

# Candidate Information Bulletin State of Michigan

CERTIFIED NURSE AIDE EVALUATION PROGRAM

PROMETRIC



**NEW!**

## Interactive Practice Exams Now Available Online

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



The Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems is responsible for the administration of the state's nurse aide program. LARA has contracted with Prometric to develop and administer its Certified Nurse Aide (CNA) Competency Evaluation Program.

Prometric also maintains the Michigan Registry, which is the master list of all the certified nurse aides in Michigan.

This bulletin describes the procedures for becoming a Michigan CNA and being listed on the Registry. Follow these main steps if you are interested in becoming a CNA in Michigan.



### To Become a Certified Nurse Aide in Michigan

- 1 Complete the Michigan Nurse Aide Application form.  
The registration form is also available online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi).
- 2 Prepare for your tests, using the content outlines in this bulletin—Page 122.
- 3 Take your tests at your scheduled regional test site. Be sure to bring the necessary identification with you to the test site—Page 5.
- 4 Once you have passed both tests, Prometric will send you your certificate and you will be placed on the Michigan Registry—Page 8.



### To Get Answers not Provided in this Bulletin

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

**Prometric**

7941 Corporate Drive  
Nottingham, MD 21236  
Phone: 800.752.4724

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

**Eligibility to Test Requirements**

Eligibility for taking the Competency Evaluation Program testing is established by meeting one of the following eligibility routes:

**Newly Trained Tester Route**

Candidate applying under this eligibility route must:

- Complete a Michigan-approved training course within the last 24 months.
- Complete the application form found online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or at the end of this bulletin.
- Submit the completed application form and the required exam fee to Prometric.
- Pass the Clinical Skills exam and 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 before you are required to re-train.

**Lapsed Route**

Candidate applying under this eligibility route must:

- Be a formerly certified nurse aide that is currently lapsed on the Michigan Registry for more than 24 months.
- Complete the application form found online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or at the end of this bulletin.
- Submit the completed application form **including the candidate’s lapsed certification number** and the required exam fee to Prometric.
- Pass the Clinical Skills exam and Written or Oral exam. You will have three attempts to pass the Clinical Skills exam and three attempts to pass the Written or Oral exam before you are required to re-train.

**Reciprocity Route**

Effective February 19, 2018, the state of Michigan will grant reciprocity to candidates from states that meet the Michigan requirements for reciprocity and are currently **active CNAs in good standing**. Active and in good standing is defined as a certified nurse aide who is currently an active CNA and has not been removed from any state Registry for abuse, neglect or misappropriation of resident property.

Michigan requirements for reciprocity include, but are not limited to, the following: the state training program is consistent with the Federal Code of Regulations, requires a minimum of 75 course hours prior to taking the competency evaluation examination, and does not allow candidates to exempt out of training course hours. The following states have confirmed to the state of Michigan that their program meets or exceeds the MI requirements. Candidates that trained and tested in one of these states are eligible to apply for a MI certificate:

Alabama	Illinois	Nevada	South Carolina
Alaska	Indiana	New Hampshire	South Dakota
Arizona	Iowa	New Jersey	Tennessee
Arkansas	Kansas	New Mexico	Texas
California	Kentucky	New York	Utah
Colorado	Louisiana	North Dakota	Washington
Connecticut	Maine	Ohio	Wisconsin
Georgia	Michigan	Oklahoma	Wyoming
Hawaii	Mississippi	Oregon	
Idaho	Missouri	Pennsylvania	
	Nebraska		

Candidate applying under this eligibility route must:

- Have trained, tested, and passed their CNA exam in one of the states listed above.
- Be an *active* certified nurse aide in *good standing* on the CNA Registry of the state that they are coming from.
- Complete the **paper** application form found online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or at the end of this bulletin. Please note that online application is not available for this route.
- Submit the completed application form **including the complete list of states the candidate is currently certified in, the certificate numbers**, and the required application fee to Prometric.
- Once the application has been verified, Prometric will send you your certificate and you will be placed on the Michigan Registry.

**Trained Out-of-State Tester**

Candidate applying under this eligibility route must:

- Completed an approved-state training program in the last 24 months **in one of the following states** but has not yet tested:

Alabama	Illinois	New Hampshire	Tennessee
Alaska	Indiana	New Jersey	Texas
Arizona	Iowa	New Mexico	Utah
Arkansas	Kansas	New York	Washington
California	Kentucky	North Dakota	Wisconsin
Colorado	Louisiana	Ohio	Wyoming
Connecticut	Maine	Oklahoma	
Georgia	Mississippi	Oregon	
Hawaii	Missouri	Pennsylvania	
Idaho	Nebraska	South Carolina	
	Nevada	South Dakota	

- Complete the **paper** application form found online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or at the end of this bulletin. Please note that online application is not available for this route.
- Submit the completed application form **including the training program information, the state in which you trained**, and the required exam fee to Prometric.
- Pass the Clinical Skills exam and 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 before you are required to re-train **in the state of Michigan**.

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**Testing and Training Costs**

A nurse aide who is employed by, or who has received an offer of employment from, a federally certified nursing care facility on the date on which the aide begins a nurse aide training and/or competency evaluation program cannot be charged for any portion of the program. (This includes any fees for textbooks or other required course materials.)

If you are not employed, or do not have an offer to be employed as a nurse aide when you start a training program, but become employed or receive an offer of employment from a federally certified nursing care facility no later than 12 months

after completing a nurse aide training and competency evaluation program, the state must provide for the reimbursement of costs for completing the program. This reimbursement will be prorated during the period in which you are employed as a nurse aide. You will apply for this reimbursement through your nursing facility employer who will require proof that you paid for your training and testing

## ***Scheduling Your Tests***

The Certified Nurse Aide (CNA) Competency Evaluation Program consists of a Clinical Skills Test and a Knowledge Test. You must pass both tests to become a CNA.

If you **are** employed by a nursing facility, the facility must arrange for your testing, but candidates/facilities are expected to complete and submit the registration form and payment prior to testing.

If you **are not** employed by a nursing facility, **you** must mail a completed Michigan Nurse Aide Competency Evaluation Registration form. Paper and Online Registration Forms can be found at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi). Complete the form clearly and accurately. Incomplete, illegible and/or unsigned registrations will be returned, which will delay your testing. Payment for testing and registration will need to accompany registration or it will be returned.

**Social Security number.** If you do not have a Social Security number at the time you complete the registration form, you **will not** be allowed to test.

### **Admission to Test Letter**

When a completed exam application and payment is received at Prometric it will be processed and the candidate will be scheduled for an exam on a first come first serve basis at the preferred site requested by the candidate. The candidate will be emailed an Admission to Test Letter (ATT) that will include the test site location as well as the start time of the exam.



**Note** Michigan requires that a candidate completed testing within two years of the training completion date.

### **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.

### **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 30 days prior to the requested testing date.

**Regional Test Sites**

Prometric gives the Clinical Skills Test and Knowledge Test at regional test sites located throughout the state. A list of current regional test sites is available online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi).

**Fee Information**

Testing fees are paid to **Prometric** when the registration is processed and must be paid with a nursing facility check, cashier’s check, money order, or credit card. **Fees** are as follows:

Test Options	Fees
<b>Newly Trained Tester</b>	<b>Fee</b>
Written and Clinical Skills	\$115
Oral and Clinical Skills (ADA packet required)	\$115
One-time Registration Fee (Required each 24-month eligibility period)	\$10
<b>Lapsed Candidate</b>	<b>Fee</b>
Written and Clinical Skills	\$115
Oral and Clinical Skills (ADA packet required)	\$115
One-time Registration Fee (Required each 24-month eligibility period)	\$10
<b>Re-tester</b>	<b>Fee</b>
Written or Oral Test ONLY (ADA packet required for Oral exam)	\$30
Clinical Skills Test ONLY	\$85
<b>Reciprocity</b>	<b>Fee</b>
Reciprocity Application Processing Fee	\$20



**Important** Print your name on money orders, certified checks, or company checks. Testing 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 800.752.4724. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge. Candidates must submit a Nurse Aide ADA Accommodations Request Packet available on [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) with their testing application and fees. **Thirty day (30)** advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

The Clinical Skills and Knowledge tests are written as not to exceed a sixth-grade reading level as required by the Michigan Competency Evaluation Program. Oral testing cannot be substituted for the literacy skills required for the Program.

**ESL Accommodation.** If English is your second language, a language barrier is not considered a disability.

**Rescheduling  
a Test  
Appointment**

Rescheduling fees will apply as follows:

- **\$25 fee** if you reschedule **at least 6 business days** before your test.
- If you reschedule **less than 6 business days** before your test you will lose your test fee and be considered a no show for the exam. In order to reschedule you will need to pay the entire test fee again.

**If Absent or Late**

If you miss your test, are late and are not allowed to test, you will need to reschedule your exam and pay the exam fee of the exam(s) you missed.

**Emergency Closing**

If a test administration is canceled due to weather conditions or other major you will be rescheduled for another appointment without additional cost.

**Taking Your Tests**

First-time testers will be scheduled to take both the Clinical Skills Test and the Knowledge Test on the same day. You should arrive at least **30 minutes before** your scheduled test appointment. This allows time for you to sign in and for staff to verify your identification.

**What to Bring to the Test Site**

You must bring all of the following items with you to the regional test site.

- **Authorization to Test (ATT) Letter.** You must present the original letter sent to you by Prometric.
- **Photo Identification with Signature** (such as a driver's license, passport, or Michigan ID card). This identification must be current (non-expired) and must have a photograph and a signature.
- **A second form of Identification with Signature** (such as a school ID card, facility ID, credit card, or library card).

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



**Important** If you fail to bring all of the required documents listed your testing appointment, you will not be allowed to test.

**What to Wear on Test Day**

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

**Clinical Skills Test Overview**

The Clinical Skills test is a timed test. You will be scored on five skills. While performing three assigned skills, you will also be scored on two additional skills - Handwashing and Indirect Care. Indirect Care is care related to resident rights, communication with the resident, resident safety and comfort, and infection control. The outline shown on Page 12 is a list of the possible tasks you might be asked to perform during the Clinical Skills Test. Each test form has its own time limit based on the combination of skills being asked to perform. The instruction card you will be given will advise you of your time limit.

To pass the Clinical Skills test, you must pass all five skills. 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 located online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi).

Once you are at the test site, listen carefully to the instructions given by the NAE. You will be given an instruction sheet to refer to during testing that lists the skills you are to perform. The test will take place in a clinical laboratory, with someone acting as a resident or with a manikin.

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

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

### Knowledge Test Overview

You will take the Knowledge Test on a computer at the regional test site. You do not need computer experience to take the test. You will use a computer mouse to select answers. Before you begin the test, you will have the chance to answer several practice questions to make sure you know how to use the computer.

The Knowledge Test consists of 60 multiple-choice questions that evaluate your nurse aide knowledge and skills. You will have 90 minutes to take the test. The content outline shown on Page 12 is the basis for the Knowledge Test. The outline lists all topics covered in the test and the approximate percentage of questions asked about each topic.

### Practice Exam

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

During the practice exam, you will get immediate feedback to correct and incorrect responses as well as overall feedback at the end of the session. The practice exam will list rational statements and reference listings for further study.

The Written Nurse Aide Practice Exam contains 50 questions. The fee for each practice exam is \$10. A super pack of all 3 practice exams is available for \$25 and is payable online using a credit or debit card at the time you purchase the practice exam.

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

### Sample Test

A Nurse Aide Certification Sample Test is located on Page 13 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.

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## 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 test. Prometric reserves the right to audiotape and videotape any testing session.

### References

- No reference materials, papers or study materials are allowed at the test site. 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 site. It is recommended that personal items not be brought into the test site. Note the following:

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

**Restroom Breaks**

- If you leave the testing room while a test is taking place, you must sign out/in on the roster and you will lose testing 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 site.

**Misconduct or Disruptive Behavior**

- If you engage in any disruptive or offensive behaviors, you will be dismissed from the test. If dismissed, your test results will be invalid and the details of the misconduct will be reported to the Board of Nursing. Examples include giving or receiving help, **cell phones ringing in the test site**, 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 site.



**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 site administrator will collect any materials that violate the rules.

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

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

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## ***Your Test Results***

Your test is scored at the I test site. You will know if you passed or failed after you take the test. You will receive an official printed result at the regional test site.

### **Passing Candidates**

Once you pass both the Clinical Skills Test and Knowledge Test, you will receive your nurse aide Registry document by mail about 14 days after your test date. Results are confidential and are not given out over the phone.

Prometric maintains a file of all people taking a test and reports the names of those who successfully pass both the Clinical Skills and Knowledge tests to the state Registry.




**Unsuccessful Candidates**

If you were unsuccessful in either test and remain eligible to retest, you need to reapply by mailing a new completed application and test fees to Prometric. **In the event your results are not provided at the test site due to a malfunction with the test site printer, please follow the following steps to retrieve your results:**

**Clinical Skills exam results**

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


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

- 1 Logon to <https://tcnet.prometric.com/micna>.
- 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/micna>.
- 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/micna>.
- 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** You may only take the Clinical Skills Test and/or the Knowledge Test three times each. If you are unable to pass both tests after three attempts, you will be required to retrain before retesting.

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### **Appeals Process**

Our goal is to provide a quality test 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 test. Our personnel will review your comments, but you will not receive a direct response.

If you are requesting a response about test content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal in writing within 60 days of your test date. Your appeal must provide your name and Prometric ID number, the test title, the date you tested and the details of your concern, including all relevant facts. Submit your appeal online at [www.prometric.com/appeals](http://www.prometric.com/appeals) or mail your appeal letter to:

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

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

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### **Certified Nurse Aide Registry**

After you successfully pass the Competency Evaluation Program — both the Clinical Skills Test and the Knowledge Test — you will receive a Registry document and be placed on the Michigan Nurse Aide Registry. Your Nurse Aide Registry document is valid for two years from the time of issue.

To request a duplicate Michigan Registry Certificate Document, complete the Request for Materials form located online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi). Mail the form with a \$15 money order made payable to Prometric to the address listed on the form. Checks **will not** be accepted.

#### **Registry Verification**

Before an individual can be hired as a nurse aide, the employer must contact the Registry and verify that the person has met the competency evaluation requirements and that the individual is in good standing on the Registry. Verification can be done online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or by calling **800.748.0252**.

Nurse aides with findings of resident abuse, neglect, and/or misappropriation of resident property will remain on the Registry with the findings placed in their record.

This information will be disclosed to the health facilities that call to verify a person's standing. Findings placed on the Registry are permanent and will be removed only when:

- The findings have been made in error;
- An individual has been found not guilty in a court of law; or
- The state is informed of a registrant's death.

A nurse aide under investigation for resident abuse, neglect and/or misappropriation of resident property is given a hearing and has an opportunity to rebut findings in the Registry. Only validated findings are placed on the Registry. **This is public information.**

**Moving out of state.** If you are a nurse aide moving from Michigan to another state, you must contact the Registry of that state to see if your CNA status can be transferred to that state as requirements vary from state to state. If the new state requires verification of your Michigan Registry information, the state must send the necessary paperwork requesting this information to Prometric.

### **Renewal Eligibility**

You are eligible for renewal if you have worked as a Certified Nurse Aide (CNA) for pay within the immediate 24-month period prior to your current Registry document expiration date.

You must have been performing nursing or nursing-related services for pay under the supervision of a licensed registered nurse. Nurse aides that are flagged on the Registry for resident abuse, neglect, or misappropriation of property are not eligible for renewal.

### **Renewing the Registry Document**

Approximately 45 days prior to the expiration of the Registry document, a renewal notification will be mailed to you. The notice will go to your home address currently listed on the Registry. You are then required to go to the website at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) and print off a registry renewal application. Applications must be completed and returned to Prometric with the required Registry document renewal fee and requested supporting documentation.

It is **your responsibility** to keep your information correct and current with the Michigan Nurse Aide Registry. You may update your address in the Registry by calling 800.752.4724. There is no charge for correcting this information.



**Note** If you have not received a renewal notification letter within 30 days prior to the expiration date, please obtain a Registry Renewal form online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi) or by calling Prometric at 800.752.4724.

### **Completing the Registry Renewal Form**

If you **are not currently working** as a nurse aide, you will be recertified for two years beginning from the last day you worked as a nurse aide for an approved nurse aide employer.

**Renewal Fees.** The renewal fee is **\$20**. This is a nonrefundable processing fee. You will not get your money back if you are not eligible for renewal. If you have any questions as to whether or not you are eligible, you should resolve this issue before submitting your form.

## Examination Content Outlines

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

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

The following outline gives an overview of the content of 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
    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 - 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
- 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
    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)
- G. Emergencies
  1. Emergency and disaster response protocols
  2. Immediate life-safety techniques
  3. Evacuation procedures
- H. Fire prevention and safety

**IV. Basic Nursing Care Provided by the Nurse Aide - 24%**

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

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

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

**Clinical Skills**

The following is a list of the clinical skills that you may be asked to perform during the Clinical Skills test. A checklist for these skills may be found online at [www.prometric.com/nurseaide/mi](http://www.prometric.com/nurseaide/mi).

**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 aides are expected to know to wash their hands before and after physical contact (touching) with the resident.

**I. Clinical Skills List**

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

## 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.

MICHIGAN CERTIFIED NURSE AIDE

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.

**MICHIGAN CERTIFIED NURSE AIDE**

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		



## Michigan Certified Nursing Assistant Application

### Instructions

- Please go to [www.prometric.com/NurseAide/MI](http://www.prometric.com/NurseAide/MI) 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/MI](http://www.prometric.com/NurseAide/MI).**
- All submitted applications must include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: MI 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 to [www.prometric.com/nurseaide](http://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.

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 ever taken a Certified Nurse Aide exam with Prometric? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Have you ever been a Certified Nurse Aide in the state of Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide your certification number: _____	
*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	Middle Initial
<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"/>
*Last Name	
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*Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous name (if applicable):	
*Street Address (including Apt. number or P.O. Box, if applicable)		
*City	*State <input type="text"/> <input type="text"/>	*ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Phone Number (including area code) <input type="text"/> <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		

### Certification Option/Eligibility

Please check a certification route.

<input checked="" type="checkbox"/>	<b>Certification Route</b>
	<b>Newly Trained Tester.</b> Candidate has completed training from an approved training program within the last 24 months in the state of Michigan. This is for a candidate who has <u>NOT</u> been previously certified in the state of Michigan.
	<b>Lapsed</b> Candidate is lapsed on the Michigan Registry for more than 24 months. Please enter your certification number here: _____
	<b>Reciprocity</b> Candidate trained and tested in one of the Michigan approved states found in the Candidate Information Bulletin at <a href="http://www.prometric.com/nurseaide/mi">www.prometric.com/nurseaide/mi</a> AND is currently active and in good standing on any state's CNA registry. Active and in good standing is defined as follows: a certified nurse aide who is currently an active CNA and has not been removed from any state Registry for abuse, neglect or misappropriation of resident property.  Please list the state that you originally trained and tested in and your certificate number:  State 1: <input type="text"/> <input type="text"/> Cert No: _____  Please list any other states that you are certified in:  State 2: <input type="text"/> <input type="text"/> Cert No: _____  State 3: <input type="text"/> <input type="text"/> Cert No: _____  State 4: <input type="text"/> <input type="text"/> Cert No: _____  State 5: <input type="text"/> <input type="text"/> Cert No: _____
	<b>Trained Out-of-State Tester</b> Candidate has completed training from an approved training program in the last 24 months in one of the Michigan-approved states found in the Candidate Information Bulletin at <a href="http://www.prometric.com/nurseaide/mi">www.prometric.com/nurseaide/mi</a> .

### Training Information

This section must be completed for applicants who are applying as a **Newly Trained Tester** or a **Trained Out-of-State Tester**.

<b>*Training Completion Date:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>*Training Program Code</b> (if available – see completion certificate).	
<b>*Name of Training Program</b>			
<b>*Training Program Mailing Address</b> (Street Address or P.O. Box)		<b>Training Program Phone Number:</b>	
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>*Training Instructors Name:</b>			

### Test Site Information

Please check one of the following options.

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

### Exam Selection and Processing/Exam Fees

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

<input checked="" type="checkbox"/>	<b>Newly Trained Tester</b>	<b>Fee</b>	<b>Total</b>
	Written and Clinical Skills	\$115	\$
	Oral and Clinical Skills (ADA packet required)	\$115	\$
	One-time Registration Fee (Required each 24-month eligibility period)	\$10	\$
<input checked="" type="checkbox"/>	<b>Lapsed Candidate</b>	<b>Fee</b>	
	Written and Clinical Skills	\$115	\$
	Oral and Clinical Skills (ADA packet required)	\$115	\$
	Registration Fee (onetime fee per eligibility period)	\$10	\$
<input checked="" type="checkbox"/>	<b>Re-tester</b>	<b>Fee</b>	
	Written or Oral Test ONLY (Oral requires ADA packet)	\$30	\$
	Clinical Skills Test ONLY	\$85	\$
<input checked="" type="checkbox"/>	<b>Reciprocity</b>	<b>Fee</b>	
	Reciprocity Application Processing Fee	\$20	\$
		<b>Total Fee</b>	

An additional rescheduling/no show fee of \$25 is required to reschedule an exam appointment with less than six 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 that if I have given false information in this application, my nurse aide certification may be invalidated and I could be prosecuted by the state of Michigan.
- I understand if I pass both parts of the Nursing Assistant Competency Exam **OR** if my application for Reciprocity is accepted, I will be placed on the Michigan Nurse Aide 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 I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, LARA, 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 the Social Security Number).

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

**Questions:** For additional information, please visit our website at [www.prometric.com/nurseaide](http://www.prometric.com/nurseaide).

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





# Payment Form

\*Candidate Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_



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

### Credit Card Type (Check One)

MasterCard     Visa     American Express

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

### Certified Check or Money Order Payments

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

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

Please mail completed forms, all supporting documentation and fees to:

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