

PROMETRIC



# New York

Department of Health

## Nursing Home Nurse Aide Certification Handbook & Training Program Manual

Published by Prometric

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

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# Introduction

## ***A Message from the NYSDOH***

In 1987, the federal government mandated training and competency testing of all individuals performing nurse aide duties on a full-time, part-time, per diem or any other basis in nursing facilities receiving Medicare and Medicaid funding.

The New York State Department of Health (NYSDOH) has contracted with Prometric to develop and administer the New York State (NYS) Nursing Home Nurse Aide Competency Examination and manage the NYS Nursing Home Nurse Aide Registry (NAR).

All individuals performing nurse aide duties in a nursing home on a full-time, part-time or contractual basis must meet minimum training and competency requirements in accordance with state and federal regulations and be listed in good standing on the NAR.

The majority of nurse aides on the registry become certified by successfully completing a NYS-approved nursing home nurse aide training program and passing the Competency Examination. The exam consists of two parts: 1) a Clinical Skills exam (practical portion); and 2) a Written (oral) exam.

This handbook/manual contains general program information and instructions regarding the procedures nurse aide candidates must complete to become certified as a nurse aide and be listed on the NAR. It also gives instructions for certified nurse aides who are currently listed on the NAR and need to complete recertification.

## ***At a Glance***



Follow these main steps if you are interested in becoming a certified nurse aide.

### ***To become a NYS Nurse Aide and Listed on the NAR***

- 1** Complete a NYS-approved training program.
- 2** Review this handbook thoroughly to understand exam application, registration process, and scheduling provisions.
- 3** Complete the New York State Nursing Home Nurse Aide Registry (NYS NAR) application form (see Page 44) and send it to Prometric at the address below.

The application form is also online at  
[www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY)

- 4** If required, take the scheduled exams, bringing the necessary identification to the exam center. (See Page 23.)

Once you pass both exams, you will receive your Nurse Aide Certificate and wallet card, and you will be listed on the NAR. (See Page 25.)

- 5** **If applicable**, complete the recertification or reciprocity process within the appropriate timeframe. (See Page 30.)



### ***To Get Answers Not Provided in this Handbook***

**Prometric**  
7941 Corporate Drive  
Nottingham, MD 21236

**[www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY)**  
**Online Registry Verifications: [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY)**

**Candidate Services: 800.805.9128**

**Recertification/Registry: 800.321.6443**

**Automated Registry: 800.918.8818**

## ***Criminal History Record Check***

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The NYSDOH requires that all nursing homes and home care agencies conduct fingerprint-based criminal history record checks (CHRC) for all new unlicensed individuals employed or used to provide direct care to or supervision of residents or clients. Nursing home certified nurse aides (CNAs) and facility-paid nurse aide trainees are required to submit to a CHRC by the nursing home.

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### ***Fingerprint Submission***

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

There is no charge to you for the cost of the fingerprinting or the fingerprinting check. The nursing home will have your fingerprints taken and submit the fingerprints and any applicable fees to the NYSDOH. The NYSDOH will submit your fingerprints for review by the DCJS and the FBI.

The NYSDOH will receive and review the results of the fingerprint search and provide a letter to you and your employer about your suitability for employment. You have the opportunity to review and explain the information on the criminal history record report and may withdraw your application for employment without prejudice prior to the nursing home's decision on employment and, upon such withdrawal, any criminal history records obtained pursuant to the CHRC will be destroyed.

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### ***Conviction Categories***

There are specific categories of convictions that will affect your ability to work in a nursing home or home care agency. These may be found in Department of Health Regulations Title 10, NYCRR Part 402. If you have been convicted of one of the following offenses, employment in a nursing home or home care agency providing resident care will be disapproved.

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

In addition to these specific categories, there are other criminal convictions or open charges that may affect your ability to work. For crimes that do not fall within the criteria above, the NYSDOH has the discretion to disapprove you for work.

In all cases, you will be notified by the NYSDOH if you are not considered suitable for employment and provided with an opportunity to submit evidence of your rehabilitation.

## Understanding Certification Routes

New York State (NYS) has seven routes for establishing your eligibility to take a certification exam to become a nurse aide. Read the route descriptions on the following pages. Select the route that best fits your situation.

For all routes, if you need to submit documentation that does not have the same name as your current legal name, you must also submit documentation of the name change.



**Important** Once you determine which certification route you should use, be sure to select (mark) that route on the application form on Page 44.

### **Certification Route 1 - New Nurse Aides**

Select this certification route if you have never been a nurse aide.

To complete route 1, you must:

- Complete a NYS-approved nursing home nurse aide training program within the last 24 months (your training program coordinator must complete Section 3 of the application form).
- Complete the application form found on Page 44. If you are currently employed by a NYS nursing home, your employer must complete Section 2 of the application form.
- Submit the completed application form and the required exam fee to your training program coordinator or employer. If you are employed in a nursing home, your employer **must pay** your exam fee. If you are not able to take your exam at your nursing home or training program, mail your application and fees to Prometric. You will be scheduled at a regional exam site.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of completing your training. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam.

### **Certification Route 2 - Reciprocity/CNA from Another State**

Select this certification route if you are a nurse aide listed in another state's Registry and would like to become certified in New York.

To complete route 2, you must:

- Complete and submit the application form found on Page 44.
- Provide a copy of your current out-of-state nurse aide certificate(s).
- If the name on your nurse aide certificate is different from your current name, submit proof of name change (i.e., marriage license).
- Pay the appropriate fees.

If the state in which you are currently certified does not provide expiration dates on its registry, you must provide proof of employment. This must be at least on facility letterhead from your employer. It must indicate that you have worked seven hours for pay in the past 24 months. The letter must state that you have performed nurse aide duties and must be signed by your supervisor.

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**Certification  
Route 3 -  
Graduate Nurses**

Select this certification route if you are a U.S.-trained graduate nurse. You will not be required to complete further training but you must take the exam. Submit your application materials to:

New York State Department of Health  
NATP/NAR Program  
Mailstop: CA/LTC  
Empire State Plaza  
Albany, NY 12237

The items that must be submitted in order to determine your eligibility to take an exam under route 3 include:

- A completed application form found on Page 44.
- A copy of your nursing program diploma.



**Important** If your nursing school does not have a nurse aide training program code, advise your school to contact the New York State Education Department.

To complete route 3, you must:

- Be approved by the NYSDOH to take an exam under route 3 and have received your application back from the NYSDOH.
- Submit the approved application form along with appropriate fees.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting your application. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within two years.

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**Certification  
Route 4 - RNs  
and LPNs  
Licensed in  
the U.S.**

Select this certification route if you are a currently active RN or LPN licensed in the United States. You will not be required to complete further training or take the exam.

To complete route 4, you must:

- Complete and submit the application form found on Page 44. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 2 of the application form.
- Provide a copy of your current RN/LPN license.

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**Certification  
Route 5 -  
Foreign-Trained  
Nurses**

Select this route if you are a foreign-trained nurse. Before you can take an exam under route 5, you must first receive approval from the NYSDOH. You must submit your application materials to:

New York State Department of Health  
NATP/NAR Program  
Mailstop: CA/LTC  
Empire State Plaza  
Albany, NY 12237

The items that must be submitted in order to determine your eligibility to take an exam under route 5 include:

- A completed application form found on Page 44. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 2 of the application form.
- A copy of your Social Security card.
- A copy of your nursing license.
- A copy of your nursing school diploma.
- Documentation of your nursing school coursework.
- A copy of your admission letter or score report if you have taken or will take the NYS RN or LPN examination.

To complete route 5, you must:

- Be approved by the NYSDOH to take an exam under route 5 and have received your application back from the NYSDOH.
- Submit the approved application form along with appropriate fees.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting your application. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within two years.

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### ***Certification Route 6 - Trained and Lapsed***

Select this certification route if your certification is currently lapsed and you successfully completed a NYS-approved nursing home nurse aide training program **on or after July 1, 1989**. Your certification is considered lapsed if you have not worked for pay as a NYS nurse aide in the last 24 months at a NYS nursing home or other approved facility.

To complete route 6, you must:

- Complete and submit the application form found on Page 44, along with the appropriate fees. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 2 of the application form.
- Provide your NYS certification number on your application form.
- Pass the Clinical Skills exam and the Written or Oral exam within two years of submitting your application. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within two years.

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### ***Certification Route 7 - Lapsed - Other***

Select this certification route if your nurse aide certification is currently lapsed and was obtained through **Deeming, Waiving, Reciprocity, or if you completed training before July 1, 1989**.

To complete route 7, you must:

- Complete retraining. Your training program coordinator must complete Section 3 of the application form found on Page 44.
- Complete and submit the application form found on Page 44, along with appropriate exam fees. If you are employed in NYS as a nurse aide in a nursing home, your employer must complete Section 2 of the application.
- Provide your NYS certification number on your application.



- Pass the Clinical Skills exam and the Written or Oral exam within two years of the new training completion date. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam within two years.

## Scheduling Exams

The New York State (NYS) Nursing Home Nurse Aide Competency Examination consists of two separate parts: the Clinical Skills exam and the Written/Oral exam. The Clinical Skills exam is a hands-on skills exam that requires you to demonstrate five skills performed in the care of nursing home residents; and the Written exam consists of 60 multiple-choice questions that evaluate your overall knowledge and skills in providing safe and competent care. If you are testing for the first time, you must register for both exams.



**Important** You must pass both exams within two years from the date you completed your Nurse Aide training program.

This section gives you information on:

- Completing your application.
- Exam locations.
- Fee information.
- Rescheduling procedures.
- Special exam considerations.

### Completing the Application Form

Before you can take an exam, you must submit the following to Prometric:

- 1 The New York State Nursing Home Nurse Aide Registry (NYS NAR) application form. This form can be found on Page 44 of this handbook, online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY) from your training program or from the nursing home where you are employed. You may also apply using the online application that can also be found on the website.
- 2 The appropriate fee(s). You are responsible for paying any fees unless a facility or other entity pays the fees on your behalf.



**Important** Complete all forms clearly and accurately. Incomplete, incorrect, illegible and/or unsigned applications will be returned, which will delay the scheduling of your examination.

### Exam Locations

There are two location options for taking your exam.

#### In-Facility Exams

In-facility means exams are taken at the same place where you received your training. The training may have taken place in a nursing home or training program facility. If you are taking your exam In-facility, a representative from the nursing home or training program will schedule your exam appointment and notify you of the scheduled time and date. You will receive an admission letter confirming your exam date. You do not need this letter to take your exam. If you are working at a nursing home, the facility is required to pay for your exam fees.

#### In-Facility Testing

Nursing homes and training programs that wish to have candidates take exams in their facilities must reach out to Prometric to complete a contract.

**Request for In-Facility Testing Form.** Once an In Facility Contract is on file with Prometric, the nursing home or training program may then request in-facility testing by submitting a Request for In-Facility Testing form. There must be a minimum of four candidates testing for a testing date to be approved.

After Prometric receives the form, a Nurse Aide Evaluator will be scheduled for one of the facility's requested exam dates and Prometric will fax the form back to the facility. The facility must then send the fees and completed applications of the candidates testing on the exam day to Prometric 10 business days prior to the requested testing date. Applications and fees will not be accepted on the testing day.

### **Regional Exam Sites**

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

- Any candidate who is not employed in a nursing home or who is not affiliated with a NYS-approved nurse aide training program;
- Any candidate who is employed in a nursing home that is not allowed to have in-facility testing;
- Any candidate who completed a training program within the last 24 months, but the program is now closed;
- Any candidate who completed a training program within the last 24 months, but has relocated and it would be a hardship to return to the training program for testing; or
- Any candidate who completed a training program that has been prohibited from providing in-facility testing by the NYSDOH.

If you cannot take your exam at a nursing home or training program location, you may take your exam at a regional exam site. If you are taking your exam at a regional exam site, send your application form and exam fees to Prometric. Be sure to enter the city where you would like to take your exam on the application form. Prometric will schedule your exam at the regional exam site you list on your application form.

**Admission Letter.** Once your application is processed, you will receive an admission letter. The letter has the time, date and location of your exam. Prometric will send your admission letter to your email address. If you are taking an exam at a regional exam site, you **must bring this letter with you** when you take your exam.

If the scheduled exam date will not work for you, contact Prometric immediately to have your exam rescheduled. You may reschedule up to five full business days before your scheduled exam date. Fees are forfeited for appointments cancelled or rescheduled within five business days of the exam date and you will be required to pay the exam fees again. Prometric will schedule you in the next available time slot, but cannot guarantee an exam within 20 business days if you choose to reschedule.

**Status Emails** You will receive a status email from Prometric when we receive your application and schedule you for your exam. These notices will also inform you if your application was incomplete.



**Important** You will be asked to play the role of the resident for another candidate taking the clinical skills exam.

New York State Nursing Home Nurse Aide Competency Examinations are administered at regional exam sites.

There is a current listing of regional test sites found on [www.prometric.com/nurseaide/ny](http://www.prometric.com/nurseaide/ny). Please use this list to select from to take your exam at a regional test site.



**Important** Regional exam center locations are subject to change.

For an up-to-date list of regional exam facilities go to [www.prometric.com/nurseaide/ny](http://www.prometric.com/nurseaide/ny) or call 800.805.9128.

## Fee Information

Nursing homes must cover all training and exam costs for their employees. If you **are not** working at a nursing home, you must pay your own exam fees.

If you become employed at a nursing home as a nurse aide or get an offer to work in a nursing home as a nurse aide within one year of the completion of your training or exam date, your fees will be repaid by NYS for part of the training and/or exam fee that you paid. You should give copies of the receipts for these fees to the nursing home when you are offered a job or on your first day of work. The nursing home will process the reimbursement paperwork on your behalf. Payment is made by the state to the nursing home that will reimburse you. The state will determine the amount you will be reimbursed.

If you are paying your own exam fees, you must send a money order or certified check, made payable to the **"New York State Commissioner of Health, NYNA."** Fees must be included with the application form. **Personal checks and cash are not accepted. Money orders that are older than 30 days will not be accepted as payment.**

**Exams and Related Fees** are as follows:

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



**Important** Your name **must** be on the money order or certified check. **Exam fees are nontransferable. Refunds can be approved under certain circumstances.**

## Rescheduling Your Exam

**At an In-Facility Exam Site.** Contact your facility **five full business days before the scheduled exam date** to reschedule your exam or your exam fees will be forfeited.

**At a Regional Exam Site.** Contact Prometric **at least five full business days before your scheduled appointment** to reschedule your exam **or** your exam fees will be forfeited.

**Last Day to Reschedule Without Penalty.**

Call by 5 p.m. EST on:	For an exam scheduled on the following:
Monday	Monday, Saturday or Sunday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

This schedule **does not** include holidays. Since holidays are not business days, they do not count against the five days (call earlier).

**If Absent or Late.** If you are late or miss your exam, your exam fees will be forfeited. You are allowed to take an exam scheduled later in the day without forfeiting your entire exam fee.

**Emergency Closing.** Severe weather or an emergency could require canceling scheduled exams. If this occurs, Prometric will try to contact you by phone. If the site is closed, your exams will be rescheduled without an additional cost. If **you** were involved in a **documented** emergency that prevented you from being at the exam, contact Prometric.

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## **Testing Accommodations**

**ADA Accommodation.** Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge. Prometric makes every effort to provide reasonable testing accommodations that enable all test takers to take examinations.

If you require testing accommodations under the Americans with Disabilities Act (ADA), please complete and submit a Testing Accommodation Request Form online at <https://www.prometric.com/en-us/for-test-takers/prepare-for-test-day/pages/arrange-testing-accommodations.aspx>, or contact Prometric at (888) 226-9406 to obtain an Accommodation Request Form.

Professional documentation of the disability must be submitted with the Accommodation Request Form to aid Prometric in determining the appropriate testing accommodations. Thirty days' advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

**ESL Accommodation.** All examinations are given in English. If English is not your primary language, you may qualify for additional time for the test by requesting an ESL Authorization from Prometric. To request an ESL authorization, please submit:

- A personal letter requesting the authorization; and
- A letter from the English instructor or sponsoring company (on company letterhead), certifying that English is not your primary language.

Please fax documents to **800.347.9242** and allow **three (3) days** for processing. If your request is approved, Prometric may extend the time limit on

your examination to time-and-one-half or 150% of the normal time limit. Prometric will inform you by mail whether your request for accommodation is approved. You should not schedule your exam until you have received the confirmation email. Exams scheduled before the ESL request has been approved will not include extra time.

## Overview of the Exams

This section contains:

- General information about the Clinical Skills exam.
- An overview of the Written exam.
- How to take an Oral exam.

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### **General Information About Clinical Skills Exam**

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

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

To pass the Clinical Skills exam, 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/ny](http://www.prometric.com/nurseaide/ny).

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

**Clinical Skills Checklist.** It may be helpful for candidates, training instructors and nursing home supervisors to review the Clinical Skills checklist available online at [www.prometric.com/nurseaide/ny](http://www.prometric.com/nurseaide/ny). The checklist is a resource guide for practicing skills, as well as for evaluating the candidate's performance of the skills in the classroom and clinical setting. The checklists are not procedures and should not be used to teach the skill.

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

**Orientation and Instruction Sheet.** Depending on space, the NAE will review the candidate's identification outside or inside the exam room, including having the candidate sign the exam site roster for signature verification. The NAE will give the general instructions to the candidate.

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

While you are waiting to take the Clinical Skills exam, 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 exam and other candidate considerations. A copy of this document, along with samples of the forms you will use to document measurements during your exam, are available for review at [www.prometric.com/nurseaide/ny](http://www.prometric.com/nurseaide/ny).

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

**Resident Actor.** Candidates should expect to play the role of the resident for other candidates who are taking the Clinical Skills exam. The person acting as the resident is playing the part of a resident who is not confused, is able to speak and follow directions, and is able to move when told to do so.

**Stopping the Testing of a Skill.** The Clinical Skills exam will be terminated by the NAE for two reasons:

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

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

### **Resident Actor**

You should expect to act as the resident for other candidates who are taking the Clinical Skills exam. The person acting as the resident is playing the part of a resident who is not confused, is able to speak and follow directions, and is able to move when told to do so. Specific instructions explaining this will be read before the exam begins. The chart below lists the skills that may be performed on you when playing the role of the resident.



Skills to be performed	
Assisting you to walk	Measuring your breathing
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 pulse	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.

### Procedures and Rules

When the NAE brings you and the resident actor into the exam room, you will both be read a set of instructions. You will also be given an overview of the exam room and you will have an opportunity to look around at the equipment and supplies. Next, you will be given a card listing the three skills you will perform for your exam. Each skill includes a set of instructions. You must perform the skills in the order listed on the instruction card. You are allowed to look at the instruction card at any time during your exam.

### Use of Gloves

Standard precautions require that you wear gloves for the following skills: bedpan, catheter care, measuring contents of urinary drainage bag, mouth care (brushing teeth and denture) and perineal care. You will not be marked incorrect for applying gloves when they are not required. However, you will be rated on the correct removal of the gloves.

### Stopping the Clinical Skills Exam

During the Clinical Skills exam, the NAE will stop the exam if the resident actor is in immediate danger. The exam may also be stopped if you fail to progress in the performance of the skill.

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## ***An Overview of the Written Exam***

The Written exam consists of 60 multiple-choice questions. You will have 90 minutes to complete the exam. The content outline for the Written (and Oral) exam is located on Page 33. The questions on the exam will cover the information listed in the content outline. Questions are in multiple-choice format with only one correct answer.

### Practice Exam

A Nurse Aide Practice Exam is available online at [www.prometric.com/nurseaide](http://www.prometric.com/nurseaide). The practice exam will list rational statements and reference listings for further study. 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.

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 37 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 exam.



### Hints for Taking the Written exam

The following hints may be useful to keep in mind when taking your exam:

- Read each question carefully and find the response that best answers the question; there are no “trick questions” on the exam.
- If you are not sure of an answer, do not spend a great deal of time on it. It may be better to select the best answer or mark it for review later.
- Answer every question; you will not receive credit for any question left blank.
- Be sure to completely fill the appropriate bubble on your answer sheet and completely erase any incorrect marks. Answers recorded in the exam book but not on the answer sheet will be counted as incorrect.
- Double-check your answer sheet(s) before turning it in to ensure that you have provided only one answer to each question. Questions with more than one answer marked will be considered incorrect.

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### *Taking the Written Exam in Oral Format*



The Written exam can be taken in an oral format. The oral format may be helpful if you have a reading disability, marginal reading skills or if you consider English your second language. The Reading Assessment on Page 42 may help you decide if you should consider taking the Oral exam. If you would like to take the Oral exam, you should select this option on the application form. This request **cannot** be made on the day of testing.

If you take the Oral exam, you will be given a CD player and a headset. You will hear the exam questions read to you from a prerecorded CD. You are allowed to replay any question.

The Oral exam has an additional Reading Comprehension section. The Reading Comprehension section of the Oral exam is given separately and consists of 16 questions. You will be allowed an additional 30 minutes to complete this section. You must pass the Reading Comprehension section in order to pass the

Oral exam. Each time you take the Oral exam, you will be required to take the Reading Comprehension section, even if it was passed in a previous attempt. The results of the Reading Comprehension section will be reported on the official score report as pass or fail.

If you fail the Reading Comprehension section of the Oral exam, you may want to ask your nursing home or training program about literacy programs offered in your community. These programs may help you improve your reading skills.

You have three opportunities to pass the Written and/or Oral exam. For example, if you take the Written exam and fail, and then decide to take the oral administration of the Written exam, you will have only two opportunities to pass the Oral exam since one attempt was already made with the Written exam.

## *Exam Administration Responsibilities*

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

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

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

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### ***Nurse Aide Evaluators' Role***

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

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

#### **The Nurse Aide Evaluator is responsible for:**

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



**Important** NAEs are not allowed to teach or coach candidates, nor can they provide feedback to the facility or training program about candidate performances.

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### ***Facility Responsibilities***

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

#### **The Nursing Home or Training Program is Responsible for:**

- Ensuring that each candidate has received a copy of the NYS Nursing Home Nurse Aide Certification Handbook and encouraging the candidate to read the handbook.

- Submitting a Request for In-Facility Testing form to Prometric a minimum of 10 business days in advance of the requested exam date with completed applications and exam fees. Prometric is required to offer the facility or training program an exam date that is within five business days of the exam date requested by the facility or training program.
- Setting up the designated exam space before the scheduled arrival of the NAE so exams can begin on time.
- Providing equipment in good working order and adequate inventories of supplies to accommodate all candidates who are taking an exam.
- Having a representative available to orient the NAE to the exam and candidate waiting areas, as well as other resources such as restrooms. If requested, the NAE should be escorted to her/his car at the conclusion of the exams.
- Establishing procedures to ensure that an appropriate candidate is available to play the role of the resident for each Clinical Skills exam. More information about the role of the resident actor can be found on Page 21.

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### ***Nurse Aide Candidate Reminders***

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

#### **Remind Candidates to Bring the Following Items With Them to the Exam:**

- Required identification (see below). It is recommended that nursing home employers and training programs check to make sure their candidates have the required identification prior to scheduling them for an exam.
- Admission Letter.
- A watch with a secondhand (required for the pulse and respiration skill)...

Since candidates taking the Clinical Skills exam will play the role of the resident for other candidates, they should be reminded to dress in pants, a shirt with sleeves, socks and flat, nonskid shoes with enclosed toes. It is recommended that the clothing be sized for ease of taking on and off. A sweat suit works well for this purpose and uniforms are acceptable as long as they consist of pants and a top. Resident actors should wear a bathing suit, leotard or gym shorts and tank top under their clothing so they can be easily redressed by the candidate.

**Required identification.** Candidates must present **two valid forms of identification** before they can take the exam. The name on both identifications must be the same as the name used to register for the exam. Photocopies of either identification **will not** be accepted. IDs that are torn, cracked or taped will not be accepted.

- 1** The first form of identification **must be** current (non-expired), contain **both** a current photo and the candidate's signature, and meet one of the following criteria:
  - Be government-issued (e.g., driver's license, alien registration card, military identification or passport); or

- Provide proof of current employment/enrollment from the facility in which the candidate is testing in the form of an official employment or school identification. This ID must have a picture and a signature.
- 2 The second form of identification **must be** a signature ID. This ID must match the name on the picture identification and the name the candidate used when registering for the exam. Examples of acceptable signature IDs include Social Security cards, library cards, gym cards, and credit cards. Personal identification will be held by the NAE while candidates are taking the exam. Candidates are responsible for reclaiming their identification documents before leaving the exam site.



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

## *Set Up for Clinical Skills Exam*

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This section provides information on:

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

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### ***General Preparation***

The candidate is entitled to privacy when taking an exam and access to the room designated for testing will be restricted during the exam administration. The facility should identify an area for candidates who are not yet testing to wait. A restroom within the facility, preferably within proximity of testing room, should be available to candidates.

The room where candidates take the Written (or Oral) Exam should be well lit and have adequate ventilation to provide for the reasonable comfort of the candidates. It should be a quiet environment conducive to the concentration required for test taking.

The Clinical Skills exam is administered in a setting prepared as a resident's room. The rooms used for the administration of the Clinical Skills exam must have a privacy curtain or privacy screen. The room should be well lit and of a size that allows the candidate and NAE to move freely around the bed.

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### ***Materials, Equipment and Supplies***

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

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

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### ***Role of the Resident Actor***

The exam is intended to simulate actual resident care. Candidates are required to play the role of the resident for other candidates who are taking the Clinical Skills Test. Nursing homes and training programs are expected to establish procedures to ensure that each candidate taking the Clinical Skills exam has an appropriate resident actor available.

Candidates will receive specific instructions explaining the resident actor's role before the exam begins. The candidate playing the role of the resident must:

- Speak and understand English.
- Have no physical, medical, mental, or other condition that would be affected in any way by his/her participation as a resident actor.
- Require no more than one person for transfer.

- Be willing to have skills performed on him/her, including brushing teeth, feeding and grooming.

A few of the skills will be performed on a mannequin, but the person playing the role of a resident should expect that some of the following skills may be performed on him/her.

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

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



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

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



## Taking the Exam

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

This section contains information about:

- What identification is required.
- What to bring to your exam.
- Exam site regulations.
- Your exam results.
- Appeals process.

### Required Identification

You must present **two valid pieces of identification** (ID) before you may take an exam. The name on both identifications must **exactly** match the name you used to register for the exam and that is on your Admission Letter. Photocopies of either identification will not be accepted.

- 1 The **first** piece of identification **must be** current (non-expired), contain **both** a current photo **and** your signature, and be:
  - A government-issued (e.g., driver's license, state-issued identification card, alien registration card, military identification or passport); **or**
  - An official employment ID (if it has your photo and signature) from the facility where you are working and where you will be taking your examination; **or**
  - An official school ID (if it has your photo and signature) from the school where you are currently enrolled and where you will be taking your examination.
- 2 The **second** piece of identification **must be a** signature ID. The name must match the name on your first piece of identification. Examples of acceptable signature IDs include:
  - Social Security card;
  - Credit card (with signature on back);
  - Library card (with signature on back); **or**
  - Gym card (with signature on back).

Your identification will be held by the NAE while you are taking the Written or Oral exam and will not be returned to you until your examination booklet (with CD for Oral exam) and answer sheet have been returned.



**Important** If you do not provide correct identification at the time of the exam, you **will not** be allowed to take the exam. You will be required to pay the entire exam fee again in order to be scheduled for another exam date.

Exam personnel have the right to refuse admission to any candidate when the identification presented:

- Appears to have been falsified or tampered with.
- Has a signature on the primary form of ID that is not clear and easily read.

- Has a photo that does not appear to resemble the candidate (please make sure your identification has a recent photograph).
- Has a signature that does not match the candidate's.

### **What to Bring to Your Exam**

Besides the identification noted above, you should bring the following items with you to the exam site:

- Admission Letter (if you are taking your exam at a regional exam site).
- Flat, nonskid, closed-toed shoes for the Clinical Skills exam.
- A watch with a second hand (required for the pulse and respiration skill).



**Important** The Competency exam may take several hours to complete. It is recommended that you bring lunch and beverages (nonalcoholic). While eating and drinking are not allowed during the exam, you will be directed to areas where you are allowed to eat while waiting for the exam. Do not depend on vending machines being available at the exam facility.

### **Exam Site Regulations**

The following regulations will be observed at each exam site. If you do not follow these regulations, 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, study materials, dictionaries, notes, textbooks, translators or calculators are allowed in the exam area. If you are found with these or any other aids, you will not be allowed to continue the exam and your answers will not be scored. Your exam fees will be forfeited.

**Personal Items.** Prometric is not responsible for personal items brought to the exam site. It is recommended that personal items, including purses, not be brought into the exam site. Note the following:



- Electronic equipment is **not** permitted in the exam 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 are not permitted in the exam area. This includes purses, briefcases, backpacks, coats, hats, etc.



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

**Restroom Breaks.** If you leave the exam room while an exam is in progress, you must sign out/in on the attendance roster and you will lose exam time. During a restroom break:

- You will not have access to any personal items.
- You are not allowed to use any electronic devices or phones.
- You may not leave the exam room to smoke.

**Visitors.** No guests, visitors, children, or family members are allowed at the exam center. School and/or training program personnel are not allowed in the exam room.

**Weapons.** No weapons of any kind are allowed at the exam center.

**Misconduct or Cheating.** Candidates who engage in any kind of misconduct or cheating will be dismissed from the examination; the NYSDOH will be notified and the candidates involved will receive failing scores. Examples are: giving or receiving help, cell phones ringing in the exam center, taking part in an act of impersonation, referring to notes, viewing another candidate's exam, resident actors prompting or moving when not directed to do so, removing exam materials or notes from the exam room, using rude or offensive language, or discussions among candidates.

**Disruptive Behavior.** Disruptive behavior by a candidate may result in a warning to the candidate or dismissal from the exam at the NAE's discretion. To protect the safety of the candidates, the NAE may refuse to give an exam to any candidate whom she/he believes is impaired due to the use of drugs or alcohol. Dismissed candidates will receive failing scores.

### **If Questions Arise**

NAEs are not allowed to answer any questions pertaining to the exam content. If you do not understand a question on the examination, you should answer the question to the best of your ability.

### **Copyrighted Questions**

All exam 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. Discussing exam questions with others, including candidates and training programs instructors is a violation of the copyright laws.

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## ***Your Exam Results***

Exam results are released to the NYSDOH and to the sponsoring nursing home and/or training program in mandatory reports. Exam results are confidential and **are not given out over the phone.**

### **Passing Results**

If you pass both the Clinical Skills and Written or Oral exams, you will receive a New York State (NYS) Nursing Home Nurse Aide Certificate and wallet card. The card should arrive about 10 business days after you pass your exam. If you think you passed, before calling to check on the status of your results, please check the registry. Successful candidates typically show up on the registry several days before certificates reach their homes in the mail. A link to the nurse aide registry is online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY)


### **Exam Results**

Your Clinical Skills exam will be taken and scored by computer at Prometric to determine your official result. If you fail the exam, you will receive the official score report by email within five business days of your exam date, along with information about retesting. Within 48 hours of completing the Clinical Skills Exam, you may also go online to see your official results. Follow these steps:

### **Clinical Skills Exam Results**

The email address utilized on the application will allow you to access your score report electronically. If your application was submitted under your Site Contact's email address, please contact the Site Contact to assist with providing your score report.


Instructions on how to access score reports are outlined below:

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



**Important** If you fail the Written or Oral exam, an official score report will be sent by email within five business days of your exam date. Your score report will include diagnostic information that provides feedback on your areas of strength and weakness for the various sections of the exam. If you did not pass the exam, you will also receive information about retesting.

## Retesting

If you did not pass an exam, you must re-register in order to retest. To re-register, you **must complete** another application or you can apply online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY) after you receive your official score report.

If you will be retesting at a Regional Exam Site, send the application to Prometric along with the appropriate exam fees. If you are retesting through a nursing home or training program, give the application to the person who scheduled your initial exam.



**Important** Both exams must be passed within two years from the date you completed your nurse aide training program.

## Training Program Pass Rates

Information on your facility's or training program's pass rates is located online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY).

## Retraining

If you applied through **Routes 1** or **7** and do not pass both exams within the required timeframe, you must retrain through a **different** NYS-approved nurse aide training program before reapplying.

## Optional Services

**Duplicate Nurse Aide Certificate.** You may request a duplicate NYS Nursing Home Nurse Aide Certificate by completing the Service Request Form available online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY). There is a \$15 fee for the duplicate certificate.

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## Appeals Process

Our goal is to provide a quality exam and a pleasant exam 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 would like to submit an appeal concerning exam content, registration, scheduling or test administration ( test site procedures, equipment, personnel, etc. ), please submit an appeal by visiting <https://www.prometric.com/contact-us>. The Appeals Committee will review your concern and send you a written response within 20 business days or receipt.

## Nurse Aide Registry

The New York State (NYS) Nursing Home Nurse Aide Registry (NAR) contains the names of nurse aides who hold a Certified Nurse Aide (CNA) certificate in New York.

**This section contains information about:**

- **Registry verification.**
- **Recertification.**
- **Lapsed certificate.**
- **Change of address or name.**

### Registry Verification

Before an individual can work as a nurse aide in a nursing home, the facility must contact the NAR and verify the person has met the state's certification requirements and that the individual is listed as active and in good standing on the NAR. Verification may be done by calling 800.321.6443 or online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY).



**Important** You are responsible for keeping your address and name information up-to-date in the NAR.

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

### Obtaining Verification

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

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

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

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

Nursing homes are required to check the nurse aide's standing on the registry in any state the employer is aware that the nurse aide may have previously been certified or listed on a registry. Should the employer obtain information from any state registry indicating findings or convictions for resident abuse, neglect, mistreatment or misappropriation of resident belongings, the nurse aide may not be employed or used by the nursing home. The nursing home is also required to immediately report this information about the nurse aide to the NYS NAR.

### Hiring Nurse Aides from Other States

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

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

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

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### Recertification

Your NYS Nursing Home Nurse Aide Certificate is valid for 24 months. It will expire two years from the last day of the month in which you were certified. For example, if you were certified on January 15, 2010, your certification will expire on January 31, 2012. You will be mailed a reminder notice approximately 45 days before your certification expiration. The notice will go to your home address currently listed on the Registry. Contact your current or most recent employer about your recertification.

To be eligible to recertify, you must have worked for pay as a nurse aide in a NYS nursing home or at a NYS-approved nurse aide employer for at least seven hours within the previous 24-month period. All NYS licensed Residential Health Care Facilities (RHCFs) are approved as nurse aide employers. If you currently work for a NYS nursing home or a NYS-approved nurse aide employer, your employer **must** recertify you and pay the recertification fee. This includes any nurse aide employed by and paid by a staffing or employment agency who physically worked in the nursing home as a nurse aide but did not work for the nursing home.



**Important** If you have not worked for pay for a minimum of seven hours during the previous 24 consecutive months, or your health care employer is not approved by the NYSDOH, your certificate cannot be renewed. You will be required to retest or retrain and retest using one of the certification routes described on Page 4.

If you **are currently working** as a nurse aide in a NYS RHCf or for another NYS-approved nurse aide employer, you will be recertified for 24 months from the last day of the month in which your current certification expires.

If you **are not currently working**, you will be recertified for 24 months beginning from the last day you worked as a NYS nurse aide at the NYS-approved nurse aide employer. The last work date is reported on the NYS NAR recertification form by your last nurse aide employer. If you are eligible to be recertified, the nursing home where you were last employed is responsible for completing and submitting your NYS NAR recertification form and paying the recertification fee.

When your NYS NAR recertification form is processed and you are determined eligible for renewal, a new certificate and wallet card showing your new expiration date will be mailed to you. The NYS NAR will be updated with your current information.

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

The following chart explains recertification dates based on the example of a CNA whose certification expires on January 31, 2012.

CNA worked	Nursing home recertifies in	New certification expires
in a NYS nursing home during January 2012	January 2012	January 31, 2014
in a NYS nursing home during January 2012	December 2011	December 31, 2013
last as a nurse aide on August 10, 2010	December 2011	August 31, 2012

### Renewal Notification

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

### Completing and Filing the Recertification Form

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

The NYS NAR recertification form is available on [www.prometric.com/nurseaide/ny](http://www.prometric.com/nurseaide/ny) and requires that demographic information about the nurse aide be provided. The employer completing the NYS NAR recertification form is responsible for updating the nurse aide’s



personal information, such as her/his current address. If the NYS NAR recertification form includes a name change for the nurse aide, the NYSDOH does not require that name change documents be submitted if the employer is aware of the legal name change. Otherwise, the nurse aide should provide the employer with proof of her/his name change, such as marriage license or divorce decree.

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

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



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

The NYS NAR recertification form should be submitted prior to the certification expiration date. It is suggested that all recertification forms for nurse aides whose certification expires at the end of the month be batched and submitted by the employer during the first or second week of the expiration month.

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

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



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

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

**Hold on Your Certificate.** If the NYSDOH has placed a hold on your certificate, your renewal form will not be processed until the hold is removed. Any nurse

aide denied renewal based on a hold should contact the NYSDOH directly at [profcred@health.state.ny.us](mailto:profcred@health.state.ny.us) for more information.

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### ***Lapsed Certificate***

If you have not worked for pay as a nurse aide in a NYS nursing home (or for a NYSDOH-approved nurse aide employer) for a minimum of seven hours during the last 24 months, your certification is considered lapsed and cannot be renewed.

If your certification has lapsed, you should review the “Understanding routes” section beginning on Page 4 of this handbook to see what you can do to regain your certification.

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### ***Change of Address or Name***

It is **your responsibility** to keep your information correct and current with the NYS Nursing Home Nurse Aide Registry.

#### **Address Change**

If your address changes after you have been certified, you must send a completed Service Request form to Prometric. The form is available online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY). There **is no charge** for updating your address with the NAR.

#### **Name Change**

If your name changes after you have been certified as a NYS Nurse Aide, you must send legal documentation of the name change. Mail your legal documentation and Service Request form to Prometric. The form is available online at [www.prometric.com/NurseAide/NY](http://www.prometric.com/NurseAide/NY). Acceptable forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree.



**Important** There is no charge for updating your name or address with the NYS NAR. However, there is a \$15 fee to receive a new certificate reflecting your name change (see Page 27 for more information).

# 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 - 20%**
    - A. **Personal responsibility**
      - 1. **Reporting requirements**
        - a. Chain of command
        - b. Legal obligation to report incidents and observations to the licensed nurse
        - c. Elements included in reporting
        - d. Legalities related to documentation
        - e. Common healthcare terminology and abbreviations
        - f. Factors affecting routine versus urgent reporting
      - 2. **Promotion of personal health and safety**
        - a. Principles of body mechanics
        - b. Injury prevention
        - c. Self care (e.g., stress management, nutrition, sleep, exercise)
      - 3. **Promotion and protection of resident rights**
        - a. Resident rights (e.g., confidentiality [HIPAA], privacy, self-determination, self-expression, fair treatment, freedom from abuse and neglect)
        - b. Responsibility for recognizing and reporting violations
        - c. Resident abuse: types, signs, reporting requirements, risk factors, and prevention
        - d. Diversity in the workplace (e.g., cultural, religious, sexual, economic)
        - e. Grievance and dispute resolution techniques
        - f. Resident personal property maintenance and care
      - 4. **Time management and work prioritization**
      - 5. **Workplace standards, including ethical and unethical behaviors**
      - 6. **Nurse Aide Registry**
        - a. Certification maintenance procedures
        - b. Legal ramifications of abuse, neglect and/or misappropriation of property
        - c. Employer's responsibilities prior to hiring (e.g., background check, references, registry status)
  - 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 - 22%**
  - 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**
      - a. **Standard precautions**
      - b. **Transmission-based precautions**
      - c. **Personal protective equipment (PPE)**
  - 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 - 20%**

- 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
    - a. Basic nutritional and hydration needs
    - b. Factors affecting dietary preferences (e.g., culture, religion)
    - c. Factors affecting dietary intake (e.g., age related changes, condition of the mouth, ability to swallow)
    - d. Specialized nutrition and hydration care (e.g., therapeutic diet, altered consistency)
  - 3. Sleep and rest needs
  - 4. Elimination (bowel and bladder)
    - a. Normal elimination patterns
    - b. Promoting elimination
    - c. Bowel and bladder training principles
  - 5. Mobility, including bed mobility
    - a. Promoting mobility and proper positioning
    - b. Promoting function, including prosthetic and orthotic devices
    - c. Safe transfer techniques
    - d. Devices that promote mobility (e.g., braces, walkers, wheelchairs, gait belt, trapeze)
    - e. Range of motion techniques
  - 6. Effects of immobility
    - a. Circulation and skin integrity
    - b. Elimination (bowel and bladder)
    - c. Sleep and rest patterns/needs
    - d. Self image
    - e. Strength and endurance
    - f. Activity tolerance
    - g. Comfort
  - 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 - 24%**

- A. Routine, chronic, non-life threatening situations**
  - 1. Observation and reporting of physical changes
    - a. Basic anatomy and functions of body systems
    - b. Characteristics of body functions observable by nurse aide (e.g., vital signs, height, weight, skin integrity, elimination, circulation, dietary intake, mobility, alignment)
  - 2. Observation and reporting of behavioral changes
    - a. Mental status changes (e.g., confusion)
    - b. Reality orientation/validation techniques
    - c. Emotional stress (e.g., crying, agitation, demanding-aggressive communication)
    - d. Mood status changes (e.g., anxiety, fear, sadness)
    - e. Defense mechanisms (e.g., denial, withdrawal, projection, blaming)
- 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**
    - a. Sensory impairment (e.g., hearing, vision, feeling [touch])
    - b. Speech impairment
    - c. Changes in mobility, including paralysis
    - d. Changes in elimination (e.g., incontinence, constipation, diarrhea, colostomy, catheters)
    - e. Changes in nutritional needs (e.g., dietary restrictions, nausea, vomiting, tube feedings, IVs)
    - f. Respiratory problems, including care of resident using oxygen
    - g. Changes in skin integrity (e.g., pressure ulcers)
    - h. Pain management
  - 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/ny](http://www.prometric.com/nurseaide/ny).

**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
- remain calm and ask what is upsetting the resident.
  - begin removing all the other residents from the dining room.
  - scold the resident and ask the resident to leave the dining room immediately.
  - 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?
- Are you feeling tired today?
  - Do you want to wear this outfit?
  - What are your favorite foods?
  - 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
- use pictures and gestures.
  - face the resident and speak softly when talking.
  - repeat words often if the resident does not understand.
  - 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
- contact the state agency that inspects the nursing facility.
  - enter the room immediately to provide for the resident's safety.
  - wait to confront the nurse aide when he/she leaves the resident's room.
  - 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
- the resident's recent vital signs.
  - the resident's cultural background.
  - whether the resident has been sad recently.
  - whether the resident has family that visits routinely.
26. When a resident is expressing anger, the nurse aide should
- correct the resident's misperceptions.
  - ask the resident to speak in a kinder tone.
  - listen closely to the resident's concerns.
  - remind the resident that everyone gets angry.
27. When giving a backrub, the nurse aide should
- apply lotion to the back directly from the bottle.
  - keep the resident covered as much as possible.
  - leave extra lotion on the skin when completing the procedure.
  - 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
- help the resident back to his room and into bed.
  - ask the resident about his job and if he is hungry.
  - tell him that residents are not allowed in the nurses' station.
  - 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?
- Apply hairspray after the hearing aid is in place.
  - Remove the hearing aid before showering.
  - Clean the earmold and battery case with water daily, drying completely.
  - Replace batteries weekly.
30. Residents with Parkinson's disease often require assistance with walking because they
- become confused and forget how to take steps without help.
  - have poor attention skills and do not notice safety problems.
  - have visual problems that require special glasses.
  - 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?
- Adequate fluid intake
  - Regular mealtimes
  - High protein diet
  - 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		

# Reading Assessment

This reading assessment is designed to help you determine whether you have the reading skills needed to take the Written exam.

There are seven short paragraphs below. After each paragraph, there are three questions. Each question has five choices. Only one answer is correct. Circle the correct response.

After you take this exam, a key is provided for you to score the exam. If you answered 13 or more questions correctly, you most likely have the reading skills required to take the Written exam. If you get 12 or fewer questions correct, you should consider requesting an oral administration of the exam (see Page 16).

It was spring. The young girl breathed the warm air, threw off her shoes and began to run. Her arms swung. Her feet hit sharply and evenly against the ground. At last she felt free.

1. What time of year was it?
  - A. Summer
  - B. Fall
  - C. Spring
  - D. December
  - E. July
2. What was the young girl doing?
  - A. Running
  - B. Jumping
  - C. Going to sleep
  - D. Driving a car
  - E. Fighting
3. How did she feel?
  - A. Hot
  - B. Free
  - C. Angry
  - D. Cold
  - E. Unhappy

There were footsteps and a knock at the door. Everyone inside stood up quickly. The only sound was that of the pot boiling on the stove. There was another knock. No one moved. The footsteps on the other side of the door got quieter and quieter as the person walked away.

4. The people inside the room
  - A. hid behind the stove.
  - B. stood up quickly.
  - C. ran to the door.
  - D. laughed out loud.
  - E. began to cry.
5. What was the only sound in the room?
  - A. People talking
  - B. Birds singing
  - C. A pot boiling
  - D. A dog barking
  - E. A man shouting
6. The person who knocked at the door finally
  - A. walked into the room.
  - B. sat down outside the door.
  - C. shouted for help.
  - D. walked away.
  - E. broke down the door.

Jesse could smell the fish market long before he could see it. As he came closer he could hear merchants calling out about fresh catches and buyers arguing about prices. Soon he could see the market itself, brightly lit and colorful. He could see fishing boats coming in. Their decks were covered with silver-gray fish.

7. What kind of market did Jesse see?
  - A. A vegetable market
  - B. A meat market
  - C. A fish market
  - D. A flower market
  - E. A fruit market
8. What does he see coming in?
  - A. Tug boats
  - B. Rowboats
  - C. Passenger boats
  - D. Fishing boats
  - E. Sailboats
9. What covered the decks of the boats?
  - A. Rope
  - B. People
  - C. Car
  - D. Boxes
  - E. Fish

Tiger is a large, yellow cat. At night she prowls outside and is very fierce. When she hears a noise, she lowers her head and walks with stiff legs. All the other cats are afraid to come into her yard.

10. When does Tiger prowls?
  - A. At dawn
  - B. At dinnertime
  - C. In the afternoon
  - D. In the morning
  - E. At night
11. What does Tiger do when she hears a noise?
  - A. She runs away
  - B. She walks with stiff legs
  - C. She hides under the bushes
  - D. She walks on tiptoe
  - E. She pretends she doesn't hear it
12. Who is afraid to come into her yard?
  - A. All the other cats
  - B. The dog next door
  - C. The people who live in the house
  - D. The mail carrier
  - E. Most of the birds

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

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

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

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

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

19. What dropped from his hand?  
 A. A pen  
 B. A pencil  
 C. A piece of paper  
 D. A telephone  
 E. A book

20. What was he doing after his head began to nod?  
 A. Talking  
 B. Sleeping  
 C. Crying  
 D. Laughing  
 E. Leaving
21. When had he come to work?  
 A. Half an hour ago  
 B. Three hours ago  
 C. Yesterday  
 D. Five minutes ago  
 E. Forty minutes ago

#### Answer Key

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

#### Number Correct

**13 to 21:** You most likely have the reading skills to take the Written exam.

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

# New York Certified Nursing Assistant Examination Application

## Instructions:

- Please go to: **www.prometric.com/nurseaide** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms **will not** be processed.
  - To apply online please go to: **www.prometric.com/nurseaide/NY**
  - All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: NY 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 <div style="display: flex; justify-content: space-between; align-items: center;"> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span>-</span> <span><input type="text"/></span> <span><input type="text"/></span> <span>-</span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> </div>	
*First Name <div style="display: flex; justify-content: space-between; align-items: center;"> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> </div> <input type="text"/>	Middle Initial <input type="text"/>
*Last Name <div style="display: flex; justify-content: space-between; align-items: center;"> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> <span><input type="text"/></span> </div> <input type="text"/> <input type="text"/>	

<p>*Date of Birth (Month/Day/Year)</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Previous name (if applicable):</p>
---	---------------------------------------

*Street Address (including Apt. number or P.O. Box, if applicable)					
*City		*State		*ZIP Code	
		<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
*County (first four letters only)			* Phone Number (including area code)		
			<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"/>		
*Email Address (application will not be processed without an email address)					
Ethnic Group (optional)(check one box)					
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian American/Pacific Islander		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Mexican American		<input type="checkbox"/> Other Hispanic or Latin American		<input type="checkbox"/> White	
<input type="checkbox"/> Other					
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male					
Education Level (Optional) 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					
*Current Nursing Home Employment Status:					
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed					
(If you are currently working in a nursing home, have your Employer complete Section 2 of this application)					
Do you currently hold a certification as a nurse aide or are you listed on the nurse aide registry in any state other than New York? If yes, list all the states below and indicate if you are in good standing on the Registry in that state. Good standing means that you have no findings or convictions of resident abuse, neglect or misappropriation of resident belongings. Add an additional sheet of paper if more space is required.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Issuing State	Good standing?	Issuing State	Good standing?	Issuing State	Good standing?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Certification Option/Eligibility

Please check a certification route.

✓	<b>*Certification Route</b>
	Route 1. New Nurse Aides
	Route 2. Reciprocity/CNA From Another State
	Route 3. Graduate Nurses
	Route 4. RNs and LPNs licensed in the U.S. Enter RN/LPN License Number: _____
	Route 5. Foreign-Trained Nurses
	Route 6. Trained and Lapsed Enter NYS Nurse Aide Certificate Number: _____
	Route 7. Lapsed—Other Enter NYS Nurse Aide Certification Number: _____

### Training Information

This section must be completed by the Training Program Coordinator for any applicant who has checked Certification Routes 1, 3, 5 or 7.

*Training Program Code Number: <b>33</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Expected Program Completion Date: (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"/>	
*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"/>
<b>I certify that this applicant has successfully completed a state-approved nurse aide training program.</b>			
Training Instructors Name:		Training Instructor Signature:	

### Employment Information

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

*Employer Facility Code Number: <b>33</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*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"/>	
*What Type of Nurse Aide Employer is the Facility?		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Home Health Agency <input type="checkbox"/> Hospital <input type="checkbox"/> Staff Agency <input type="checkbox"/> Other	
*Name of Facility or Agency Where Employed			
*Facility Address (Street Address or P.O. Box)			
City		State	County (first four letters only)    ZIP Code
*Employer Phone Number (including area code) (       )		*Name of Supervisor	
*Employer's Signature		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"/>	



### Test Site Information

\*Please check one of the following options.

<input checked="" type="checkbox"/>	<b>Test Site</b>	
<input type="checkbox"/>	<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 (do not send it to Prometric).	
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a Regional Test Site. My preferred test site code is listed. I can find a current list of Test Sites with codes online at <a href="http://www.prometric.com/nurseaide/NY">www.prometric.com/nurseaide/NY</a> .	*Test site code:

### Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order Make certified checks payable to New York State Commissioner of Health, NYNA. **Personal checks** and **cash** are **not** accepted. Fees are **non-transferrable**.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

<input checked="" type="checkbox"/>	<b>First-Time Tester</b>	<b>Fee</b>	<b>Total</b>
	Clinical Skills Test AND Written Test	\$115	\$
	Clinical Skills AND Oral Test (MUST submit ADA Packet)	\$115	\$
	Clinical Skills AND Oral Test (with Reading Comprehension)	\$135	
<input checked="" type="checkbox"/>	<b>Re-tester</b>	<b>Fee</b>	
	Clinical Skills Retest (Prometric ID Number: _____)	\$68	
	Written Retest ONLY (Prometric ID Number: _____)	\$57	\$
	Oral Retest ONLY (Prometric ID Number: _____)	\$67	\$
<input checked="" type="checkbox"/>	<b>Rescheduling/No Show<sup>2</sup></b>	<b>Fee</b>	
	Clinical Skills Test	\$68	\$
	Written Test	\$57	\$
	Oral Test	\$67	\$
<input checked="" type="checkbox"/>	<b>Additional Services</b>	<b>Fee</b>	
	Reciprocity/CNA From Another State and NYS RNs and LPNs Application Processing	\$50	\$
		<b>Total Fee</b>	\$

An additional rescheduling/no show fee of \$25 is required to reschedule an exam appointment with less than five business days notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

## **Applicant's Affidavit and Candidate Release Statement**

- I understand I am responsible for making sure all information provided in this application is completely true and correct.
- I understand if information given is not true, my registration status as a nursing assistant may be at risk.
- I agree the New York State Division of Residential Care and Service may investigate the information in this application
- I understand that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by New York State. Further, I understand that if I cheat or engage in other prohibited behavior during the exam I may be disqualified from continuing to take the exam or my exam results may be invalidated.
- I understand that a record of the successful completion of this competency evaluation and information from and contained on this form will be included in my record in the New York State Nursing Home Nurse Aide Registry.
- I understand that I may be asked to play the part of the resident for another candidate on exam day.
- I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the New York State Department of Health, 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 exam results will be sent to my approved training program and/or employing nursing home (when applicable).
- I understand all information required on the registration application may be made available for public disclosure (except for the Social Security Number).
- I have read and I understand the information in the New York State Nursing Home Nurse Aide Certification Handbook.

### **\*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: \_\_\_\_\_

**Certified Check or Money Order Payments (Check One)**

Certified Check     3<sup>rd</sup> Party/Facility Check     Money Order     Voucher/Purchase Order

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

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

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

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

## New York State Offices and County Codes

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

3 - Rochester Area	
61	Yates County

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

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

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

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

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