 residents' 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/nm](http://www.prometric.com/nurseaide/nm)

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 and have indicated to the NAE that you are done with the skill, you may not go back to correct a previous skill.

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/nm](http://www.prometric.com/nurseaide/nm).

### Resident Actor

Candidates are required to play the role of the resident for other candidates who are taking the Clinical Skills test. You may be asked to play the role of the resident for more than one candidate. The skills that may be performed on you when playing the role of the resident include:



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 is in danger.

## Test Site Regulations

The following regulations will be observed at each test site. If you do not follow these rules, it may 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.

### Breaks

- If you leave the testing room while a test is in progress, 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.

### Misconduct or Disruptive Behavior

If you engage in any disruptive or offensive behaviors, you will be dismissed from the examination. 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.

### Visitors

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

### 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.

**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.

**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.

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## ***Your Exam Results***

If you pass both parts of the examination, you will be mailed your New Mexico Nurse Aide Certificate within one week from the date you tested. Your name will be added to the New Mexico CNA Registry. Scores are confidential and will be revealed only to you and the state. **Scores are not given out over the phone.**

### **Written 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 Clinical Skills test is not allowed to discuss your results with you.**

### **Self Serve Results**

#### **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/nmcna>.
- 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/nmcna>.

**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/nmcna>.

**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/nmcna>.

**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 receive information about retaking the test. You are only required to retake the test you failed. You must take and pass both the Clinical Skills test and Written test within three attempts in a two-year eligibility period. A test fee is required each time you take a test.

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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 within 60 days of your test date. Your appeal letter must provide your name and Prometric ID number, the exam title, the date you tested and the details of your concern, including all relevant facts. Be sure to include your signature and return address. Mail your appeal letter to:

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

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

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### ***Recertification***

To be eligible to renew your certification, you must have worked for pay as a nurse aide for at least eight hours during your most recent 24-month certification period. You must have worked under the supervision of a licensed or registered nurse. If you qualify for recertification, your new certification period will be for two years from your last reported date of employment.

If you need to be recertified, you must complete the New Mexico Employment Verification Form Required for Nurse Aide Recertification found online at [www.prometric.com/nurseaide/nm](http://www.prometric.com/nurseaide/nm). Once you complete the form, you must send it to Prometric at the address shown on the form.

## Nurse Aide Written Test Content Outline

### 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
- 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
- H. Fire prevention and safety**

**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

- 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

**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/nm](http://www.prometric.com/nurseaide/nm).

**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

## 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		

# New Mexico Certified Nursing Assistant Examination Application

## Instructions

- Please go to **www.prometric.com/NurseAide/NM** 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.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: NM 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"/>	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) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous name (if applicable): <input type="text"/>

*Street Address (including Apt. number or P.O. Box, if applicable)		
*City	*State	*ZIP Code
	□ □	□ □ □ □ □
*County (first four letters only)	* Phone Number (including area code)	
	□ □ □ - □ □ □ - □ □ □ □	
*Email Address (application will not be processed without an email address)		
Gender (optional) (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male		
Education Level - Check <b>only one</b> box next to your highest education level completed. <input type="checkbox"/> 4th grade or less <input type="checkbox"/> Some High School, did not graduate <input type="checkbox"/> One or two years of college <input type="checkbox"/> Between 5th and 8th grades <input type="checkbox"/> High School diploma or GED <input type="checkbox"/> Two-year college degree		

### Certification Option/Eligibility

Please check a certification route.

✓	<b>Certification Route</b>
	<b>Option 1</b> – New Nursing Assistant (New Mexico Trained).
	<b>Option 2</b> – Military Trained
	<b>Option 3</b> – Graduate RN or LPN
	<b>Option 4</b> – Out-of-State Nurse Aide (Expired)
	<b>Option 5</b> – Out-of-State or Foreign Trained Nurse/Nurse Aide (RN/LPN/NA)
	<b>Option 6</b> – RN/LPN Student
	<b>Option 7</b> – Expired New Mexico Certificate NM Certificate # _____
	<b>Option 8</b> – Expired New Mexico Certificate beyond 24 months but nurse aide has been working in nursing-related field NM Certificate # _____
	<b>Option 9</b> – Expired New Mexico Certificate/Retrained. NM Certificate # _____

## Training Information

This section must be completed if the **Certification Route 1, 4, or 6** was selected.

*Training Completion Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Training Program Code T <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Name of Training Program		
*Training Program Mailing Address (Street Address or P.O. Box)		
City	State <input type="text"/> <input type="text"/>	ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone Number (including area code) ( <input type="text"/> )	Fax Number (including area code) ( <input type="text"/> )	
Program Director's or Instructor's Signature	Date	

## Work Verification

If you are currently employed or have been offered employment by a Medicaid certified nursing facility, this section must be filled out by an authorized facility representative in order to have the state pay your test fees. If this section is not completed, you must enclose a money order or cashier's check for the exam fees.

**Employer/Medicaid exam fees may be used for one attempt of an examination only each additional attempt will need to be self-pay. Lapsed candidates may not apply as State pay.**

Date of Hire: (MONTH/DAY/YEAR) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Medicaid Provider Code (please provide complete code)
Name of Facility	
Facility Address	
City	State <input type="text"/> <input type="text"/> ZIP Code
<b>I verify that this nurse aide is employed or has been offered conditional employment in this qualified nursing facility.</b>	
Authorized Facility Representative's Signature	Date

## Test Site Information

Please check one of the following options.

✓	<b>Test Site</b>	
	<b>Testing at your Facility:</b> 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. <b>Do not send to Prometric.</b>	
	<b>Regional Test Site:</b> 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 <a href="http://www.prometric.com/nurseaide/nm">www.prometric.com/nurseaide/nm</a>.</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**.

\*Check payment type:     Self Pay                       State Pay

**A Reading Comprehension Exam will be automatically scheduled if you choose to take an oral version of the exam.**

<input checked="" type="checkbox"/>	First-Time Tester	Fee	5% NM State Tax	Total Fee	Total
	Clinical Skills and Written Test	\$102	\$5.10	\$107.10	\$
	Clinical Skills and Oral Test (English)	\$102	\$5.10	\$107.10	\$
	Clinical Skills and Oral Test (Spanish)	\$102	\$5.10	\$107.10	\$
<input checked="" type="checkbox"/>	Re-tester <sup>1</sup>	Fee	5% NM State Tax		Total
	Clinical Skills Retest	\$65	\$3.25	\$68.25	\$
	Written Retest	\$37	\$1.85	\$38.85	\$
	Oral Retest (English)	\$37	\$1.85	\$38.85	\$
	Oral Retest (Spanish)	\$37	\$1.85	\$38.85	\$
		<b>Total Fee</b>			<b>\$</b>

<sup>1</sup> Retest fees are the candidate's responsibility and must be included with this application.

An additional rescheduling/no show fee may be 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 New Mexico 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, DOH, 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](http://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](http://www.prometric.com/en-us/clients/nurseaide).

Check payment type:  Self Pay  State Pay

**Please Note: Employer/Medicaid exam fees may be used for one attempt of an examination only each additional attempt will need to be self-pay. Lapsed candidates may not apply as State pay.**

**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  3<sup>rd</sup> Party/Facility Check  Money Order

Certified Check/Money Order/3 <sup>rd</sup> Party/Facility Check Number (one number or letter in each box):
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Please mail completed forms, all supporting documentation and fees/letters of Intent to Hire to:

**Prometric  
ATTN: NM Nurse Aide Program  
7941 Corporate Drive  
Nottingham, MD 21236**