

ARIZONA

NURSING ASSISTANT CANDIDATE HANDBOOK

VERSION 8.0

UPDATED & EFFECTIVE 2-1-2014



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Solutions throughout the
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CONTACT INFORMATION

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

HEADMASTER, LLP 8:00 am to 6:00 pm M-F (800) 393-8664
3310 McHugh Lane (Mountain Time)
P.O. Box 6609
Helena, MT 59604-6609 Fax: (406) 442-3357

QUESTIONS ABOUT NURSING ASSISTANT CERTIFICATION:

ARIZONA STATE BOARD OF NURSING .. 8:00 am to 5:00 pm M-F (602) 771-7800
4747 N. 7th St., Suite 200
Phoenix, AZ 85014-3653

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INTRODUCTION

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistant related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

This handbook describes the process of taking the Nursing Assistant competency examination and is designed to help prepare candidates for testing. There are two parts to the Nursing Assistant competency examination—a multiple-choice, knowledge test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Arizona Board of Nursing (AZBN) for certification in Arizona.

Arizona has approved Headmaster LLP to provide tests and scoring services for Nursing Assistant Testing. For question not answered in this handbook please contact Headmaster at toll free 800-393-8664 or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

SCHEDULING YOUR NURSING ASSISTANT EXAM

In order to schedule an examination date, candidates must have successfully completed an Arizona Board of Nursing (AZBN) approved, nursing assistant (NA) training program or have an AZBN-approved NA Education Waiver. In addition, all nursing assistant certification exam candidates must be registered with the AZBN.

Your training program has completed your AZBN registration online and you may schedule your exam date online at www.hdmaster.com (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at 800-393-8664. Securely processed VISA or MASTERCARD credit card or debit card information is required first. You will then be able to schedule your test date and receive your test confirmation letter online (Headmaster does not send test confirmation letters to candidates who self schedule). If you wish, you may schedule a test date by mailing to Headmaster a Scheduling and Payment Form 1402 indicating your test date choices along with your payment (money order, cashier's check, facility check, Visa or MasterCard – no personal checks or cash.)

If you have an AZBN-approved NA Education Waiver, Headmaster will complete your registration and scheduling upon receipt of your application. Complete the Headmaster NA Application Form 1101, and the Headmaster Scheduling and Payment Form 1402 and mail these forms, with your payment to Headmaster along with a copy of your training completion certificate or a **copy** of your AZBN NA Education Waiver to Headmaster at the address shown on the forms. Please print neatly, double-check your address, phone number, email address and social security number before signing the Headmaster testing application. Unsigned applications will be returned to you, which will delay testing.

The Headmaster application, scheduling and payment forms and three month regional test site schedule are available from the Arizona NA page of the Headmaster website, www.hdmaster.com. Please call Headmaster at 800-393-8664, Monday through Friday 8 am to 6 pm mountain time if you have questions or problems. For information on NA Education Waivers visit the AZBN website www.azbn.gov then click on Applications & Forms and scroll down to "Other Form Downloads".

Many training programs host and pre-schedule test dates for their graduating students. Check with your instructor to see if this is the case before you request an exam date. Regional test sites are open to all candidates. Regional test dates are posted on the AZ NA page of our website, www.hdmaster.com under the "Candidate Forms" column. Click on the button "Three Month Test Schedule". Be sure to read the important notes at the top of the first calendar.

Complete your Scheduling and Payment Form 1402 by including first and second date choices for your testing. Please keep in mind we need lead time to prepare and ship tests. Therefore, we cannot schedule you for a test date if we do not receive your form at least eight business days prior to your requested test date. Saturdays, Sundays and Holidays are not counted as business days.

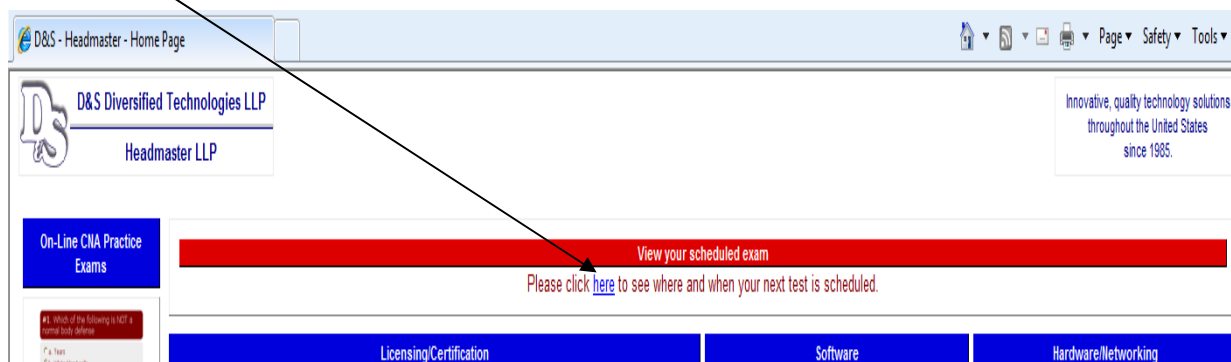
Please note:

1. Forms with missing information, payment or signatures will be returned to the candidate.
2. For AZBN approved NA Education Waivers, your name on your Certificate of Completion of Training must match the FIRST AND LAST names on your application exactly or your forms will be returned.
3. If you fax your forms, a credit card payment is required and a \$5 Priority Fax Service Fee applies.
4. If we are able to schedule you to test within 8 business days of your requested test date a \$15 Express Service Fee and/or a \$29.50 Overnight Express Shipping Fee per candidate may apply.
5. We do not accept personal checks or cash for testing fees.
6. We accept Money Orders, Cashiers Checks, Facility Checks, MasterCard or Visa cards.
7. You will be scheduled to take your knowledge and skill tests on the same day.
8. If you must reschedule, call us or leave us a message immediately at 800-393-8664!

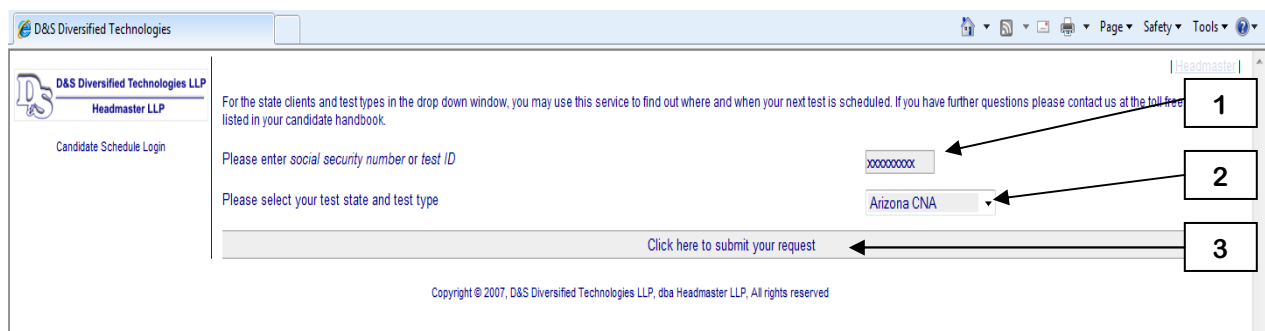
Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation letter at the time they are scheduled online.

When a candidate is scheduled by Headmaster, we will notify the candidate via mail or email of their test date and time. If you do not hear from Headmaster within 5 business days of sending us your scheduling request and payment, call us immediately or leave us a message on the answering machine at 1-800-393-8664.

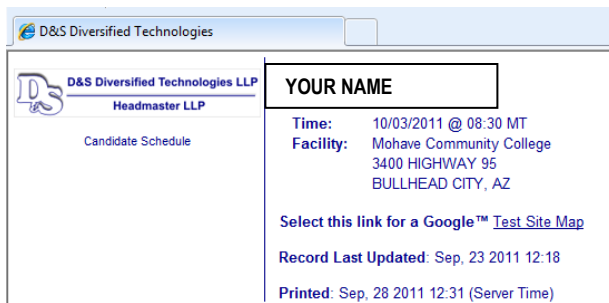
You may also verify your test date on-line by going to our home page at www.hdmaster.com and clicking **here**:



1. Type in your social security number
2. Choose Arizona CNA from the drop down box
3. Click on "Click here to submit your request"



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Candidate Schedule

YOUR NAME

Time: 10/03/2011 @ 08:30 MT
Facility: Mohave Community College
3400 HIGHWAY 95
BULLHEAD CITY, AZ

Select this link for a [Google™ Test Site Map](#)

Record Last Updated: Sep, 23 2011 12:18
Printed: Sep, 28 2011 12:31 (Server Time)

TEST DAY

- You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start. (*For example:* if your test start time is 8:00 a.m. – you need to be at the test site for check-in no later than 7:30 to 7:40 a.m.)
- You must bring a **GOVERNMENT ISSUED, SIGNED, NON-EXPIRED, PHOTO IDENTIFICATION**. Examples of the forms of government issued, signed, non-expired, photo ID's that are acceptable are:
 - ♦ **Driver's License**
 - ♦ **State issued Identification Card** (no expiration date on this card, but it is an acceptable form of ID per AZBN)
 - ♦ **Passport** (Passport Cards *are not* acceptable)
 - ♦ **Military Identification**
 - ♦ **Alien Registration Card**
 - ♦ **Tribal Identification Card**
 - ♦ **Work Authorization Card**
- Your **FIRST** and **LAST printed names** on your ID that you will present to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** your FIRST and LAST names that were entered in the AZ nursing assistant database by your training program. You may call Headmaster at 1-800-393-8664 to confirm that your name of record is matching your government issued ID.
- You will not be admitted for testing if you do not bring proper ID, your ID is invalid or if your FIRST and LAST printed names on your ID do not match your current name of record. You will be considered a NO SHOW. You will have to pay for another test and date.***
- We recommend that you read and bring your test notification letter with you on your test day although it is not required for test admission.
- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. DO NOT BRING or USE INK PENS. The scanner can't read ink marks on your answer sheet.

TESTING POLICY

The following policies are observed at each test site—

- PLAN TO BE AT THE TEST SITE UP TO 5 HOURS.**
- If you arrive late for your confirmed test, or if you do not bring appropriate government issued ID, your ID is invalid or your FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the test and any test fees paid *will NOT be refunded*.
- If you NO SHOW for your testing day you must re-submit Form 1402 (Scheduling and Payment Form) to schedule another test date. If your test is paid for by a government funded facility, that facility will be charged a No Show fee.**
- Cell phones, electronic devices and personal items are not permitted in the testing room and there is no place for storage of personal belongings. Anyone caught using these devices during testing will be removed, forfeit all testing fees and will not be permitted to test for 6 months. *You may, however, use them during your free time.*
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.***

- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected and returned to you when you have completed the test. The only exception is a word-for-word only language translation dictionary that you must show to the RN Test Observer at check-in and the knowledge test proctor before you start the knowledge test. Only paper back or hard back is permitted. NO ELECTRONIC TRANSLATION DICTIONARIES or any electronic devices are allowed.
- You may not take any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke during the test.
- If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and the Arizona State Board of Nursing.
- **No visitors, guests, pets or children are allowed.**
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a CNA. (examples: Cast, Braces, Crutches, etc.) Call Headmaster immediately if you are on doctor's orders and you **must fax a doctor's order within 5 working days** of your scheduled testing day to qualify for a free reschedule.

Per the Arizona Board of Nursing a failing candidate may only take the skill test twice with the same observer to reduce the perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of choice you have the option of testing with the same test observer for a third attempt by letting Headmaster know that is your wish, or you may choose another facility to test at.

Per the Arizona Board of Nursing any candidate who fails their knowledge exam for the third time, or any subsequent knowledge exam, will be required to wait 45 days before scheduling a retest. This does not apply to failed attempts on the manual skill test.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES

Reschedules - All candidates are entitled to one free reschedule any time up until **1 business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.**

Cancellations – Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel a test any time up until 1 business day preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$28 cancellation fee. We accept faxed or emailed requests for cancellation.

No Shows- If you are scheduled for your test and do not show up without notifying Headmaster at least 1 business day prior to your scheduled testing event, **excluding** Saturdays, Sunday, and Holidays, you will be considered a **NO SHOW** and must submit a new application (with payment) to be scheduled for a new test date.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received within 1 business day preceding a scheduled test date, excluding Saturdays, Sundays, and Holidays, a NO SHOW status will exist and your Re-test Request Form with payment must be submitted to Headmaster to secure a new test date.

If you No Show for any of the following reasons please provide the following documentation:

Car breakdown: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the test date, if we do not receive proof within the 2 business day time frame you will have to pay as though you were a No Show.

Medical emergency: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a No Show.

Death in the family: Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed test date.

Test Result Review Requests: You may request a review of your test results. There is a \$25 test review fee. To request a review submit \$25 (cashier's check, money order, credit or debit card with expiration date) along with a detailed explanation of why you feel your results are incorrect. You must submit your request for a review, the payment and a detailed explanation via email, fax or mail **within 10 business days** of your test date (excluding Saturdays, Sundays and Holidays). Late requests or requests missing review fees will be returned and will not be considered. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email or mail the review results to your email address or physical address of record and to the Arizona Board of Nursing. The review result determination will either: Uphold your test result as scored and may or may not award a free knowledge and or skill retake, or modify your test results and refund your test review fee.

SECURITY

Anyone who removes or tries to remove test material, takes notes or information from the test site will be prosecuted to the full extent of the law, will be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials, other than this candidate handbook, may not be brought to the test site. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a NO SHOW status in our computer scoring system, and your name will be reported to the appropriate agency.

THE KNOWLEDGE/ORAL TEST

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 75 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?") For paper tests, fill in only one (1) oval on the answer sheet for each question. **DO NOT** mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. You must have a score of 75% or better to pass the knowledge portion of the exam.

Electronic testing called WebEtest® using Internet connected computers is utilized at several sites in Arizona. For electronic tests, the Knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers. Testing online with WebEtest® allows next business day scoring of tests and eliminates examination material shipping time so test results are available days sooner than with traditional paper and pencil testing.

An audio (Oral) version of the knowledge test is available. However, you must request an Oral test when you submit your application. There is an additional charge for an Oral Test. The questions are read to you, in a neutral manner, from a cassette tape in addition to having the knowledge test and scan form for the paper test. For WebEtest® you will hear the questions on the computer headphones and have control buttons on the computer screen. (play, rewind, pause etc.)

ESL (English as a second language) students are allowed to utilize a word-for-word only translation dictionary for the knowledge portion of the test. The translations must be word-for-word translations only. **NO DEFINITIONS ARE ALLOWED.** The translation dictionary must be in print format. Electronic dictionaries are prohibited. The translation dictionary must be shown to the RN Test Observer at check in and the Knowledge Test Proctor before starting the Knowledge test.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to the Arizona Board of Nursing.

KNOWLEDGE TEST CONTENT

The Knowledge Test consists of 75 multiple-choice questions. Questions are selected from subject areas based on the approved Arizona test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- | | |
|--------------------------|--|
| 1) Safety (7) | 7) Communication (7) |
| 2) Infection Control (8) | 8) Data Collection (7) |
| 3) Personal Care (9) | 9) Basic Nursing Skills (9) |
| 4) Mental Health (4) | 10) Role and Responsibility (7) |
| 5) Care Impaired (4) | 11) Disease Process (4) |
| 6) Resident Rights (5) | 12) Older Adult Growth & Development (4) |

THE MANUAL SKILL TEST

The purpose of the Skill Test is to evaluate your Nursing Assistant skills. You will find a complete list of skill tasks in this handbook. You will be assigned the task Perineal Care or the task Bed Pan & Output and an additional three (3) randomly selected tasks from the following list for you to perform on your Skill test. The steps that are listed for each skill are the steps required for a Nursing Assistant to completely demonstrate the skill task. You will be scored on these steps. You must have a score of 80% on each task **without missing any key steps** (the **Bolded** steps) to pass the skill portion of the test. Steps marked with an * are weighted more than steps without an * when your percentage score is calculated. If you fail the skill test you will have to take another skill test with four tasks on it, one of which will be one of the tasks you failed, one of the two mandatory tasks and 2 others that will be randomly chosen.

MANUAL SKILLS TEST - WHAT TO EXPECT

- Each of the four scenarios associated with your four assigned tasks will be read to you immediately before you do each task.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the four scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin because you may not ask questions once the Skill Test begins.
- You will be given **forty (40) minutes** to complete the four (4) tasks. You must correctly perform all four (4) tasks in order to pass the Skill Test. You will be told when 15 minutes remain.
- If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 40 minutes or until you tell the RN Test Observer you are finished with the Skill Test. Once the Skill Test has begun the RN Test Observer may not answer questions.
- At any time during any skill, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- **All steps must actually be done, steps that are only verbalized WILL NOT COUNT.**

******THE SKILL TASK STEPS INCLUDED IN THIS HANDBOOK ARE FOR DISCRETE SKILL TASK STEPS USED FOR OBJECTIVE TESTING PURPOSES ONLY AND THE STEPS INCLUDED HEREIN ARE NOT INTENDED TO BE USED TO PROVIDE COMPLETE CARE THAT WOULD BE ALL INCLUSIVE OF BEST CARE PRACTICED IN AN ACTUAL WORK SETTING******

MANUAL SKILLS LISTING

Every step must actually be performed and demonstrated during testing to receive credit.

AMBULATION WITH GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to be performed to the resident and obtains gait belt.
- 3) **Locks bed brakes to ensure resident's safety.**
- 4) **Locks wheelchair brakes to ensure resident's safety.**

- 5) Brings resident to sitting position and places gait belt around waist to stabilize trunk. Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 6) Adjust bed so that resident's feet are comfortably flat on the floor when resident is sitting on the bed.
- 7) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 8) Brings resident to standing position, using proper body mechanics.
- 9) With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates resident at least 10 steps to the wheelchair.
- 10) Assists resident to turn and sit in the wheelchair in a controlled manner that ensures safety. Removes gait belt.
- 11) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 12) Maintains respectful, courteous interpersonal interactions at all times.
- 13) Places resident within easy reach of the call light or signaling device and water.

AMBULATION WITH WALKER

- 1) Greets resident by name and performs hand hygiene
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to resident.
- 3) **Locks bed brakes to ensure resident's safety.**
- 4) **Locks wheelchair brakes to ensure resident's safety.**
- 5) Brings resident to sitting position. Places gait belt around waist to stabilize trunk.
- 6) Tightens gait belt. Checks gait belt by slipping fingers between gait belt and resident.
- 7) Assists resident to put on non-skid slippers/shoes. (No non-skid socks)
- 8) Positions walker in front of resident.
- 9) Assists resident to stand and ensures resident has stabilized walker.
- 10) Positions self behind and slightly to side of resident.
- 11) Safely ambulates resident at least 10 steps to wheelchair.
- 12) Assists resident to turn and sit in wheelchair, using correct body mechanics and removes gait belt.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 14) Maintains respectful, courteous interpersonal interactions at all times.
- 15) Places resident within easy reach of the call light or signaling device and water.

APPLYING AN ANTIEMBOLIC STOCKING

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to resident.
- 3) Provides for resident's privacy by only exposing one leg.
- 4) Gathers or turns stocking down inside out to the heel.
- 5) Places stocking over the toes, foot, and heel and rolls OR pulls up the leg.
- 6) Checks toes for possible pressure from stocking and adjusts as needed. (*)
- 7) Leaves resident with stocking that is smooth and wrinkle free. (*)
- 8) **Leaves resident with stocking that is properly placed without restriction.**
- 9) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 10) Maintains respectful, courteous interpersonal interactions at all times.
- 11) Leaves call light or signal calling device and water within easy reach of the resident.

BEDPAN AND OUTPUT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains the procedure to resident.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Candidate puts on gloves and positions resident on bedpan correctly using correct body mechanics.
- 5) Raises head of bed to comfortable level.
- 6) Leaves call light and tissue within reach of resident and candidate steps away to a private area of room away from resident.
- 7) When signaled by the RN Test Observer the candidate returns with wet wash cloth.
- 8) Washes/assists resident to wash and dry hands.
- 9) Discards soiled linen in appropriate container.
- 10) Candidate gently removes bedpan and holds while the Observer adds a known quantity of fluid.
- 11) Candidate measures output.
- 12) Lowers bed if raised.
- 13) Empties, rinses and dries bedpan and graduate.
- 14) Removes and disposes of gloves.
- 15) Records output on pad.
- 16) Candidate's recorded output is within 30ml of RN Test Observer's reading.**
- 17) Washes Hands: Begins by wetting hands.
- 18) Applies liquid soap to hands.
- 19) Rubs hands together using friction for at least 20 seconds.
- 20) Interlaces fingers pointing downward.
- 21) Washes all surfaces of hands and wrists with liquid soap.
- 22) Rinses hands thoroughly under running water with fingers pointed downward.
- 23) Dries hands on clean paper towel(s).
- 24) Turns off faucet with a clean dry paper towel(s).
- 25) Discards paper towels into trash container.
- 26) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 27) Maintains respectful, courteous interpersonal interactions at all times.
- 28) Leaves call light or signaling device and water within easy reach of the resident.

BED BATH- WHOLE FACE AND ONE ARM, HAND AND UNDERARM

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to the resident.
- 3) Provides privacy for resident, pulls privacy curtain. Raises bed to appropriate working level.
- 4) Prepares resident for a complete bath, even though will be demonstrating a partial bed bath.
- 5) Covers resident with a bath blanket.
- 6) Removes top bed linens to foot of bed.
- 7) Removes resident's gown without exposing resident.
- 8) Fills basin with comfortably warm water.
- 9) Washes and dries face WITHOUT SOAP.
- 10) Uses clean portion of wash cloth and wipes eyes gently from the inner to the outer using a clean portion of the wash cloth with each stroke.
- 11) Places towel under arm, only expose one arm.
- 12) Washes arm, hand and underarm using soap and water.
- 13) Rinses arm, hand, and underarm and dries entire area.
- 14) Assists resident to put on a clean gown.
- 15) Lowers bed if it was raised.
- 16) Empties rinses and dries equipment and returns to storage.
- 17) Disposes of soiled linen in appropriate container.

- 18) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer
 - b. Hands rubbed together until hands are completely dry.
- 19) Maintains respectful, courteous interpersonal interactions at all times.
- 20) Leaves call light or signaling device and water within easy reach of the resident.

BLOOD PRESSURE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to resident. Provides privacy for resident, pulls privacy curtain.
- 3) Assists resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
- 4) Rolls resident's sleeve up about 5 inches above the elbow.
- 5) Applies the cuff around the upper arm just above the elbow and lines cuff arrows up with brachial artery.
- 6) Cleans earpieces of stethoscope appropriately and places in ears.
- 7) Cleans diaphragm of the stethoscope.
- 8) Places stethoscope over brachial artery.
- 9) Holds stethoscope snugly in place.
- 10) Inflates cuff to 30mmHG above RN Test Observer provided loss of pulse number.
- 11) Slowly releases air from cuff to disappearance of pulsations. Removes cuff.
- 12) Candidate has 2 attempts to take blood pressure (additional attempts will count against the candidates score).
- 13) Records reading on pad provided by tester.
- 14) **Candidate's recorded systolic blood pressure is within 6mmHg of the test observer's and diastolic is within 8mmHg.**
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device and water within easy reach of the resident.

DENTURE CARE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to resident.
- 3) Lines sink with a protective lining that would help prevent damage to the dentures. (Use cloth towel or washcloth, do not use paper towels.)
- 4) Puts on gloves and removes dentures from cup.
- 5) Places dirty dentures in emesis basin.
- 6) Handles dentures carefully to avoid damage. Never places dentures in/on a contaminated surface.
- 7) Rinses denture cup.
- 8) Applies denture cleanser and thoroughly brushes dentures including the inner, outer, and chewing surfaces of upper and lower dentures as well as the denture groove and/or plate that will touch any gum surface. (One denture can be used for testing purposes.) Rinses dentures using clean cool water.
- 9) Places dentures in denture cup.
- 10) Adds cool clean water to denture cup.
- 11) Empties, rinses and dries equipment and returns to storage.
- 12) Discards protective lining in an appropriate container.
- 13) Removes gloves and disposes of gloves in an appropriate container.
- 14) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 15) Maintains respectful, courteous interpersonal interactions at all times.
- 16) Leaves call light or signaling device and water within easy reach of the resident.

DRESSING BEDRIDDEN RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains the procedure to the resident.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Keeps resident covered while removing gown.
- 5) Resident always remains lying in bed.
- 6) Removes gown from unaffected side first.
- 7) Places used gown in laundry hamper.
- 8) From the weak side first, dress the resident in a shirt or blouse, the candidate inserts their hand through the sleeve of the shirt or blouse and grasps the weak hand of the resident. (*) Candidate is free to position resident in a manner acceptable to dress the resident but never sits the resident on the side of the bed.
- 9) From the weak side first, dress the resident in pants, the candidate assists the resident to raise their buttocks or turns resident from side to side and draws the pants over the buttocks and up to the resident's waist. (*)
- 10) When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
- 11) Leaves the resident in correct body alignment and comfortably dressed.
- 12) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 13) Maintains respectful, courteous interpersonal interactions at all times.
- 14) Leaves call light or signaling device and water within easy reach of the resident.

FEEDING THE DEPENDENT RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to the resident.
- 3) Candidate looks at diet card and indicates that resident has received the correct tray.
- 4) **Positions the resident in an upright position. At least 45 degrees.**
- 5) Washes and dries resident's hands before feeding.
- 6) Protects clothing from soiling by using napkin, clothing protector, or towel.
- 7) Discards soiled linen appropriately.
- 8) Remains at eye level or below while feeding resident.
- 9) Describes the foods being offered to the resident.
- 10) Offers water or other fluid frequently.
- 11) Offers food in small amounts at a reasonable rate, allowing resident to chew and swallow.
- 12) Wipes resident's hands and face during meal as needed.
- 13) Leaves resident clean and in a position of comfort.
- 14) Records intake in percentage of total solid food eaten on I&O pad provided.
- 15) Records intake of fluid in ml on I&O sheet provided.
- 16) **Candidate is within 25% of the solids and within 30ml of the fluids consumed.**
- 17) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device and water within easy reach of the resident.

FLUID INTAKE

- 1) Candidate observes dinner tray. Three known capacity containers will have varying fluid levels.
- 2) Candidate may use supplied pad and pencil or calculator, if needed, to arrive at the number of ml consumed.
- 3) Candidate decides on ml of fluid consumed from each container.
- 4) Candidate obtains total fluid consumed in ml.
- 5) Candidate records total fluid consumed on I & O sheet.
- 6) **Candidate's total recorded fluid must be within 30ml of correct total.**

ISOLATION GOWN AND GLOVES

- 1) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Candidate faces back opening of gown.
- 3) Candidate unfolds the gown.
- 4) Candidate places arms through each sleeve.
- 5) Candidate secures the neck opening.
- 6) Candidate secures the waist, making sure that the back flaps cover clothing as completely as possible.
- 7) Candidate puts on gloves overlapping gown sleeves at the wrist.
- 8) When directed the candidate will remove the gloves, turning inside out and disposes in the biohazard container before removing the gown.
- 9) Unfastens gown at the neck.
- 10) Unfastens gown at the waist.
- 11) Candidate will remove the gown by folding soiled area to soiled area.
- 12) Disposes of gown in the provided biohazard container.
- 13) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.

MOUTH CARE—BRUSHING TEETH

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to the resident.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Drapes the chest with towel to prevent soiling.
- 5) Candidate puts on gloves.
- 6) Applies toothpaste to toothbrush.
- 7) **Brushes resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.**
- 8) Cleans tongue.
- 9) Assists resident in rinsing mouth.
- 10) Wipes resident's mouth.
- 11) Removes soiled linen.
- 12) Places soiled linen in hamper or equivalent.
- 13) Empties emesis basin.
- 14) Rinses and dries emesis basin.
- 15) Rinses toothbrush.
- 16) Returns emesis basin and toothbrush to storage.
- 17) Disposes of gloves properly in the appropriate container.
- 18) Leaves resident in position of comfort.
- 19) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 20) Leaves call light or signaling device and water within easy reach of the resident.
- 21) Maintains respectful, courteous interpersonal interactions at all times.

MOUTH CARE OF COMATOSE RESIDENT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Provides privacy for resident, pulls privacy curtain.
- 3) **Turns resident to a side lying position to avoid choking or aspiration.**
- 4) Drapes chest/bed as needed to protect from soiling.
- 5) Puts on gloves, uses swabs and cleaning solution. (May not use toothbrush or toothpaste.)

- 6) Gently and thoroughly cleans the inner, outer, and chewing surfaces of all upper and lower teeth.
- 7) Gently and thoroughly cleans the gums and tongue.
- 8) Wipes resident's mouth.
- 9) Returns resident to position of comfort and safety.
- 10) Discards towel and washcloth in linen hamper. Removes gloves and disposes properly.
- 11) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 12) Maintains respectful courteous, interpersonal interactions at all times.
- 13) Leaves call light or signaling device and water within easy reach of the resident.

MAKING AN OCCUPIED BED

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Gathers linen.
- 3) Transports linen correctly without touching uniform.
- 4) Places linen on a clean barrier, such as a cloth towel or chux pad. May place linen on the over-bed table, seat of the chair, on night stand or over the end of the bed.
- 5) Explains procedure to resident.
- 6) Provides privacy for resident, pulls privacy curtain.
- 7) Directs observer to stand on opposite side of bed to provide for safety. (*)
- 8) Raises bed to working height.
- 9) Resident is to remain covered at all times.
- 10) Assists resident to roll onto side toward observer. Candidate instructs observer to remain standing on opposite side of the bed.
- 11) Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
- 12) Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half.
- 13) Secures two fitted corners.
- 14) Candidate directs the observer to stand on the opposite side of bed. (*)
- 15) Assists the resident to roll over the bottom linen, preventing trauma and avoidable pain to resident.
- 16) Removes soiled linen without shaking.
- 17) Avoids placing dirty linen on the over bed table, chair or floor.
- 18) Avoids touching linen to uniform.
- 19) Disposes of soiled linen in hamper or equivalent.
- 20) Pulls through and smooths out the clean bottom linen.
- 21) Secures the other two fitted corners.
- 22) Resident's body never touches the bare mattress. (*)
- 23) Places clean top linen and blanket or bed spread over covered resident.
- 24) Removes used linen keeping resident unexposed at all times.
- 25) Tucks in top linen and blanket or bedspread at the foot of bed.
- 26) Makes mitered corners at the foot of the bed.
- 27) Applies clean pillow case, with zippers and/or tags to inside.
- 28) Gently lifts resident's head while replacing the pillow.
- 29) Lowers bed if it was raised.
- 30) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 31) Maintains respectful, courteous interpersonal interactions at all times.
- 32) Leaves call light or signaling device and water within easy reach of the resident.

PERINEAL CARE FEMALE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Provides privacy for resident, pulls privacy curtain.
- 3) Explains procedure to the resident/mannequin.
- 4) Fills basin with comfortably warm water.

- 5) Raises the bed to proper working height.
- 6) Directs RN Test Observer to stand on the opposite side of the bed to provide for safety. (*)
- 7) Turns resident toward observer or raises resident's hips and places water proof pad under buttocks.
- 8) Puts on gloves.
- 9) Exposes perineum only.
- 10) Separates labia. (Candidate must also verbalize separating.)
- 11) Uses water and soapy wash cloth.
- 12) Cleans one side of labia from top to bottom. (*)
- 13) Using a clean portion of a wash cloth, cleans other side of labia from top to bottom.
- 14) Using a clean portion of a wash cloth, cleans the vaginal area from top to bottom.
- 15) Using a clean portion of a wash cloth, rinses one side of labia from top to bottom.
- 16) Using a clean portion of a wash cloth, rinses the other side of labia from top to bottom.
- 17) Using a clean portion of a wash cloth, rinses the vaginal area from top to bottom.
- 18) Dries the area.
- 19) Covers the exposed area with the bath blanket.
- 20) Assists resident to turn onto side away from the candidate.
- 21) With a clean wash cloth, cleans the rectal area.
- 22) Uses water, wash cloth and soap.
- 23) Cleans area from vagina to rectal area. (*)
- 24) Uses a clean portion of a wash cloth with any stroke.
- 25) Using a clean portion of a wash cloth, rinses the rectal area from vagina to rectal area.
- 26) Uses a clean portion of a wash cloth with any stroke.
- 27) Dries area.
- 28) Turns resident toward observer or raises hips and removes water proof pad from under buttocks.
- 29) Positions resident (mannequin) on their back.
- 30) Disposes of soiled linen in an appropriate container.
- 31) Lowers bed, if it was raised.
- 32) Empties, rinses and dries equipment.
- 33) Returns equipment to storage.
- 34) Removes gloves and disposes of gloves in appropriate container.
- 35) Washes Hands: Begins by wetting hands.
- 36) Applies liquid soap to hands.
- 37) Rubs hands together using friction for at least 20 seconds.
- 38) Interlaces fingers pointing downward.
- 39) Washes all surfaces of hands and wrists with liquid soap.
- 40) Rinses hands thoroughly under running water with fingers pointed downward.
- 41) Dries hands on clean paper towel(s).
- 42) Turns off faucet with a clean dry paper towel(s).
- 43) Discards paper towels into trash container.
- 44) Does not re-contaminate hands at any point by touching the faucet or sink during/after the procedure.
- 45) Maintains respectful, courteous interpersonal interactions at all times.
- 46) Leaves call light or signaling device and water within easy reach of the resident.

POSITIONING RESIDENT ON SIDE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains what is to be done.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Positions bed flat. Raises bed to appropriate working height.
- 5) Ensures that the resident's face never becomes obstructed by the pillow. (*)
- 6) Candidate directs RN Test Observer to stand on the opposite side of the bed to provide for safety, or always turns resident towards self. (*)
- 7) Candidate moves head, hips and legs toward self to provide room on the bed that will be used to safely turn the resident on his/her side.
- 8) If observer wasn't directed to side opposite the working side of the bed, candidate moves to opposite side of the bed and turns resident toward self, otherwise may remain on working side of the bed and turns resident toward the previously positioned observer.
- 9) Assists/turns resident on his/her side.

- 10) Resident is placed on the correct RN Test Observer stated side.
- 11) Check to be sure resident is not lying on his/her arm.
- 12) Maintains correct body alignment.
- 13) Places support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences- under the head, the upside arm, behind the back and between the knees. (*)
- 14) Lowers bed if it was raised.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION HIP & KNEE

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to the resident.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) Positions bed flat.
- 5) **Positions resident supine.**
- 6) Positions resident in good body alignment.
- 7) Correctly supports joints at all times by placing one hand under the knee and the other hand under the ankle.
- 8) Moves the entire leg away from the body. (abduction)
- 9) Moves the entire leg back toward the body. (adduction)
- 10) Completes abduction and adduction of the hip three times.
- 11) Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle. Bends the resident's knee and hip toward the resident's trunk. (flexion of hip and knee at the same time)
- 12) Straighten the knee and hip. (extension of knee and hip at the same time)
- 13) Complete flexion and extension of knee and hip three times.
- 14) **Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate must ask if they are causing any pain or discomfort.**
- 15) Leaves resident in a comfortable position.
- 16) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 17) Maintains respectful, courteous interpersonal interactions at all times.
- 18) Leaves call light or signaling device and water within easy reach of the resident.

RANGE OF MOTION SHOULDER

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to the resident.
- 3) Provides privacy for resident, pulls privacy curtain.
- 4) **Positions resident on back.**
- 5) Positions resident in good body alignment.
- 6) Correctly supports the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
- 7) Raises resident's arm up and over the resident's head. (flexion)
- 8) Brings the resident's arm back down to the resident's side. (extension)
- 9) Completes full range of motion for shoulder through flexion and extension three times.
- 10) Continue supporting joints correctly and move the resident's entire arm out away from the body. (abduction)
- 11) Return the resident's arm to the middle of the resident's body. (adduction)
- 12) Complete full range of motion for shoulder through abduction and adduction three times.

- 13) Does not cause discomfort or pain and does not force any joint beyond the point of free movement. Candidate **must ask** if they are causing any pain or discomfort.
- 14) Leaves resident in a comfortable position.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Leaves call light or signaling device and water within easy reach of the resident.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains the procedure to be performed to the resident and obtains a gait belt.
- 3) Positions wheelchair at the foot or head of the bed.
- 4) **Locks wheelchair brakes to ensure resident's safety.**
- 5) **Locks bed brakes to ensure resident's safety.**
- 6) Assists resident to sitting position using proper body mechanics and places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk. Tightens gait belt.
- 7) Checks gait belt by slipping fingers between gait belt and resident.
- 8) Assist in putting on non-skid slippers/shoes. (No non-skid socks)
- 9) Adjust bed so that resident's feet are comfortably flat on the floor.
- 10) Grasps the gait belt with both hands to stabilize the resident.
- 11) Brings resident to a standing position using proper body mechanics.
- 12) **Does not attempt to ambulate resident.**
- 13) Assist resident to pivot and sit in a controlled manner that ensures safety.
- 14) Removes gait belt.
- 15) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 16) Maintains respectful, courteous interpersonal interactions at all times.
- 17) Places resident within easy reach of the call light or signaling device and water.

PIVOT TRANSFER A WEIGHT BEARING, NON-AMBULATORY RESIDENT FROM WHEELCHAIR TO BED USING A GAIT BELT

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to be performed to the resident.
- 3) Positions wheelchair at foot or head of bed.
- 4) Adjust bed so that resident's feet will be comfortably flat on the floor when sitting on the bed.
- 5) **Ensures resident's safety. Locks wheelchair brakes.**
- 6) **Ensures resident's safety. Locks bed brakes.**
- 7) Places gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
- 8) Tightens gait belt so that fingers of candidate's hand can be comfortably slipped between gait belt and resident.
- 9) Grasps the gait belt with both hands to stabilize the resident.
- 10) Brings resident to standing position using proper body mechanics.
- 11) **Does not attempt to ambulate resident.**
- 12) Assists resident to pivot and sit on bed in a controlled manner that ensures safety.
- 13) Removes gait belt.
- 14) Assists resident in removing non-skid slippers.
- 15) Assists resident to move to center of bed, supporting extremities as necessary.
- 16) Makes sure resident is comfortable and in good body alignment.
- 17) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 18) Maintains respectful, courteous interpersonal interactions at all times.
- 19) Leaves call light or signaling device and water within easy reach of the resident.

VITAL SIGNS - TEMPERATURE, PULSE AND RESPIRATION

- 1) Greets resident by name and performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 2) Explains procedure to resident.
- 3) Correctly turns on digital oral thermometer and places sheath on thermometer.
- 4) Gently inserts bulb end of thermometer in mouth under tongue.
- 5) Leaves thermometer in place for appropriate length of time.
- 6) Removes thermometer and candidate reads and records the temperature reading on I&O sheet provided.
- 7) **Candidate's recorded temperature varies no more than .1 degree from Test Observer's.**
- 8) Candidate discards sheath appropriately.
- 9) Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
- 10) Counts pulse for 60 seconds or 30x2. Then records on the I&O sheet provided.
- 11) **Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.**
- 12) Candidate counts respirations for 60 seconds or 30x2 and records results on I&O sheet provided.
- 13) **The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.**
- 14) Performs hand hygiene.
 - a. Covers all surfaces of hands with hand sanitizer.
 - b. Hands rubbed together until hands are completely dry.
- 15) Maintains respectful, courteous interpersonal interactions at all times.
- 16) Leaves call light or signaling device and water within easy reach of the resident.

TEST RESULTS

After you have completed both the Knowledge Test and Skill Test components your test results will be sent to the Arizona Board of Nursing. You will be certified by the Board only after you meet all Board requirements including passing both the knowledge and skill test components. If you fail either test component, you must reapply to retake the one component that you failed. Procedures for reapplying and detailed test results are included in a failure notification letter mailed or emailed to your address on record.

Test results will be available the same day that they are graded on our website at www.hdmaster.com (3-5 days after a paper testing event). If you tested at a WebETest® facility your test results will be available 24 to 48 hours after an electronic test event (**Excluding** Saturdays, Sundays and Holidays).

You are eligible to test as many times as needed within 2 years of the date of training program completion. After two years, you must complete an AZBN approved training program in order to be eligible to re-test.

You may check your test results on-line by going to www.hdmaster.com, click on ARIZONA and click on On-Line Test Results.

The screenshot shows the HD Master website for Arizona CNA Testing and Certification. The page features a yellow header with the company logo and name. Below the header, a large yellow banner contains a notice about the migration of services to Montana. The main content area is organized into four columns: 'Candidate Forms', 'Test Site Forms', 'Observer Forms', and 'Contacts'. The 'On-Line Test Results' link is highlighted in the 'Candidate Forms' column. The 'Contacts' column lists Teresa Whitney as the Program Manager. The page also includes a 'Visitors' counter showing 027621 and a 'Get Acrobat Reader' button.

--continued on next page--

1. Type in your social security number
2. Type in your test date
3. Type in your birth date
4. Click on Submit Score Report Request

D&S Diversified Technologies LLP
Headmaster LLP

PO Box 6609
Helena, MT 59604-6609

Phone: (800)393-8664
Fax: (406)442-3357

Arizona CNA
Score Report Login

Headmaster

Directions

To receive your online score report you must complete the fields as indicated below using the **required formats**. If you are certain that you have completed the fields correctly, and you do not receive a score report, it is likely that your tests have not been scored. Electronic tests require 1 day for official scoring, while paper tests require 1 to 4 days depending on mail service. If you do not receive a score report, please return at a later date and submit your request.

Important Note: Scores will be available **after 6:00 PM mountain time** on the day they are scored. (electronic tests are scored the next business day and paper tests scored within 3-5 business days after testing.)

Required Login Fields

Please enter your **social security # or test ID** 000000000

Please enter the **test date** 12/31/2012 (mm/dd/yyyy)

Please enter your **birthdate** 01/01/1970 (mm/dd/yyyy)

Submit Score Report Request

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RETAKING THE NURSING ASSISTANT TEST

1. Make address corrections to the top portion of your failure results letter Re-Test Request Form (Form 1301).
2. Choose test dates from the test schedule (Form 1700) and write them on the Re-Test Request Form.
3. Check the Exam type and Method of Payment and sign the bottom of your Re-Test Request Form and mail or fax to Headmaster. If faxed, be sure to include credit card information on your Re-Test Request Form.
4. If you lost your failure letter (Form 1301), you may print your results on-line at www.hdmaster.com or complete a Scheduling and Payment Form (1402):
 - a. Fill out Exam types and Fee payment on a new Scheduling and Payment Form (Form 1402) and choose test dates from the test schedule (Form 1700) and write them on the Scheduling and Payment Form (1402) under Option 1. (Regional Test Site Schedule.)
5. Headmaster is unable to schedule you over the telephone for your retest. You will need to submit your Re-Test Request Form (Form 1301) or Scheduling and Payment Form (1402) to Headmaster either by fax (\$5.00 extra fax fee) or by mail.
6. You can schedule a test or re-test on-line at www.hdmaster.com with a VISA or MASTERCARD (click on Arizona, click on WebETest© Start Page, click on Select Test Event/Reschedule and then log-in with your secure Test ID# and Pin# located on your test results letter, you will need to pay with a VISA or MASTERCARD first and then will be able to schedule. Call Headmaster at 800-393-8664 if assistance is needed or to get your ID# and Pin#.)
7. ***Per the Arizona Board of Nursing, a failing candidate may only take the skill test twice with the same observer to reduce the perception of bias and lessen the chance of over-familiarity between candidate and observer. If an alternate observer is not available at your facility of choice you have the option of testing with the same test observer for a third attempt by letting Headmaster know that is your wish, or you may choose another facility to test at.***
8. ***Per the Arizona Board of Nursing, any candidate who fails their knowledge exam for the third time, or any subsequent knowledge exam, will be required to wait 45 days before scheduling a retest. This does not apply to failed attempts on the manual skill test.***

KNOWLEDGE PRACTICE TEST

Available on our web site at www.hdmaster.com we offer a free knowledge test question of the day and a ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on the State test plan, and each practice test taken will be unique. A mastery learning testing method is used. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Knowledge/Oral test.

1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C 2-A 3-D

KNOWLEDGE TEST VOCABULARY LIST

| | | |
|-------------------------------|------------------------|-------------------------------|
| abandonment | angina | bed cradle |
| abdominal thrust | anterior | bed height |
| abduction | antibacterial | bed making |
| abduction pillow | antibiotics | bed position |
| abductor wedge | antiembotitic | bedrest |
| absorption | anxiety | behavior |
| abuse | aphasia | beliefs |
| accidents | apical | biohazard |
| activities | apnea | bladder training |
| acute | appropriate response | bleeding |
| adaptive devices | arteries | blindness |
| adduction | arthritis | blood pressure |
| ADL | aseptic | bodily fluids |
| admission | aspiration | body fluids |
| admitting resident | assistive device | body mechanics |
| afebrile | assistive devices | body temperature |
| affected side | atrophy | bowel program |
| aging process | autoclave | breathing |
| AIDS | axillary temperature | broken equipment |
| alarms | back strain | burnout |
| alternating pressure mattress | bacteria | burns |
| Alzheimer's | bargaining | call light |
| ambulation | basic needs | cancer |
| amputees | bath water temperature | cardiac arrest |
| anger | bathing | cardiopulmonary resuscitation |

cardiovascular system
care impaired
care plan
care planning
cast
cataracts
catheter
catheter care
cc's in an ounce
central nervous system
cerebral vascular accident
charge nurse
chemical disinfection
chemotherapy
choking
chronic
circulation
circulatory system
clarification
cleaning
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
colostomy
combative resident
comfort care
communication
confidentiality
confused resident
congestive heart failure
constipation
constrict
contact isolation
contamination
contracture
converting measures
COPD
cultural
CVA
cyanosis
cyanotic
dangling
death and dying
decubitus ulcer
deeper tissue
defense mechanism
dehydration
delusions
dementia
denial
denture care
dentures
dependability
depression

diabetes
dialysis
diarrhea
diastolic
dietitian
diets
digestion
discharging resident
disease
disease process
disinfection
disoriented
disrespect
disrespectful treatment
dizziness
DNR
documentation
dorsiflexion
dressing
droplets
drowsy
dying
dysphagia
dyspnea
edema
elastic
elastic stockings
elevate head
elimination
emesis
emesis basin
emotional needs
emotional stress
emotional support
emphysema
epilepsy
essential behaviors
ethics
evacuation
extension
extremity
eye glasses
falls
fecal impaction
feces
feeding
fire
first aid
flatus
flexed
flexion
fluid intake
Foley catheter
foot board
foot care
foot drop

Fowler's position
fractures
fraud
frayed cord
gait belt
gastrostomy tube
geriatrics
germ transmission
gerontology
gloves
grieving process
hair care
hallucination
hand tremors
hand washing
hazardous substance
health-care team
hearing aid
hearing impaired
hearing loss
heart muscle
heat application
height
helping residents
hemiplegia
hepatitis B
HIPAA
HIV
holistic care
hospice
hospice care
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O
ileostomy
immobility
immune
incontinence
indwelling catheter
infection
infection control
in-house transfer
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
isolation precautions

| | | |
|-----------------------------|--------------------------|---------------------------------|
| IV care | orthopedic | reminiscing |
| job application | osteoarthritis | reporting |
| job description | osteoporosis | reporting abuse |
| kidney failure | ostomy bag | reposition |
| laxatives | output | resident belongings |
| life support | overbed table | resident centered care |
| lift/draw sheet | oxygen | resident identification |
| linen | oxygen use | resident independence |
| listening | pain | resident rights |
| living will | palliative care | resident trust |
| log roll | paralysis | resident unit |
| loose teeth | paranoia | Resident's Bill of Rights |
| low sodium diet | Parkinson's | resident's chart |
| making occupied bed | Parkinson's disease | resident's environment |
| Maslow | partial assistance | resident's families |
| masturbation | passive | resident's rights |
| material safety data sheets | pathogens | respectful treatment |
| measuring height | perineal care | respiration |
| measuring temperature | peristalsis | respirations |
| mechanical lift | personal care | respiratory symptoms |
| medical asepsis | personal items | respiratory system |
| medical record | personal stress | responding to resident behavior |
| medications | pet therapy | responsibilities |
| memory loss | petit mal seizure | restorative care |
| mental health | phantom pain | restraint |
| mentally impaired | physical needs | restraints |
| microorganisms | physician's authority | resuscitation |
| military time | plaque | rights |
| mouth care | policy book | risk factor |
| moving | positioning | rotation |
| mucous membrane | post mortem care | safety |
| muscle spasms | post-operative pneumonia | safety and security need |
| musculoskeletal | PPE | sanitizer |
| nail care | pressure ulcers | scabies |
| nasal cannula | preventing injury | scale |
| needles | privacy | seclusion |
| neglect | progressive | security |
| negligence | pronation | seizure |
| new resident | prone | self-esteem |
| non-contagious disease | prosthesis | semi fowlers |
| nonverbal communication | psychological needs | sensory system |
| nosocomial | pulse | sexual needs |
| NPO | pureed diet | sharps container |
| nurse's station | quadrant | shaving |
| nursing assistant's role | quadriplegia | shearing of skin |
| nutrition | quality of life | side rails |
| objective | radial | Sitz bath |
| objective data | ramps | skin |
| OBRA | range of motion | skin integrity |
| ombudsman | reality orientation | skin observation |
| open-ended questions | rectal | slander |
| oral care | refusal | smoking |
| oral hygiene | regulation | social needs |
| oral temperature | regulations | soiled linen |
| orientation | rehabilitation | specimen |
| oriented | religious service | spills |

spiritual needs
sputum
sputum test
standard precautions
state tested
stealing
sterilization
stethoscope
stress
stroke
strong side
sub acute care
subjective
subjective data
sundowning
supine
supplemental feedings
suprapubic
survey
swelling
systolic
tachycardia
TED hose
telephone etiquette
temperature
tendons

terminal illness
thermometers
thick fluids
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transfers
transport bag
transporting
transporting food
transporting linens
tub bath
tube feeding
tubing
twice daily
tympanic
unaffected
unconscious
unethical behavior
unsteady
urethral
urinary catheter bag
urinary elimination

urinary system
urinary tract
urination
urine
UTI
validation
varicose veins
violent behavior
vision change
vital signs
vomitus
walker
wandering resident
water faucets
water pitcher
water temperature
weak side
weighing
weight
well balanced meal
wheelchair safety
white blood cells
withdrawn resident
workplace violence

NOTES:

[illegible]