

Candidate Information Bulletin State of Arkansas

CERTIFIED NURSING ASSISTANT EXAMINATION

PROMETRIC



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The Arkansas Department of Human Services (DHS), Office of Long Term Care (OLTC) has contracted with Prometric to develop and administer its Nursing Assistant Competency Exam and to manage the Nursing Assistant (NA) Registry.

This bulletin describes the procedures for becoming an Arkansas Certified Nursing Assistant (CNA) and a member of the Arkansas NA Registry.

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

To become a certified nursing assistant in Arkansas

- 1 Complete the Arkansas Nursing Assistant Examination Application form and send it to Prometric—Page 22
The application is also available online at www.prometric.com/NurseAide/AR.
- 2 Prepare for your exam using the exam content outlines in this bulletin—Page 15.
- 3 Once you have passed both parts of the CNA exam, your CNA certificate will be mailed to you and your name will be added to the Arkansas Nursing Assistant Registry—Page 12.

To get answers not provided in this bulletin

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

Prometric

7941 Corporate Drive
Nottingham, MD 21236
Phone: 800.818.8917

www.prometric.com/NurseAide/AR

Direct questions about Arkansas program regulations to:

**Arkansas Office of Long Term Care
Nursing Assistant Training Program
Mail Slot S405**

P.O. Box 8059
Little Rock, AR 72203-8059
Phone: 501-320-6276
Email: cna.oltc@arkansas.gov

Certification Eligibility Options

The state of Arkansas has five certification routes for establishing your eligibility to become a CNA. Please read the following certification eligibility route descriptions carefully to determine the one that is most appropriate for your situation.

Option 1—New Nursing Assistant

Select this certification option if you completed an Arkansas-approved nursing assistant training program within the last 12 months **and** have previously never been certified as an Arkansas CNA.

To apply for testing under Option 1:

- Complete the Application form (see Page 22);
- Provide Prometric with a copy of your training completion document. (The training completion document or certificate must include the date you completed your training and the official name of the training program);
- Determine if your training program will be scheduling your tests at your training site or if you will need to request testing at a regional test site; **and**
- Mail application materials to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 6 for further details.)



Important You must pass your Competency Exam within one year of completing your training and within three attempts. If you do not pass both parts of the exam within one year of completing training or within three attempts, you will be required to retrain and retest.

Option 2—Previously Certified in the State of Arkansas

(If you choose this option, you may not use the state pay option. You must submit your application as a self-paid applicant).

Select this certification option if you previously have been certified in Arkansas as a CNA but have allowed your certificate to expire.

Certification renewal. If your certificate is less than 24 months old, you may be eligible for renewal. (See the “Certification renewal” section on Page 12.)

Expired certification. A nursing assistant certification has expired and is invalid if the nursing assistant has not worked for pay as a CNA for a minimum of eight hours during her/his most recent 24-month certification period. If your nursing assistant certification has expired for over 24 months, you must retest.

To apply for testing under Option 2:

- Complete the Application form (see Page 21);
- Provide your previous certificate number (if available); **and**
- Mail application materials to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 6 for further details.)

Test fees for this route are the responsibility of the CNA candidate. Letters of intent or hire will not be accepted as payment.



Important You must complete your Competency Exam within one year of testing eligibility approval. Applicants successfully completing testing will be issued a new certificate with a new certificate number.

Option 3—RN or LPN Students

Select this certification option if you are an RN or LPN student who has completed and passed your program’s course of Basic Nursing I or an equivalent course. Before applying for testing under this option, you must first contact the OLTC at 501.320.6276 for approval. You will not be required to complete further training, but you are required to take and pass the Competency Exam within one year of testing eligibility approval and within three attempts.

To apply for testing under Option 3:

- Obtain approval from the OLTC.
- Complete the Application form (see Page 21); **and**
- Mail the approval letter from the OLTC, the completed Application form, and the required exam fee or documentation required for state payment for your exam to Prometric. (See the “Fee information” section on Page 6 for further details.)



Note If you are currently or were previously licensed as an RN or LPN in any state and want to apply for NA certification in Arkansas, you must apply under Option 8.

Option 6—Trained in Another State

Select this certification option if you completed a state-approved geriatric training program in another state but did not complete testing and were not added to that state’s Nursing Assistant (Nurse Aide) Registry.

Before applying for testing under this option, you must first contact the OLTC at 501.320.6276 for approval. The OLTC will need to see proof that your training met federal requirements (if your training does not meet the requirements, you may be required to complete additional training). Once approved by the OLTC, you may apply for testing.

To apply for testing under Option 6:

- Obtain approval from the OLTC.
- Complete the Application form (see Page 21); **and**
- Mail the approval letter from the OLTC, the completed Application form, and the required exam fee or documentation required for state payment for your exam to Prometric. (See the “Fee information” section on Page 6 for further details.)

Option 7—Certified in Another State

Select this certification option if you have been certified as a nursing assistant (nurse aide) in another state. The OLTC will determine whether you will be added directly to the Arkansas NA Registry or whether you will be required to take the Competency Exam.

To apply under Option 7:

- Obtain a copy of the DMS-798, Exemption/Reciprocity Request Form from the OLTC by calling 501.320.6276; **and**
- Submit the completed form to the OLTC along with a copy of your certificate/ registration document from every state where you are listed on the Nursing Assistant (Nurse Aide) Registry.



Note The OLTC will contact all other states to verify your status on their Registries before transferring your certification through reciprocity. The OLTC will notify you of their search results. If your certification is not current (active), you will be required to take the Competency Exam. Do not send your Exemption/Reciprocity Request Form to Prometric.

Option 8—Other

If you have a situation that does not fit any other option, contact the OLTC at 501.320.6276 for more information on applying under Option 8. The OLTC will review your information and, if you are determined to be eligible to test, the OLTC will issue you a testing approval letter.

Once approved by the OLTC for testing under Option 8:

- Complete the Application form (see Page 21); **and**
- Mail the approval letter from the OLTC, the completed Application form, and the required exam fee or documentation required for state payment for your exam to Prometric. (See the “Fee information” section on Page 5 for further details.)



Note You must complete your Competency Exam within one year of your eligibility to test as approved by the OLTC.

Scheduling Your Tests

The Arkansas Nursing Assistant Competency Exam consists of two separate tests: The Clinical Skills test and the Written (Knowledge) test. You may take the two tests in any order. You are not required to pass one test before taking the other.

Completing the Application Form

Before you can test, you must submit:

- 1 The Arkansas Nursing Assistant Examination Application form on Page 22 (or online at www.prometric.com/NurseAide/AR). Complete the form clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned.
- 2 The appropriate fee(s).
- 3 If your certification eligibility option requires you to get pre-approval from the OLTC **before** submitting your application to Prometric, attach a copy of the OLTC approval letter to your application.

Name Change

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

In-facility Test Sites

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. Please give your application to your school. If you send it to Prometric, you will be scheduled for the next available regional test date in your area.

Regional Test Sites

If you are taking your exam at a regional test site, send your application form and fees to Prometric. Be sure to enter the site code where you would like to take your test on the application form. To find a list of site codes go to www.prometric.com/nurseaide.

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. Please note: email address is mandatory on the testing application.

Authorization to Test Letter

Upon receipt of your completed application, Prometric will review your eligibility. You will receive an email that will include your ATT letter. This letter will include the date, location and time of your test. You **must** bring this letter and proper identification with you to the test site.

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.

Fee Information

The state of Arkansas will pay the testing fees for candidates who have never tested in the State of Arkansas and is currently employed in an Arkansas nursing home or who has an offer of employment from a nursing home at the time of applying for testing. If you want the state to pay your test fees, you must include a letter from the nursing home documenting your employment or offer of employment with your Application form. If you are a retester or a lapsed candidate you will be responsible for your own testing fee.

The letter must be original, on the nursing home’s letterhead and signed by the nursing home administrator.

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

- By money order or certified check made payable to Prometric, or American Express, MasterCard or Visa. **Personal checks and cash are not accepted.**
- Fees or state pay letter must be included with the application. s). **Applications received without proper payment will be returned.**
- Your name must be written on the money orders/ cashier’s checks.

Exams and related fees are as follows:

	First Time	Retake	Reschedule
Eligibility Screening Fee (nonrefundable)	\$10		
Clinical Skills test and Written (or Oral) test	\$75	\$75	\$75*
Clinical Skills test		\$55	\$55*
Written (or Oral) test		\$20	\$20*

**This fee is required to reschedule a testing appointment for candidates who provided less than five days notice to change a scheduled exam, did not show up for their scheduled exam, or arrived late for a scheduled exam.*

Refund Policy

If you paid your own fees and are determined to be ineligible to test, the exam fee will be returned. The eligibility screening fee will not be refunded. If you were denied eligibility then reapply, you will need to pay the eligibility screening fee **and** all test fees again. If you receive a letter of employment or offer of employment after you have paid your own test fees, no refunds will be given.



Note If you fail to complete testing during your eligibility period, you will not be refunded any unused test fees, nor will test fees be carried over to a new eligibility period. **Fees are nonrefundable and nontransferable.**

Special Test Considerations

ADA Accommodation. If you need testing accommodations under the Americans with Disabilities Act (ADA), please call Prometric at 800.818.8917. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge.

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

English as a Second Language (ESL) Accommodation. The Arkansas Nursing Assistant Competency Exam is offered only in English. Translators are not permitted, and translation dictionaries may not be used during the exam administration. Candidates for whom English is a Second Language should review the “Oral test” section on Page 7 to determine if this is an appropriate option for them.

Rescheduling Your Exam

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

Rescheduling fees are as follows:

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

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

Emergency closing. Severe weather or an emergency could require cancellation of scheduled tests. If this occurs, Prometric will attempt to contact you by phone. You may also call 800.818.8917 to see if a site is closed. If the site is closed, your tests will be rescheduled without a rescheduling fee.

Taking Your Exam

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

What to Bring to the Exam

Authorization to Test letter. You must present the original letter sent to you by Prometric if you are testing at a regional test site.

Identification. You must present one valid form of identification before you can test. That identification document must:

- Be government-issued (e.g., driver's license, alien registration card, military identification or passport).
- Contain **both** a current photo and your signature.
- Have a name that exactly matches the name used to apply for the exam



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

Additional items to bring to the test center:

- If you are taking the exam at a test site that does not offer the exam on the computer please bring two sharpened No. 2 pencils with erasers.
- For the Clinical Skills test, a watch with a secondhand.
- For the Clinical Skills test, wear flat, nonskid shoes with enclosed toes. It is suggested that a uniform or scrubs be worn on the day of testing.

Written Test Overview

The written exam is available in both paper pencil format (PBT) and through our internet based testing system (TCNet). The test site you will be testing at will determine how the exam will be administered. If the exam is delivered through the TCNet format you will receive your score report at the test site. If you take the exam with paper and pencil you will receive exam results via email.

The Written test consists of 60 multiple-choice questions that evaluate your nursing assistant knowledge and skills. You will have 90 minutes to take the test. The content outline on Page 15 is the basis for the Written test. The outline lists all topics covered in the exam.

Oral Test

The Written test can be taken in an oral form. The oral exam is available in both paper pencil format (PBT) and through our internet based testing system (TCNet). The test site you will be testing at will determine how the exam will be administered. If the exam is delivered through the TCNet format you will receive your score report at the test site. If you take the exam with paper and pencil you will receive exam results via email. Candidates who take the oral test at a PBT site they will be provided with a CD player and a headset. Candidates will hear the exam questions read to them from a prerecorded CD. Each question is read to the candidate twice. The candidate is allowed to replay any question. Candidates will be provided with a printed test booklet and will answer questions on the same answer sheet used by all candidates taking the Written test. If the candidate takes their oral exam at a TCNet site they will be given a headset that is plugged into the computer and they will be entering their results into the computer as if they were taking the written exam.

A Reading assessment that may help you decide if you should consider taking the oral test is available online at www.prometric.com/NurseAide/AR. If you would like to take the oral test, you should select this option on the application form. This request **cannot** be made on the day of testing.

Practice Exam

A Nurse Aide Practice Exam is available online at www.prometric.com/nurseaide. The practice exam is created in the same format and uses the same question types as the actual certification exam.

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

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

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

Sample Test

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

Clinical Skills Test Overview

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

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

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

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

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

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

Resident Actor

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

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

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

Stopping the testing of a skill

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

Test Site Regulations

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

References

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

Personal Items

Prometric is not responsible for personal items brought to the test center. It is recommended that personal items not be brought into the test site.

Note the following:

- Electronic equipment is **not** permitted in the testing area. This includes **cell phones**, PDAs, pagers, cameras, tape recorders, etc. All of these items will be collected by the Nursing assistant Evaluator (NAE).

- Other personal items—purses, briefcases, etc.—are not permitted in the testing area. **Note:** It is recommended that purses not be brought to the test center. Access to purses will not be allowed during testing.

Restroom Breaks

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

Visitors

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

Misconduct or Disruptive Behavior

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

Weapons

- Weapons are not allowed at the test center.



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

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

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

Your Exam Results

If you take the exam at a TCNet site you will receive your official score reports at the test site before you leave the test site. If you take your exam at a PBT location, your official score report(s) will be emailed to you within 10 business days of your test date. Exam results are released to the OLTC and to sponsoring long term care facilities and/or training programs in mandatory reports. Results are confidential and are not given out over the phone. If you pass both tests, your Arkansas Nursing Assistant Certificate and wallet card will be mailed to you and your name will be added to the Arkansas Nursing Assistant Registry.


TCNet Exam Results Your Clinical Skills test will be scored by computer at Prometric to determine your official result. Within 48 hours of completing the Clinical Skills test, you may go online to see your official results. Follow these steps:

Clinical Skills Exam Results

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

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

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

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/arcna>.

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. Instructions on how to access score reports are outlined below:

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

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/arcna>.

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.

Retesting

If you did not pass a test, you must complete another application in order to retest. If you will be retesting at a regional test site, send the application to Prometric along with the appropriate test fee(s). If you will retest at your nursing home or training program, give the application to the person who scheduled your initial test(s) so they can schedule your retest.

You have up to three attempts to pass both the Clinical Skills test and the Written test during your eligibility period. Candidates testing under Option 1 are eligible to test for one year after their training completion date. Candidates testing under Options 2 through 8 are eligible to test for one year from the date their eligibility was approved.



Important Candidates who fail to successfully complete testing during their eligibility period must reapply for eligibility to retest.

Appeals Process

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

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

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

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

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

Arkansas Nursing Assistant Registry

The Arkansas Nursing Assistant Registry contains the names of nursing assistants who have either successfully completed both portions of the Nursing Assistant Competency Exam or who have met other requirements for nursing assistant certification established by Arkansas.

Nursing assistants with administrative findings or convictions for resident abuse, neglect and/or misappropriation of resident property will remain on the Registry with the findings placed in their record. These findings and/or convictions make the nursing assistant ineligible for employment in any Arkansas long term care facility. Findings and convictions are public information and are disclosed to anyone who calls to verify an individual's standing on the Registry. The state of Arkansas also retains information on criminal background checks in the Registry. Nursing assistants with disqualifying criminal backgrounds will be ineligible to work in an Arkansas nursing home.



Note You may verify the status of a certified nursing assistant by going online to www.prometric.com/NurseAide/AR.

Certification Renewal

Your initial Arkansas Nursing Assistant Certificate is valid for 24 months. A renewal reminder notice will be mailed to you approximately 60 days before the expiration of your certificate. The notice will go to the home address currently listed on the Registry. A copy of the Arkansas Nursing Assistant Registry Renewal form is also available online at www.prometric.com/NurseAide/AR.

To keep your certificate current (active), you will need to renew your certificate before the expiration date. However, you should not send in your renewal form more than 60 days before it expires. If you do, it will be discarded and will not be processed.

To be eligible to renew your certification, you must have worked for pay as a nursing assistant providing nursing-related care for at least eight hours during your most recent certification period. Nursing assistants who are currently working will be recertified for 24 months. Nursing assistants who are not currently working will be recertified for 24 months beginning with the last day worked.

Once your Arkansas Nursing Assistant Registry Renewal Form is processed and you are determined to be eligible for renewal, a new certificate and wallet card showing your new expiration date will be mailed to you. The Arkansas Nursing Assistant Registry will be updated with your current information.

Expired Certificate

A nursing assistant certification has expired and is invalid if the nursing assistant has not worked for pay as a nursing assistant for a minimum of eight hours during her/his most recent certification period. A certificate that has been expired for a period longer than 24 months cannot be renewed.



Important If your certificate has been expired over 24 months, it cannot be renewed and you will be required to retest. (See Option 2 on Page 2.)

Lapsed Certificate

If your certificate has been expired for less than 24 months, you may be eligible for renewal. If you were certified within the last 24 months but have not been working, complete the Arkansas Nursing Assistant Registry Renewal form found at www.prometric.com/NurseAide/AR. If you submit the form and are deemed not eligible for renewal, Prometric will provide you with retesting information.

Change of Address or Name

It is the responsibility of every nursing assistant to update the Arkansas Nursing Assistant Registry with any address changes or any change in name.

Address Change. If your address changes after you have been certified as an Arkansas Nursing Assistant, you must send a completed Arkansas Nursing Assistant Service Request form found at www.prometric.com/NurseAide/AR to Prometric. There is no charge for updating your address with the Arkansas Nursing Assistant Registry.

Name Change. If your name changes after you have been certified as an Arkansas Nursing Assistant, you must send written notification and legal documentation of the name change. Complete the Change Request Form found at www.prometric.com/NurseAide/AR, attach a copy of your legal documentation and mail both to Prometric. Acceptable forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree.

There is no charge for updating your name with the Arkansas Nursing Assistant Registry.

Duplicate Certificate

To request a duplicate Arkansas Nursing Assistant Certificate, complete the Service Request form found online at www.prometric.com/NurseAide/AR and mail it to Prometric. There is a \$15 fee to receive a new certificate.

Examination Content Outlines

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

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

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

I. Role of the Nurse Aide - 18%

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

II. Promotion of Safety - 18%

- A. Potential hazards in the healthcare environment
- B. Common injuries of residents (e.g., skin tears and shearing, falls, spills, burns, bruises)
- C. Risks related to common injuries
- D. Safety and comfort
 1. Comfort needs of the resident
 2. Accident prevention including fall prevention protocols
 3. Restraint techniques and alternatives
 4. Legal implications in the use of restraints
 5. Risk factors for elopement (resident leaving without staff knowledge)
- E. Safety devices (e.g., wanderguard, alarms)
- F. Infection prevention and control
 1. Maintaining a clean environment
 2. Factors that contribute to spread of disease-causing organisms
 3. Signs and symptoms of infections
 4. Practices that decrease the risk of exposure to disease-causing organisms
- G. Emergencies
 1. Emergency and disaster response protocols
 2. Immediate life-safety techniques
 3. Evacuation procedures
- H. Fire prevention and safety

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

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

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

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

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

- A. Physical problems
 - 1. Common physical impairments and related care
 - 2. Providing for safety, care, and comfort of residents with physical impairments
 - 3. Impact of impairment on resident safety, care, and comfort
- B. Psychological problems
 - 1. Common psychological impairments and related care (e.g., confusion, anxiety, depression, delirium, phobias, addiction)
 - 2. Special considerations for the safety, care, and comfort of residents with psychological impairments
- C. Care of the dying resident and post-mortem care
 - 1. Grief process
 - 2. Responding to the emotional needs of the resident, other residents, family and caregivers in the grief process
 - 3. Factors influencing responses to grief (e.g., spiritual beliefs, culture, past experience)
 - 4. Physical changes and needs as death approaches
 - 5. Post-mortem care procedures

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

Clinical Skills

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

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

Nurse Aide Certification Sample Test



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

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

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

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

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

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

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

Answer Key

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



Arkansas Certified Nursing Assistant Examination Application

Instructions

- Please go to **www.prometric.com/NurseAide/AR** 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/AR**.
- All **fees, Letters of Intent** and **Letters of Employment** must be submitted with the application.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: AR Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236**.



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

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

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

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

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

Yes No

Candidate Information

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

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

*Date of Birth (Month/Day/Year) □ □ / □ □ / □ □ □ □		Previous name (if applicable):	
*Street Address (including Apt. number or P.O. Box, if applicable)			
*City		*State □ □	*ZIP Code □ □ □ □ □
*County (first four letters only)		* Phone Number (including area code) □ □ □ - □ □ □ - □ □ □ □	
*Email Address (application will not be processed without an email address)			
*Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, you are required to provide a copy of the documents that prove your eligibility to work in the United States.</i>			
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male			

Certification Option/Eligibility

Please check a certification route.

✓	Certification Route	Document(s) to Provide
	Option 1 - New Nursing Assistant (Arkansas Trained)	A copy of training completion document from an Arkansas-approved training program.
	Option 2 - Previously Certified in the State of Arkansas (Must be self pay) Previous Certificate Number: _____	Previous Certificate Number (if available).
	Option 3 - RN or LPN Student	A copy of the OLTC's approval letter.
	Option 6 - Trained in Another State	A copy of the OLTC's approval letter.
	Option 7 - Certified in Another State	A copy of the OLTC's approval letter.
	Option 8 - Other	A copy of the OLTC's approval letter.

Training Information

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

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

Training Instructors Name:	Training Instructor Signature:
----------------------------	--------------------------------

Employment Information

Current or Potential Employers: This section **must** be completed for a candidate currently employed by or has an offer of employment in an Arkansas nursing home. This application must be accompanied by a letter on facility letterhead that indicates the candidate's employment dates or the original Letter of Intent to hire the candidate upon successful completion of the exam. The letter must be an **original copy signed by the facility administrator**. Photocopies **will not** be accepted. **Letters of Employment/Intent** may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

*Name of Facility		
*Facility Address (Street Address or P.O. Box)		
*City	*State	*ZIP Code
*County (first four letters only)		
*Employer Phone Number (including area code) ()	*Name of Supervisor	
Signature of Supervisor:		

Test Site Information

Please check one of the following options.

<input checked="" type="checkbox"/>	Test Site		
	Testing at your Facility: My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator. Do not send to Prometric.		
	<table border="1"> <tr> <td>Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/AR.</i></td> <td>*Test site code:</td> </tr> </table>	Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/AR.</i>	*Test site code:
Regional Test Site: I am applying to test at a Regional Test Site. My preferred test site code is listed. <i>A current list of Test Sites with codes can be found online at www.prometric.com/NurseAide/AR.</i>	*Test site code:		

Exam Selection and Processing/Exam Fees

- **Acceptable Forms of Fee(s) Payment:** certified check, money order, MasterCard, Visa or American Express. Make certified checks payable to Prometric. **Personal checks** and **cash** are **not** accepted. Fees are **non-refundable and non-transferrable**.
- If the state (Letter of Intent/Employment) is paying the exam fees, the **Employment Information section** must be completed.
- The **Payment Form** (last page) **must** be submitted with this application **regardless of payment type**.

Please Note: **Letters of Employment/Intent** may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

*Select Fee Type:

<input checked="" type="checkbox"/>	Fee Types	Items to Submit with Application
	State Pay: I am currently employed. (Excludes option 2 – previously certified)	I have included a letter from my employer on facility letterhead and signed by the administrator of the facility showing my employment status. I have not taken a state pay exam in the past.
	State pay: I have a promise of employment. (Excludes option 2 – previously certified)	I have included a letter of intent to be hired from my potential employer on facility letterhead and signed by the administrator of the facility. I have not taken a state pay exam in the past.
	Self Pay: I am not currently employed and I do not have a letter of intent to be hired.	I have enclosed a non-refundable testing fee and eligibility screening fee if applicable.

✓	First-Time Tester	Fee	Total
	Written Test and Clinical Skills Test	\$75	\$
	Oral Test and Clinical Skills Test	\$75	\$
✓	Re-tester¹	Fee	
	Clinical Skills Test ONLY	\$55	\$
	Written Test ONLY	\$20	\$
	Oral Test ONLY <i>(You may select this option even if you previously took the Written test.)</i>	\$20	\$
✓	First-Time Test Takers Only	Fee	
	Eligibility Screening Fee (non-refundable) <i>(This fee is paid each time you attend a new training program and apply to test.)</i>	\$10	\$
		Total Fee	

¹ Retest fees are the candidate’s responsibility and must be included with this application. 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 any information given is not true, my registration status as a nursing assistant may be at risk.
- I understand if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Arkansas Nursing Assistant Registry.
- I understand I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the DHS and OLTC, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.
- I understand all information required on the registration application may be made available for public disclosure (except for Social Security Number).

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

Date: _____

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

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

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



Payment Form

*Candidate Name: _____

*Date of Birth: _____



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

Please Note: Letters of Employment/Intent may be used for **one attempt** of an examination only. Lapsed candidates may not apply as State pay.

✓	Payment Types	Items to Submit with Application
	State Pay: I am currently employed. (Excludes option 2 – previously certified)	I have included a letter from my employer on facility letterhead and signed by the administrator of the facility showing my employment status. I have not taken a state pay exam in the past.
	State pay: I have a promise of employment. (Excludes option 2 – previously certified)	I have included a letter of intent to be hired from my potential employer on facility letterhead and signed by the administrator of the facility. I have not taken a state pay exam in the past.

Credit Card Type (Check One)

MasterCard Visa American Express

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

Certified Check or Money Order Payments

Certified Check 3rd Party/Facility Check Money Order

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

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

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