



# **Certified Nurse Assistant and Home Health Aide Training**

## **Student Handbook**





## Welcome! Bienvenido!

Dear Student and Future Health Care Professional,

Welcome to the College of Marin's Certified Nurse Assistant and Home Health Aide Program. Congratulations on this very important step in your educational and professional journey. We are excited that you are joining this training program, which will prepare you for a meaningful career in service of our community. We are happy to welcome you into this learning community, which provides you access to a deeply talented, caring group of experts—nursing instructors, coordinators, and career navigators—all who believe in your ability to succeed, and here to help you learn, grow, and meet your goals.

This will be a challenging but meaningful opportunity. However, I know that with the help of your peers and a personal commitment to stay focused and engaged—you got this! Reading your program handbook is a great place to start your journey in this program. Check it frequently as it contains information you will find useful throughout these next 12 weeks. Please feel free to direct any questions about the handbook or any other aspect of this program to your program support team (your Program Coordinator, Nurse Instructors, or Canal Alliance team). Likewise, feel free to contact me directly if I can be of help along the way. For now, know that I am cheering you on as you prepare to become a Certified Nurse Assistant and Home Health Aide professional.

Sincerely,

A handwritten signature in cursive script that reads "Alina Varona".

Alina Varona, Ed.D.  
(she/her/ella)  
Dean of Career Education & Workforce Development  
ARVarona@marin.edu

**Career Education  
& Workforce Development**

Kentfield Campus  
835 College Avenue  
Kentfield, CA 94904  
(415) 457-8811

Indian Valley Campus  
1800 Ignacio Boulevard  
Novato, CA 94949  
marin.edu

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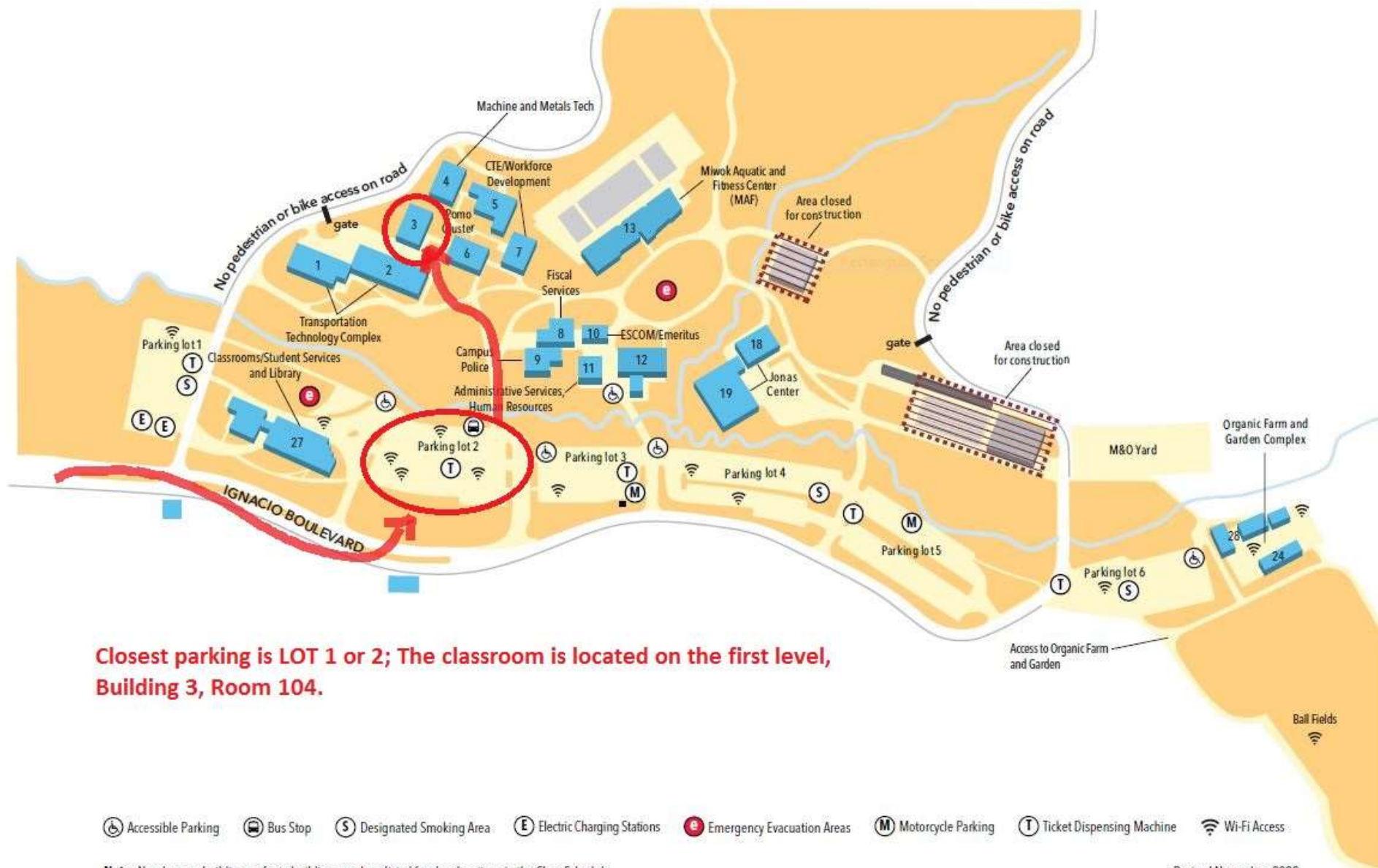
- State Exams
- CDPH Guidelines and Resources
- Credentia Northern California Candidate Handbook

## SECTION I.

### CAMPUS AND SERVICES

# Indian Valley Campus Map

1800 Ignacio Blvd., Novato, CA 94949



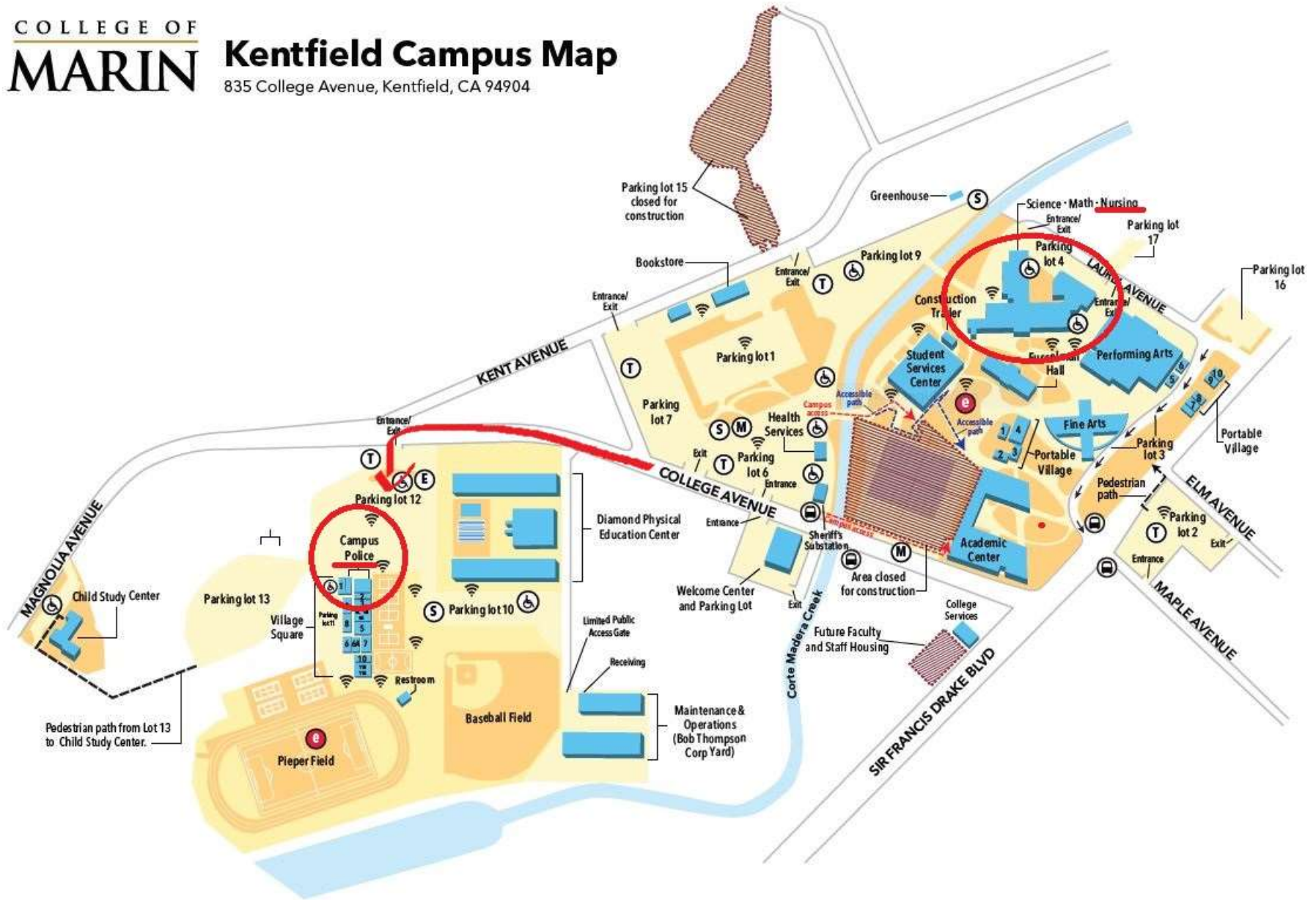
Ⓜ Accessible Parking 
 🚌 Bus Stop 
 S Designated Smoking Area 
 E Electric Charging Stations 
 Ⓜ Emergency Evacuation Areas 
 M Motorcycle Parking 
 T Ticket Dispensing Machine 
 📶 Wi-Fi Access

**Note:** Numbers on buildings refer to building numbers listed for class locations in the Class Schedule.

Revised November, 2022

# Kentfield Campus Map

835 College Avenue, Kentfield, CA 94904





## **COLLEGE OF MARIN CAMPUS PARKING**

The CNA/HHA program is paying for your College of Marin parking. Your permit is valid for both campuses.

### **Motorcycles**

Motorcycles displaying proper license plate registration do not need a parking permit, provided they park **ONLY** in motorcycle parking areas. These areas are clearly marked and posted. They are located in Kentfield Campus Lots 1, 7, and 12; and in Indian Valley Campus Lots 3, and 5. A motorcycle found in a vehicle space without a permit will be cited. A motorcycle found outside of a marked space will be cited.

### **Handicap Parking**

Those who qualify by the State for handicap parking are not required to display a COM parking pass when parked in an officially marked ADA designated parking space.

For questions about College of Marin parking, please visit <https://police.marin.edu>



### **COM WIFI ACCESS for VISITORS:**

1. On your device, connect to wireless network:  
Select "Start\_Here\_COM-WIFI"
2. Your device should take you to a page where you choose your access type.  
Choose "COM Visitor WIFI"
3. Check "I agree to the Terms & Conditions" and click "Start"
4. Continue to verify by choosing to submit your Email address or select TEXT to receive a code
5. Click "Send"
6. Type (or copy/paste) in your verification code in the "Verification Code" box, and then click "Continue"
7. You will be given a COM-VISITOR-WIFI Wireless Password, copy this password (You may want to write it down.) Then, click Continue.
8. Go to your WiFi Settings and select "COM-VISITOR-WIFI", Check the "Connect automatically" option and click Connect
9. Enter the password provided in the previous step or paste it into the field: "Enter the network security key"

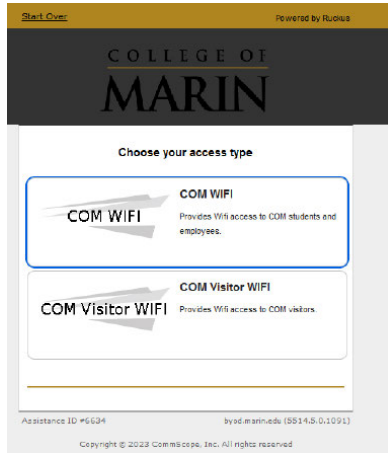
*Your connection should last 3 months.*

# CONNECT TO COLLEGE OF MARIN WIFI

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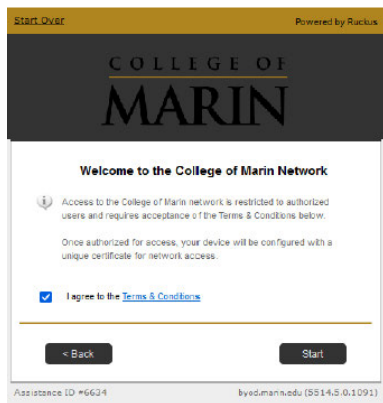
## How do I connect my device?

1. On your device, connect to wireless network: "Start\_Here\_COM-WIFI"  
Your web browser will direct you to sign in.



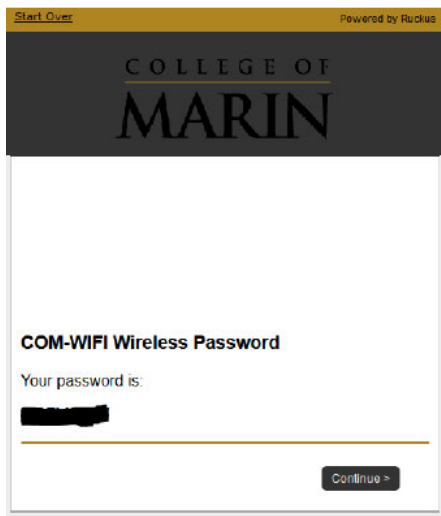
Choose COM Visitor WIFI

2. Agree to Terms & Conditions and click on "Start"



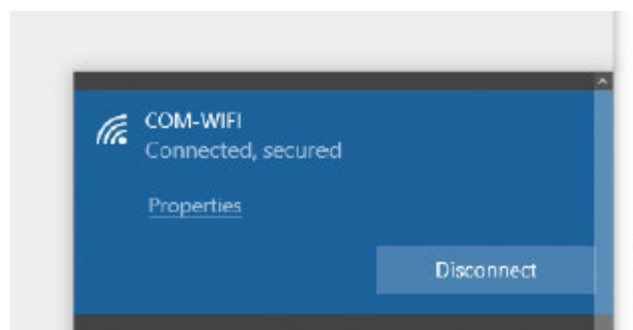
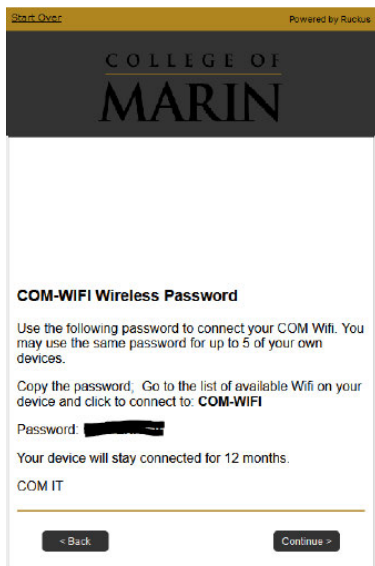
3. Follow steps to enter your email address. Check your email for an automatic generated password.

4. You will be given a Password for wireless. Copy this password with your device and /or write it down. Click Continue



Enter the password assigned to you.

5. With your password, open the wireless networks and choose "COM-WIFI" Press Connect to Join. Your password should be good for ***at least 3 months***.



SECTION II.

PROGRAM  
GENERAL  
INFORMATION

## BEST PRACTICES AND POLICIES

### Attendance and Absences

- We encourage all students not to miss any training days. However, if you need to miss a class, we allow two (2) absences maximum. Talk with your instructors if you have to miss more than 2 days.
- Attend classes and clinical site training during the scheduled hours.
- Show up on time and be ready for your training.
- Make-up days will be required for any missed time.
- **Text your instructors** if you are going to miss a class or clinical training day.

### Professionalism

We value maintaining a safe, inclusive environment and strive for your success.

- All students are expected to conduct themselves in a professional and courteous manner.
- You must remain respectful toward your class colleagues, our instructors, professional experts, patients and our partner clinical sites.



## CONTACT LIST

| Contact                                                                          | Email address                                         | Phone number          | Reason to Contact                                                                            |
|----------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------|
| Alina Varona, Ed. D,<br>Dean Career<br>Education and<br>Workforce<br>Development | Contact heather Rahman at<br>hrahman@marin.edu first. |                       | Conflicts or broad<br>questions about program                                                |
| Aubrey Wade, RN,<br>MSN, COM Instructor<br>CNA/HHA                               | [REDACTED]                                            | TEXT<br>[REDACTED]    | TEXT - ONLY To report any<br>absences or lateness                                            |
| Kim Jupe, RN, MSN,<br>COM Instructor<br>CNA/HHA                                  | [REDACTED]                                            | TEXT<br>[REDACTED]    | TEXT - ONLY To report any<br>absences or lateness                                            |
| [REDACTED], Canal<br>Alliance, Workforce<br>Career Navigator                     | [REDACTED]                                            | [REDACTED]            | Onboarding/submit<br>documentation, general<br>support/questions; M - Th                     |
| Regina Vindel, Canal<br>Alliance, Workforce<br>Career Supervisor                 | [REDACTED]                                            | 4 [REDACTED]          | General Support/Questions<br>M-Th                                                            |
| Heather Rahman,<br>COM, Program<br>Coordinator, Career<br>Education              | hrahman@marin.edu<br>Bldg. 7, Office 108              | 415-457-8811<br>x8204 | Support letters, general<br>questions, support for<br>CDPH applications and<br>booking exams |
| Tanya Paredes, COM,<br>Administrative<br>Assistant, Career<br>Education          | [REDACTED]                                            | 415-457-8811<br>x8200 | Uniform management,<br>general questions,                                                    |

The Career Education office core office hours are 9 - 5 p. The office is open regular business days, Monday - Friday.

Canal Alliance is open Monday - Thursday, 9 - 5 p.



# How to download or uninstall WhatsApp

## To download WhatsApp – Android Phone

1. Go to the **Google Play Store**, then search for WhatsApp Messenger. Tap **INSTALL**.
2. Open WhatsApp and continue to the next screen by agreeing to our [Terms of Service](#).
3. [Register](#) your phone number.
4. If a backup of your chat history was found and you would like to restore it, choose **Restore**. Learn more about restoring your chat history [here](#).
5. Enter your name. You can also change this later in WhatsApp by tapping [More options](#)



> **Settings**, and tapping on your profile name.

## To uninstall WhatsApp

1. We recommend using the [Chat Backup](#) feature to back up your messages before you delete WhatsApp from your device.
2. Go to your device's **Settings**.
3. Tap **Apps & notifications > WhatsApp > Uninstall** to remove the app and all of its data.

**Note:** If your Android device does not support the Google Play Store, please check your device's app store or go to [whatsapp.com/download](https://www.whatsapp.com/download).

# How to download or uninstall WhatsApp

## To download WhatsApp – iPhone (iOS)

1. Find WhatsApp Messenger in the [Apple App Store](#), then tap **GET**.
2. Open WhatsApp and continue to the next screen by agreeing to our [Terms of Service](#).
3. [Register](#) your phone number.
4. If a backup of your chat exists, you can restore it. Learn more about restoring your chat history [here](#).
5. Enter your name.

## To uninstall WhatsApp

1. **Optional:** Use the [Chat Backup](#) feature to back up your messages before you delete WhatsApp from your device.
2. Touch and hold the WhatsApp icon on the Home Screen until the icons start to wiggle.
3. Tap the **x** in the corner of the WhatsApp icon.
4. Tap **Delete** to remove the app and all of its data.

# How to Create a Group Chat and Invite Others to Join

You can create a WhatsApp group with up to 1024 members.

## Create a group

1. Click



or



above your chats list in WhatsApp.

- Alternatively, click the **New chat** icon.
2. Click **New group**.
  3. Search for or select contacts to add to the group. Then click the green arrow icon.
  4. Enter a group subject. This will be the name of the group that all members will see.
    - The subject limit is 100 characters.
    - You can add emoji to your subject by clicking the **Emoji** icon.
    - You can add a group icon by clicking



. You can choose to **Take photo**, **Upload photo**, **Emoji & Stickers**, or do a **Web Search** to add an image. Once set, the icon will appear next to the group in your chats list.

5. **Note: Web Search** is not currently available for WhatsApp Web.
6. Click the green check mark icon when you're finished.

## Invite into groups via links

If you're a group admin, you can invite people to join a group by sharing a link with them. The admin can always **Reset link** to make the previous invite link invalid and create a new link.

1. Open the WhatsApp group chat, then click the group subject.

- Alternatively, click



or



in the top corner > **Group info**.

2. Click **Invite to group via link**.

3. Choose to **Send link via WhatsApp** or **Copy link**.

- If sending through WhatsApp, search for or select contacts, then click **Send**.
- To reset the link, click **Reset link** > **Reset Link**.

SECTION III.

STUDENT  
ONBOARDING



**To help you save time and focus on your training, our Career Education team will provide the following administration services:**

- ✓ Help you to complete your required documents
- ✓ Assist in the uploading of the required documents to register you through the CDPH for your **CNA** license
- ✓ Assist in the uploading of the required documents to register you through the CDPH again for your **HHA** license upon gaining your CNA license
- ✓ Create a student I.D. badge for your clinical site training
- ✓ Order and provide Scrubs and other items for your training
- ✓ Help create your Credentia 365 account for exam scheduling
- ✓ Aide in uploading the required forms through Credentia
- ✓ Assist with credentials and any Credentia 365 issues
- ✓ Assist in scheduling your exams through Credentia (1<sup>st</sup> and 2<sup>nd</sup> attempts no later than 8-weeks from completion date)
- ✓ Pay for 1st and 2nd attempt exams

**As a CNA/HHA student, you are responsible for the following:**

- ☐ Complete and submit all forms and meet all onboarding steps by or before due dates
- ☐ Reach out for help when you feel you need assistance or have questions
- ☐ Adhere to best practices
- ☐ Sign in each day of training (or text your instructors for absences)
- ☐ Validate your Credentia 365 account, once you receive an email to do so
- ☐ Do NOT change your password, so that we can assist with scheduling the whole class for exams and any issues that may arise
- ☐ Complete the required 200 hours of training successfully
- ☐ Arrive on time to your scheduled State license exams following all requirements

# Requirements for College of Marin Certified Nurse Assistant/Home Health Aide Student (Onboarding Check List):

## Personal Health Screenings/Vaccinations: **DUE:** \_\_\_\_\_

- ☐ **Physical Evaluation** Cleared to Work - *within 1 year*
- ☐ **TB clearance** - Negative two step TB skin test. Negative TB skin test annually thereafter, or an initial negative chest x-ray for students with a history of a positive TB skin test and completion of a symptom review form indicating student is free of any tuberculosis symptoms (form will be completed annually) – *within 1 year*
  - ☐ OR **PPD #1 (TB Test)** - to be read in 48 – 72 hours AND **PPD #2 (TB Test)** -one week after PPD #1. Read in 48 – 72 hours.
  - ☐ OR **chest x-ray** or **QuantiFERON** – *more expensive*
- ☐ **COVID Vaccination Proof** - All students and faculty have been fully vaccinated. Fully vaccinated means at least 2 weeks after the final dose in either a 2 dose vaccine series (Pfizer or Moderna) or the single dose series (Johnson & Johnson/Janssen) – *Since 2021*
- ☐ **MMR immunization** - (two doses) or positive titer for Measles, Mumps, and Rubella – *sometime in your life*
- ☐ **Varicella immunization (two doses)** – *sometime in your life or positive titer*
- ☐ **Hepatitis B immunization** - Students have had at least two vaccines in the series of three by the start of clinical and will complete the third vaccine within six months of admission to the program. – *some time in your life*
- ☐ **Influenza vaccine (Flu Shot)** - All students will be required to have the influenza vaccine annually during the customary immunization period unless they have a medical contraindication. Students with a medical contraindication will be required to wear a mask during flu season consistent with agency policies. – *within 1 year*
- ☐ **Pneumonia vaccine (encouraged)** – *optional within 1 year*
- ☐ **Tdap** - *within the past ten years*

## Additional Requirements:

- ☐ **Orientation** - Attend all day mandatory CNA/HHA program orientation at College of Marin Indian Valley Campus: 1800 Ignacio Blvd. Novato, CA
- ☐ **Drug Screening Clearance** (*if required* by the clinical site for training) - Students should contact Drug Screening sites directly to confirm availability and time. (*Not required at this time, 3/2024*)
- ☐ **PPE Competency** - Students will learn this in class.
- ☐ **LiveScan fingerprinting conducted for criminal background check clearances** – Instructions are provided with the forms **DUE:** \_\_\_\_\_
- ☐ **Current Certification - AHA Approved CPR Basic Life Support for Healthcare Providers** - Successfully complete Cardiopulmonary Resuscitation Health Care Provider/Basic Life Support (BLS) training that is provided at no cost during orientation. OR provide evidence of successful completion of CPR Health Care Provider/ Basic Life Support (BLS) within the last year. Must include Adult, Child, Infant, Choking Maneuvers and AED (Automatic External Defibrillator) Must be approved by the American Heart Association (recertify every two years)

# **Why do we collect all of this information?**

## **Health Screenings and Vaccinations**

To work with patients and for employment clearance health screening and vaccinations are required to keep everyone healthy and safe.

## **LifeScan/Background Checks**

Clinical sites may require a background check before you begin your training at their site. Also, the California Department of Public Safety requires background clearance before issuing out licenses to work as a CNA and HHA.

## **California Department of Public Health (CDPH) Forms**

These documents are required to register as a candidate to become a Certified Nurse Assistant and Home Health Aide following your successful completion of the program. These forms are also required to apply for and schedule the State exams.

## **FERPA waiver**

This form allows Canal Alliance and College of Marin to share your information, but only for necessary operations of the program.

## **Media Release Form**

This allows us to take your picture for your Student I.D. Badge and gives us permission to market the program.

## STEPS TO COMPLETE YOUR BACKGROUND CHECK

**\*IMPORTANT:** The California Department of Public Health (CDPH) LiveScan and background check can only happen once students are registered with CDPH. The COM Career Education team will submit the registration for each student once the information is gathered from Canal Alliance or on the day of orientation.

Complete these steps to meet the Villa Marin Clinical Site and CDPH background check requirements:

- 1) Complete all LiveScan forms.
- 2) Contact the College of Marin Police Department to make an appointment 3 - 4 weeks before COM Orientation. The clinical site background check must be cleared prior to training.
- 3) Go to this site for your appointment:

Kentfield Campus – Police Department

700 College Avenue, Kentfield

(In building VS1, Parking Lot 12 near the PE Complex, athletics area and near the volleyball courts)

(415) 485-9455 or campus ext. 7455

Enter the parking lot through the stop sign intersection, across the street from the gas station. They are in the very first portable building at the back of the parking lot.

- 4) Take your Live Scan completed form(s) and approved identification documents to your appointment to complete the fingerprinting steps. This automatically orders and begins the background checks.

### **Livescan Information**

See below for what is required for ID from the Department of Justice. There are no exceptions. **A social security number is required.**

There are two possible ways to establish Identity for LiveScan purposes:

- \* One Primary ID
- \* One Secondary ID and TWO Supplemental IDs (All Matching Exactly)
- \* THERE ARE NO EXCEPTIONS

Primary IDs Accepted:

- \* California Driver's License
- \* Department of Motor Vehicles Identification Card
- \* Out-of-State Driver's License

Secondary IDs accepted:

- \* State Government Issued Certificate of Birth
- \* U.S. Active Duty/Retiree/Reservist Military Identification Card (000 10-2)
- \* U.S. Passport
- \* Federal Government Personal Identity Verification Card (PIV)
- \* Department of Defense Common Access Card
- \* U.S. Tribal or Bureau of Indian Affairs Identification Card
- \* Social Security Card
- \* Court Order for Name Change/Gender Change/Adoption/ Divorce
- \* Marriage Certificate (Government Certificate Issued)
- \* U.S. Government Issued Consular Report of Birth Abroad 3
- \* Foreign Passport with Appropriate Immigration Document(s)\
- \* Certificate of Citizenship (N560)
- \* Certificate of Naturalization (N550)
- \* INS I-551 Resident Alien Card Issued Since 1997
- \* INS 1-688 Temporary Resident Identification Card
- \* INS I-688B, I-766 Employment Authorization Card

A Secondary ID source requires TWO FORMS OF SUPPLEMENTAL ID:

- \* Utility Bill (Address)
- \* Jurisdictional Voter Registration Card
- \* Vehicle Registration Card/Title
- \* Paycheck Stub with Name/Address
- \* Jurisdictional Public Assistance Card
- \* Spouse/Parent Affidavit
- \* Cancelled Check or Bank Statement
- \* Mortgage Documents



**SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES  
REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

**A1226**

ORI (Code assigned by DOJ)

**Certification**

Authorized Applicant Type

**Certified Nurse Assistant (CNA) or Home Health Aide (HHA)**

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

**California Department of Public Health (CDPH)**

Agency Authorized to Receive Criminal Record Information

**MS 3301, P.O. Box 997416**

Street Address or P.O. Box

**Sacramento**

City

**CA**

State

**95899-7416**

Zip Code

**03314**

Mail Code (five-digit code assigned by DOJ)

**(Leave blank)**

Contact Name (mandatory for all school submissions)

**(Leave blank)**

Contact Telephone Number

Applicant Information:

**Your last name**

Last Name

Other Name

(AKA or Alias) Last

**Other last names known as**

**Date of Birth**

Date of Birth

Sex: ☐ Male ☐ Female

**Height**

Height

**Weight**

Weight

**Color**

Eye Color

**Color**

Hair Color

**Place of Birth**

Place of Birth (State or Country)

**\*Social Security Number (Required by CDPH)**

Social Security Number

Home

Address

**Your mailing address**

Street Address or P.O. Box

**Your first name & middle initial**

First Name

Middle Initial

Suffix

**Other first names known as**

First Name

Suffix

**California Driver's License Number**

Driver's License Number

Billing **Not Applicable**

Number (Agency Billing Number)

Misc. **Your telephone number**

Number (Other Identification Number)

City

State

Zip Code

Your Number:

**\*Social Security Number (Required by CDPH)**

OCA Number (Agency Identification Number)

Level of Service:

☒ DOJ

☐ FBI

If re-submission, list ATI number:

(Must provide proof of Rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

**(Leave blank)**

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City

State

Zip Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

California Department of Public Health (CDPH)  
 Licensing and Certification Division (L&C)  
 Healthcare Workforce Branch (HWB)  
 MS 3301, P.O. Box 997416  
 Sacramento, CA 95899-7416  
 PHONE: (916) 327-2445 FAX: (916) 552-8785

## CERTIFIED NURSE ASSISTANT (CNA)

### INITIAL APPLICATION

(See instructions on the reverse)

#### SECTION I (REQUIRED)

##### TYPE OF REQUEST

- ☐ Check here if you are enrolling in a **CNA** training program (**complete sections I, II, III, IV, and V**)
- ☐ Check here if you are requesting **RECONSIDERATION** for a **previously revoked/denied** certificate (**complete sections I, II, III and V**)

#### SECTION II (REQUIRED)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                    |                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                     | First Name                                                                                                                                                         | MI                                                                         | Sex<br><input type="radio"/> Male<br><input type="radio"/> Female |
| Public Address (Required) – <i>Subject to Public Records Act</i><br><i>Request release*</i>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                    | City                                                                       | State<br>Zip Code                                                 |
| Confidential Address (Required)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i>                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                    | City                                                                       | State<br>Zip Code                                                 |
| Date of Birth<br><br>(mm/dd/yy)                                                                                                                                                                                                                                                                                                                                                                                                                               | Social Security Number (SSN) or Individual<br>Taxpayer Identification Number (ITIN)<br><br>**If you use an invalid SSN, your application process<br>may be delayed | Driver's License /State ID Number<br><br>Number: _____<br><br>State: _____ |                                                                   |
| Phone Number ***<br><br><input type="checkbox"/> By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per month. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help. |                                                                                                                                                                    | Email Address***<br><br>_____                                              |                                                                   |

### SECTION III (REQUIRED)

- 1) Have you been **CONVICTED**, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).

☐ Yes ☐ No

If yes, list conviction: \_\_\_\_\_

Court of conviction: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?

☐ Yes ☐ No

Type of License/Certificate: \_\_\_\_\_

License/Certificate Number: \_\_\_\_\_

Type of Action: \_\_\_\_\_

### SECTION IV (IF APPLICABLE)

|                                                                                                                            |                                    |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Name of school or facility where you received/will receive the CNA training<br>The College of Marin - Indian Valley Campus | Telephone Number<br>(415) 883-2211 |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|

|                                                                                    |                |             |                   |
|------------------------------------------------------------------------------------|----------------|-------------|-------------------|
| Mailing Address (Number Street or P.O Box number)<br>1800 Ignacio Valley Boulevard | City<br>Novato | State<br>CA | Zip Code<br>94949 |
|------------------------------------------------------------------------------------|----------------|-------------|-------------------|

|                                                                         |                                          |                                    |
|-------------------------------------------------------------------------|------------------------------------------|------------------------------------|
| California Training Program ID Number for CNA<br>(Required) CNA: S-2414 | Beginning Date of Training<br>(mm/dd/yy) | End Date of Training<br>(mm/dd/yy) |
|-------------------------------------------------------------------------|------------------------------------------|------------------------------------|

### SECTION V (REQUIRED)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### SECTION VI: TO BE COMPLETED BY THE REGISTERED NURSE RESPONSIBLE FOR THE GENERAL SUPERVISION OF THE TRAINING PROGRAM

I certify that this individual has successfully completed state and federal nurse assistant training requirements and is eligible to take the Competency Evaluation (only applies to students that have recently completed a CNA Training Program in CA).

FOR VENDOR USE ONLY

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CERTIFIED NURSE ASSISTANT (CNA) INITIAL APPLICATION INFORMATION

## A) CNA APPLICANTS (complete sections I, II, III, IV, and V)

1) The applicant must submit the following to HWB upon enrollment in the program and before patient contact:

- a) This completed Initial Application (CDPH 283 B); **and**
- b) A copy of the completed Request for Live Scan Services (BCIA 8016) form. Applicants who are unable to obtain electronic prints may complete the fingerprint card (FD-258) and submit two copies to the department. Fingerprint cards (FD-258) must be accompanied by a \$32.00 check or money order made payable to "The Department of Justice"

## B) CRIMINAL RECORD CLEARANCE

1) All CNA applicants must undergo a criminal record review. For more information, please visit us at [www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CriminalRecordReview.aspx](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CriminalRecordReview.aspx).

## C) CNA RENEWAL INFORMATION

1) The initial CNA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification period will be from one birthday to the following birthday. Any additional time from the effective date until the first birthday will be counted towards the first year of the certification period. CNA certificates must be renewed every two (2) years. You may renew your certificate anytime within two (2) years after the expiration date. For more information, please visit us at <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA.aspx>.

## D) NAME AND ADDRESS CHANGES

1) Certificate holders shall notify CDPH within sixty (60) days of any change of address. If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change may result in the delay or loss of your certification.

## E) RECONSIDERATION

1) If the applicant's CNA certificate was revoked or denied by the CDPH, after review of this application, the CDPH will reach out to the applicant for additional information/documentation as needed.

*Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 22, commencing with §71801.*

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## INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

\*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636. \*\*If you use an invalid SSN, your application process may be delayed \*\*\*Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online

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## HOME HEALTH AIDE (HHA) INITIAL APPLICATION

(See instructions on the reverse)

### SECTION I (REQUIRED)

#### TYPE OF REQUEST

- ☒ Check here if you are enrolling in a **HHA** training program (**complete sections I, II, III, IV, and V**)
- ☐ Check here if you are requesting **RECONSIDERATION** for a previously revoked/denied certificate (**complete sections I, II, III and V**)

### SECTION II (REQUIRED)

|                                                                                                                                    |                                                                                                                                                                |                                                                    |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| Last Name                                                                                                                          | First Name                                                                                                                                                     | MI                                                                 | Sex<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Public Address (Required) – <i>Subject to Public Records Act</i><br><i>Request release*</i>                                        |                                                                                                                                                                | City                                                               | State Zip Code                                                          |
| Confidential Address (Required)- <i>(For CDPH Use only. If left blank all departmental mail will be sent to the address above)</i> |                                                                                                                                                                | City                                                               | State Zip Code                                                          |
| Date of Birth<br>(mm/dd/yy)                                                                                                        | Social Security Number (SSN) Individual<br>Taxpayer Identification Number (ITIN)<br><i>*If you use an invalid SSN, your application process may be delayed</i> | Driver's License or State ID Number<br>Number _____<br>State _____ |                                                                         |

Phone Number \*\*\* \_\_\_\_\_

☐ By checking this box, you agree to receive text messages from the California Department of Public Health (CDPH) for reminders and notifications regarding your application and/or certification. You may receive up to 5 messages per month. Message and data rates may apply. By checking this box, you agree to the Terms and Conditions and Privacy Policy. Reply "STOP" to opt-out, and "HELP" for help.

Email Address\*\*\* \_\_\_\_\_

### SECTION III (REQUIRED)

- 1) Have you been **CONVICTED**, at any time, of any crime, other than a minor traffic violation? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified at the Health and Safety Code, Sections 11361.5 and 11361.7).
- ☐ Yes      ☐ No
- If yes, list conviction: \_\_\_\_\_
- Court of conviction: \_\_\_\_\_ Date: \_\_\_\_\_
- 2) Has any health-related licensing, certification or disciplinary authority taken adverse action (revoked, annulled, cancelled, suspended, etc.) against you?
- ☐ Yes      ☐ No
- Type of License/Certificate: \_\_\_\_\_
- License/Certificate Number: \_\_\_\_\_
- Type of Action: \_\_\_\_\_

### SECTION IV (IF APPLICABLE)

|                                                                                                                      |                                          |                                    |                   |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------|-------------------|
| Name of school or facility where you received/will receive the HHA training: College of Marin (Indian Valley Campus) |                                          | Telephone Number: 415-883-2211     |                   |
| Mailing Address<br>(Number and Street or P.O. Box Number)<br>1800 Ignacio Valley Blvd.                               | City<br>Novato                           | State<br>CA                        | Zip Code<br>94949 |
| California Training Program ID Number for HHA (Required) HHA: 1083                                                   | Beginning Date of Training<br>(mm/dd/yy) | End Date of Training<br>(mm/dd/yy) |                   |
| <input checked="" type="checkbox"/> 40 HOURS <input type="checkbox"/> 120 HOURS                                      |                                          |                                    |                   |

### SECTION V (REQUIRED)

I certify under penalty and perjury under the applicable state and federal laws that the information contained in this application and supporting documents, is true and correct. I further understand that any false, incomplete, or incorrect statements may result in denial of this application. I acknowledge that signing this document through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based record keeping system to the fullest extent permitted by applicable law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# HOME HEALTH AIDE (HHA) INITIAL APPLICATION INFORMATION

## A) HHA APPLICANTS (complete sections I, II, III, IV, and V)

1)The applicant must submit the following to HWB upon enrollment in the program and before patient contact:

- a) This completed Initial Application (CDPH 283 D); **and**
- b) A copy of the completed Request for Live Scan Services (BCIA 8016) form. Applicants who are unable to obtain electronic prints may complete the fingerprint card (FD-258) and submit two copies to the department. Fingerprint cards (FD-258) must be accompanied by a \$32.00 check or money order made payable to "The Department of Justice";

## B) CRIMINAL RECORD CLEARANCE

1)All CNA applicants must undergo a criminal record review. For more information, please visit us at [www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CriminalRecordReview.aspx](http://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CriminalRecordReview.aspx).

## C) HHA RENEWAL INFORMATION

1)The initial HHA certificate is issued for two birthdays, not two calendar years, and will expire on your birthday. Each year of the certification will be from one birthday to the following birthday. Any additional time from the effective date until the first birthday will be counted towards the first year of the certification period. HHA certificates must be renewed every two (2) years. You may renew your certificate any time within four (4) years after the expiration date of your certificate. For more information, please visit us at <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/HHA.aspx>.

## D) NAME AND ADDRESS CHANGES

- 1)Certificate holders shall notify CDPH within sixty (60) days of any change of address.
- a) If requesting a name change, submit legal verification of the change (marriage certificate, divorce decree, or court documents). Failure to report a name or address change on the CDPH 0929 form may result in the delay or loss of your certification.

## E) RECONSIDERATION

1) If the applicant's HHA certificate was revoked or denied by the CDPH, after review of this application, the CDPH will reach out to the applicant for additional information/documentation as needed.

*Aforementioned requirements are based on Health and Safety Code commencing with §1337 through 1338.5, 1725 through 1742 and Code of Federal Regulations Title 42, Chapter IV, commencing with §483.13 and California Code of Regulations, Title 17, commencing with §71801.*

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## INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT

\*Pursuant to a court order, the California Department of Public Health will be required to release the address of record for certified nurse assistants, home health aides, certified hemodialysis technicians, and licensed nursing home administrators in response to a Public Records Act (PRA) request. (Government Code starting at section 6250.) Court Order: Service Employees International Union-United Healthcare Workers v. California Department of Public Health, Sacramento County Superior Court, February 21, 2018, No. 34-2017-80002636. \*\*If you use an invalid SSN, your application process may be delayed \*\*\*Providing your telephone number and email address is for the California Department of Public Health's internal use only for contacting applicants. This information will not be released to the public nor will it be displayed online

## HEALTH CLEARANCE

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

I agree that the information on this form will be released to College of Marin, hospitals, and community agencies where students are placed.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The following tests, vaccinations, or immunizations are required and should be current or in progress and up to date\*

|                                                                                                                                                                                                                                                                                                                  |                              |                        |                                             |                                                   |                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|---------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>*See details on TB/PPD clearances below.</b><br><br><b>QuantIFERON Gold</b> Date:      Results:<br><b>OR</b><br><b>Tuberculin (TB/PPD)</b> 1 <sup>st</sup> test Date:      Results:<br>2 <sup>nd</sup> test Date:      Results:<br><b>OR</b><br><b>Chest X-ray (w/ a positive TB/PPD)</b> Date:      Results: |                              |                        |                                             | <b>Current Tdap</b><br>(within 10 years)<br>Date: | <b>Influenza Vaccine</b><br>Date:<br><i>(seasonal flu vax date)</i><br><br><b>OR</b><br>Declination on file:<br><br><i>Flu vax's are given during the Fall/winter season, if you did not receive a flu vaccine please submit a declination.</i> |
| <b>MMR #1</b><br>Date:                                                                                                                                                                                                                                                                                           | <b>MMR #2</b><br>Date:       | <b>Titers</b><br><br>→ | <b>Rubeola titer:</b><br>Date:<br>Results:  | <b>Mumps titer:</b><br>Date:<br>Results:          | <b>Rubella titer:</b><br>Date:<br>Results:                                                                                                                                                                                                      |
| <b>Varicella #1</b><br>Date:                                                                                                                                                                                                                                                                                     | <b>Varicella #2</b><br>Date: |                        | <b>Varicella titer:</b> Date:      Results: |                                                   |                                                                                                                                                                                                                                                 |
| <b>Hepatitis B</b><br>Dates: #1      #2      #3                                                                                                                                                                                                                                                                  |                              |                        | <b>Hepatitis C</b> Date:      Results       |                                                   |                                                                                                                                                                                                                                                 |

## Physician's Report

All of the following information is to be completed by a Physician, Nurse Practitioner, or Physician Assistant

I have reviewed the patient's history and performed a physical and/or psychiatric examination of this patient and find that his applicant:

- ☐ is in good health and has no condition (physical, mental, emotional) which will limit his/her functioning in the health program.  
☐ is unable to perform the required duties safely.  
☐ requires further evaluation for clearance (Psychiatric, orthopedic, neurologic, etc.) type of referral

Date of Physical exam: \_\_\_\_\_

Address \_\_\_\_\_  
                                          City      State  
                                          Zip

Signature of medical provider

Phone: \_\_\_\_\_

Print or type name of medical provider

## Tuberculosis (TB/PPD) Clearance:

Proof of negative TB/PPD is required for program entry and annually thereafter.

- Proof of TB clearance is either:
  - A negative QuantIFERON Gold TB test OR
  - Negative **two-step** intradermal PPD (1<sup>st</sup> placed and read, then the 2<sup>nd</sup> placed within a week of the 1<sup>st</sup> reading) OR
  - 1 Negative TB/PPD within the last two years and a second negative TB/PPD within the last twelve months OR
  - If the student is known to be PPD positive (skin test positive for tuberculosis), a written statement from a physician verifying a recent negative chest x-ray (within one year of entry into the program) and completion of a Tuberculosis Symptom Checklist Questionnaire is required. Thereafter, the student is required to complete the Tuberculosis Symptom Checklist Questionnaire on an annual basis.
- Documentation must be up to date in the students' American Databank-Compilio account, and must show the date of the test and the results.

## MMR &amp; Varicella

- Lab tests showing proof of antibodies or immunity to Rubella, Rubeola, and Varicella or a vaccination must be on file with the program and up to date in the students' American Databank-Compilio account.

SECTION IV.

CLINICAL SITE  
TRAINING

***Wise words from a CNA with 37 years of experience, Ms. Berry Graham***

1. Respect your Registered Nurses and all your co-workers.
2. ANY question, ask your nurse. Clear communication is very important in any relationship.
3. Know your residents – you will win their trust.
4. Knock before you enter their room and introduce yourself, wearing your name tag all the time.
5. If there is a “call light” ring, go check the resident. ALL the residents belong to us even if they have private Aides.
6. Always check your residents – do your rounds regularly.
7. If you find a skin tear or a bruise, report to the charge nurse right away, and document it. (Remember: if it wasn’t written down, it’s like it didn’t happen)
8. Monitor resident’s bowel movements and document every time; also tell the nurse.
9. Everything must be done “legally”, no guessing games. Know the rules.
10. Use a gait belt when transferring or walking the resident, if they need it. Protect the resident and yourself.
11. Do not argue with the resident – know their rights. We are here to meet their needs, not force them to do anything.
12. Be a solution, not a problem.
13. Have a positive attitude.



<https://villa-marin.com>

100 Thorndale Drive  
San Rafael, CA 94903  
(415) 499-8711

### **Directions**

Villa Marin is just North of San Rafael off of US Highway 101  
From San Rafael Central City Area –

- Follow US Highway 101 North to Manuel T Freitas Pkwy
- Take the Terra Linda Exit 455 From US Highway 101 North
- Turn Left on Northgate Drive to Thorndale Drive
- Turn Right on Thorndale Drive to 100 Thorndale Drive on Top of the Hill



<https://sequoialiving.org/marin/>

501 Via Casitas, Greenbrae, CA 94904

### **Directions**

- From Novato, follow US-101 S to Sir Francis Drake Blvd in Larkspur
- Take exit 450B from US-101 S
- Continue driving on Sir Francis Drake Blvd - Turn left onto El Portal Dr.
- Turn right onto Via Casitas

## **BEST PRACTICES AND POLICIES CLINICAL SITE TRAINING**

- Wear your scrubs. Please no stripes, designs, or embellishments. Must be plain scrubs with pockets. Layering tee shirts or warm clothing with your scrubs is permitted.
- Do not wear T-shirts, jeans, or sweats.
- Wear comfortable shoes and supportive shoes that are closed toe. Sports shoes are allowed.
- Tattoos should be covered only according to clinical site facility policy.
- No visible piercings other than 1-2 in each ear.
- No long acrylic nails or long fake eyelashes.
- Avoid long, hanging accessories (necklaces, scarves, jewelry, etc.)
- Keep fingernails short and unpolished.

## CNA CLINICAL SKILLS CHECK-OFF

Student Name: \_\_\_\_\_

| Clinical Skill                            | Date | Sign-off<br>Initials | Clinical Skill                                             | Date | Sign-off<br>Initials |
|-------------------------------------------|------|----------------------|------------------------------------------------------------|------|----------------------|
| Hand washing                              |      |                      | Knock on Door before entering                              |      |                      |
| Unoccupied Bed Making                     |      |                      | Introduce Yourself & Verify Patient                        |      |                      |
| Occupied Bed Making                       |      |                      | Pull Privacy Curtain during cares                          |      |                      |
| Proper Handling of Linen                  |      |                      | Explain Procedures/Cares to Patient                        |      |                      |
| Knowledge of fire/disaster procedures     |      |                      | Treat with Respect & Dignity                               |      |                      |
| Safe Handling of Oxygen                   |      |                      | Ensure Patient Safety<br>(Lower Bed & Call Light in Reach) |      |                      |
| Location & Use of Fire Extinguishers      |      |                      | Apply and Use Gait Belt                                    |      |                      |
| Verify and Pass Meal Trays                |      |                      | Transfer Patient to WC/Chair or Bed                        |      |                      |
| Assist/Feed Patient with Meals            |      |                      | Assist to Toilet or Bedside Commode                        |      |                      |
| Assist Patient to Head of Bed             |      |                      | Dress/Undress Patient                                      |      |                      |
| Use of a Draw Sheet                       |      |                      | Assist Patient to Shower                                   |      |                      |
| Repositioning of a Patient                |      |                      | Give Bed bath to patient                                   |      |                      |
| Brief Changes                             |      |                      | Assist Patient with Oral Care                              |      |                      |
| Measure oral intake (Food/Fluid)          |      |                      | Clean Patient Dentures                                     |      |                      |
| Measure/Record oral Temperature           |      |                      | Measure/Record Patients Weight                             |      |                      |
| Measure/Record Radial Pulse               |      |                      | Assist with use of Mechanical Lift                         |      |                      |
| Measure/Record Respirations               |      |                      | Shampoo Patient's Hair                                     |      |                      |
| Measure/Record Manual B/P                 |      |                      | Assist with Hair & Nail Care                               |      |                      |
| Measure/Record O2 Sats                    |      |                      | Care for a Patient with Tubing                             |      |                      |
| Empty Urinary Bag<br>(Measure and Record) |      |                      | Assist with Bedpan and/or Urinal                           |      |                      |

**Training Program Name:****NURSE ASSISTANT TRAINING PROGRAM SKILLS CHECK LIST****TYPE OR PRINT LEGIBLY**

|                                         |                       |                     |
|-----------------------------------------|-----------------------|---------------------|
| Student Name                            | Start Date            | Completion Date     |
| *Student Social Security (see Footnote) | Training Program ID # | Clinical Site Name  |
| Instructor Name                         | Title                 | Instructor Initials |
| Instructor Signature                    |                       |                     |

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Clinical Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Hours |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

S = Satisfactory U = Unsatisfactory

| NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED                                                       | S / U | COMMENTS | DATE PERFORMED | LICENSED NURSE INITIALS |
|------------------------------------------------------------------------------------------------------------|-------|----------|----------------|-------------------------|
| <b>MODULE 2: Resident's Rights (1 Clinical Hour)</b>                                                       |       |          |                |                         |
| 1) Knock on door before entering                                                                           |       |          |                |                         |
| 2) Pull privacy curtains during personal care                                                              |       |          |                |                         |
| 3) Keep patient information confidential                                                                   |       |          |                |                         |
| 4) Treat patient with respect and dignity                                                                  |       |          |                |                         |
| 5) Encourage patient to make choices                                                                       |       |          |                |                         |
| 6) Explain procedures to patient                                                                           |       |          |                |                         |
| <b>MODULES 4: Prevention and Management of Catastrophe and Environmental Emergencies (1 Clinical Hour)</b> |       |          |                |                         |
| 1) Demonstrate fire/disaster procedures                                                                    |       |          |                |                         |
| 2) Handles oxygen safely                                                                                   |       |          |                |                         |
| 3) Use of fire extinguisher                                                                                |       |          |                |                         |

**INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT**

\*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

|                                                                      |                             |                 |                           |                                        |
|----------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                  | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>      | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 5: Body Mechanics (4 Clinical Hours)</b>                   |                             |                 |                           |                                        |
| 1) General use of gait belt                                          |                             |                 |                           |                                        |
| 2) Assist patient up to head of bed with two assistants              |                             |                 |                           |                                        |
| 3) Turn and position the patient                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Supine                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> Side-lying                                  |                             |                 |                           |                                        |
| <input type="checkbox"/> Use of lift sheet                           |                             |                 |                           |                                        |
| 4) Assist transfer from bed to chair or wheelchair                   |                             |                 |                           |                                        |
| 5) Assist transfer from chair or wheelchair to bed                   |                             |                 |                           |                                        |
| 6) Use of mechanical lift                                            |                             |                 |                           |                                        |
| <b>MODULE 6: Medical and Surgical Asepsis<br/>(8 Clinical Hours)</b> |                             |                 |                           |                                        |
| 1) Hand washing                                                      |                             |                 |                           |                                        |
| 2) Proper handling of linen                                          |                             |                 |                           |                                        |
| 3) Use of standard precautions:                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> Gloving                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Gowning                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Applying mask                               |                             |                 |                           |                                        |
| 4) Dispose of trash and waste by double-bagging                      |                             |                 |                           |                                        |
| <b>MODULE 7: Weights and Measures (1 Clinical Hour)</b>              |                             |                 |                           |                                        |
| 1) Measure oral intake                                               |                             |                 |                           |                                        |
| 2) Measure urinary output                                            |                             |                 |                           |                                        |
| 3) Use military time in documentation                                |                             |                 |                           |                                        |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)</b>             |                             |                 |                           |                                        |
| 1) Back rub                                                          |                             |                 |                           |                                        |
| 2) Bed bath and partial bath                                         |                             |                 |                           |                                        |
| 3) Tub bath                                                          |                             |                 |                           |                                        |
| 4) Shower                                                            |                             |                 |                           |                                        |
| 5) Assist with oral hygiene                                          |                             |                 |                           |                                        |
| 6) Mouth care of the unconscious patient                             |                             |                 |                           |                                        |
| 7) Denture care                                                      |                             |                 |                           |                                        |

|                                                                     |                             |                 |                           |                                        |
|---------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                 | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>     | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)<br/>Cont'd</b> |                             |                 |                           |                                        |
| 8) Nail care                                                        |                             |                 |                           |                                        |
| 9) Comb patient's hair                                              |                             |                 |                           |                                        |
| 10) Shampoo bedridden resident                                      |                             |                 |                           |                                        |
| 11) Shampoo with shower or tub bath                                 |                             |                 |                           |                                        |
| 12) Use of Medicinal shampoo                                        |                             |                 |                           |                                        |
| 13) Shave patient with razor and electric shaver                    |                             |                 |                           |                                        |
| 14) Dress and undress patient                                       |                             |                 |                           |                                        |
| 15) Change clothes of patient with IV                               |                             |                 |                           |                                        |
| 16) Assist with use of urinal                                       |                             |                 |                           |                                        |
| 17) Assist with use of the bedpan                                   |                             |                 |                           |                                        |
| 18) Assist to toilet or bedside commode                             |                             |                 |                           |                                        |
| 19) Bladder retraining                                              |                             |                 |                           |                                        |
| 20) Bowel retraining                                                |                             |                 |                           |                                        |
| 21) Perineal care                                                   |                             |                 |                           |                                        |
| 22) Care and use of artificial limbs                                |                             |                 |                           |                                        |
| 23) Use and application of splints                                  |                             |                 |                           |                                        |
| 24) Apply and remove behind-the-ear hearing aid                     |                             |                 |                           |                                        |
| 25) Measure height of patient in bed                                |                             |                 |                           |                                        |
| 26) Weigh patient in bed                                            |                             |                 |                           |                                        |
| 27) Measure and weigh patient using upright scale                   |                             |                 |                           |                                        |
| <b>MODULE 9: Resident Care Procedures<br/>(20 Clinical Hours)</b>   |                             |                 |                           |                                        |
| 1) Collect and identify specimens;                                  |                             |                 |                           |                                        |
| <input type="checkbox"/> Sputum                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Urine: clean catch                         |                             |                 |                           |                                        |
| <input type="checkbox"/> Stool                                      |                             |                 |                           |                                        |
| 2) Make occupied bed                                                |                             |                 |                           |                                        |
| 3) Make unoccupied bed                                              |                             |                 |                           |                                        |
| 4) Administer commercially prepared cleansing enema                 |                             |                 |                           |                                        |

**Training Program Name:****NURSE ASSISTANT TRAINING PROGRAM SKILLS CHECK LIST****TYPE OR PRINT LEGIBLY**

|                                         |                       |                     |
|-----------------------------------------|-----------------------|---------------------|
| Student Name                            | Start Date            | Completion Date     |
| *Student Social Security (see Footnote) | Training Program ID # | Clinical Site Name  |
| Instructor Name                         | Title                 | Instructor Initials |
| Instructor Signature                    |                       |                     |

|                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Clinical Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Clinical Hours |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

S = Satisfactory U = Unsatisfactory

| NURSE ASSISTANT TRAINING PROGRAM SKILLS DEMONSTRATED                                                       | S / U | COMMENTS | DATE PERFORMED | LICENSED NURSE INITIALS |
|------------------------------------------------------------------------------------------------------------|-------|----------|----------------|-------------------------|
| <b>MODULE 2: Resident's Rights (1 Clinical Hour)</b>                                                       |       |          |                |                         |
| 1) Knock on door before entering                                                                           |       |          |                |                         |
| 2) Pull privacy curtains during personal care                                                              |       |          |                |                         |
| 3) Keep patient information confidential                                                                   |       |          |                |                         |
| 4) Treat patient with respect and dignity                                                                  |       |          |                |                         |
| 5) Encourage patient to make choices                                                                       |       |          |                |                         |
| 6) Explain procedures to patient                                                                           |       |          |                |                         |
| <b>MODULES 4: Prevention and Management of Catastrophe and Environmental Emergencies (1 Clinical Hour)</b> |       |          |                |                         |
| 1) Demonstrate fire/disaster procedures                                                                    |       |          |                |                         |
| 2) Handles oxygen safely                                                                                   |       |          |                |                         |
| 3) Use of fire extinguisher                                                                                |       |          |                |                         |

**INFORMATION COLLECTION AND ACCESS-PRIVACY STATEMENT**

\*Social Security Number Disclosure: Pursuant to Section 666(a)(13) of Title 42 of the United States Code and California Family Code Section 17520, subdivision (d), the California Department of Public Health (CDPH) is required to collect social security numbers from all applicants for nursing assistant certificates, home health aide certificates, hemodialysis technician certificates or nursing home administrator licenses. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support orders upon request by the Department of Child Support Services and for reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number will result in the return of your application. Your social security number will be used by CDPH for internal identification, and may be used to verify information on your application, to verify certification with another state's certification authority, for exam identification, for identification purposes in national disciplinary databases or as the basis of a disciplinary action against you.

|                                                                      |                             |                 |                           |                                        |
|----------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                  | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>      | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 5: Body Mechanics (4 Clinical Hours)</b>                   |                             |                 |                           |                                        |
| 1) General use of gait belt                                          |                             |                 |                           |                                        |
| 2) Assist patient up to head of bed with two assistants              |                             |                 |                           |                                        |
| 3) Turn and position the patient                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Supine                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> Side-lying                                  |                             |                 |                           |                                        |
| <input type="checkbox"/> Use of lift sheet                           |                             |                 |                           |                                        |
| 4) Assist transfer from bed to chair or wheelchair                   |                             |                 |                           |                                        |
| 5) Assist transfer from chair or wheelchair to bed                   |                             |                 |                           |                                        |
| 6) Use of mechanical lift                                            |                             |                 |                           |                                        |
| <b>MODULE 6: Medical and Surgical Asepsis<br/>(8 Clinical Hours)</b> |                             |                 |                           |                                        |
| 1) Hand washing                                                      |                             |                 |                           |                                        |
| 2) Proper handling of linen                                          |                             |                 |                           |                                        |
| 3) Use of standard precautions:                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> Gloving                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Gowning                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Applying mask                               |                             |                 |                           |                                        |
| 4) Dispose of trash and waste by double-bagging                      |                             |                 |                           |                                        |
| <b>MODULE 7: Weights and Measures (1 Clinical Hour)</b>              |                             |                 |                           |                                        |
| 1) Measure oral intake                                               |                             |                 |                           |                                        |
| 2) Measure urinary output                                            |                             |                 |                           |                                        |
| 3) Use military time in documentation                                |                             |                 |                           |                                        |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)</b>             |                             |                 |                           |                                        |
| 1) Back rub                                                          |                             |                 |                           |                                        |
| 2) Bed bath and partial bath                                         |                             |                 |                           |                                        |
| 3) Tub bath                                                          |                             |                 |                           |                                        |
| 4) Shower                                                            |                             |                 |                           |                                        |
| 5) Assist with oral hygiene                                          |                             |                 |                           |                                        |
| 6) Mouth care of the unconscious patient                             |                             |                 |                           |                                        |
| 7) Denture care                                                      |                             |                 |                           |                                        |

|                                                                     |                             |                 |                           |                                        |
|---------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                 | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>     | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 8: Patient Care Skills (40 Clinical Hours)<br/>Cont'd</b> |                             |                 |                           |                                        |
| 8) Nail care                                                        |                             |                 |                           |                                        |
| 9) Comb patient's hair                                              |                             |                 |                           |                                        |
| 10) Shampoo bedridden resident                                      |                             |                 |                           |                                        |
| 11) Shampoo with shower or tub bath                                 |                             |                 |                           |                                        |
| 12) Use of Medicinal shampoo                                        |                             |                 |                           |                                        |
| 13) Shave patient with razor and electric shaver                    |                             |                 |                           |                                        |
| 14) Dress and undress patient                                       |                             |                 |                           |                                        |
| 15) Change clothes of patient with IV                               |                             |                 |                           |                                        |
| 16) Assist with use of urinal                                       |                             |                 |                           |                                        |
| 17) Assist with use of the bedpan                                   |                             |                 |                           |                                        |
| 18) Assist to toilet or bedside commode                             |                             |                 |                           |                                        |
| 19) Bladder retraining                                              |                             |                 |                           |                                        |
| 20) Bowel retraining                                                |                             |                 |                           |                                        |
| 21) Perineal care                                                   |                             |                 |                           |                                        |
| 22) Care and use of artificial limbs                                |                             |                 |                           |                                        |
| 23) Use and application of splints                                  |                             |                 |                           |                                        |
| 24) Apply and remove behind-the-ear hearing aid                     |                             |                 |                           |                                        |
| 25) Measure height of patient in bed                                |                             |                 |                           |                                        |
| 26) Weigh patient in bed                                            |                             |                 |                           |                                        |
| 27) Measure and weigh patient using upright scale                   |                             |                 |                           |                                        |
| <b>MODULE 9: Resident Care Procedures<br/>(20 Clinical Hours)</b>   |                             |                 |                           |                                        |
| 1) Collect and identify specimens;                                  |                             |                 |                           |                                        |
| <input type="checkbox"/> Sputum                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Urine: clean catch                         |                             |                 |                           |                                        |
| <input type="checkbox"/> Stool                                      |                             |                 |                           |                                        |
| 2) Make occupied bed                                                |                             |                 |                           |                                        |
| 3) Make unoccupied bed                                              |                             |                 |                           |                                        |
| 4) Administer commercially prepared cleansing enema                 |                             |                 |                           |                                        |

|                                                                                                      |                             |                 |                           |                                        |
|------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                                                  | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>                                      | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 9: Resident Care Procedures<br/>(20 Clinical Hours) Cont'd</b>                             |                             |                 |                           |                                        |
| 5) Administer enemas – tap water, soap suds                                                          |                             |                 |                           |                                        |
| 6) Administer laxative suppository                                                                   |                             |                 |                           |                                        |
| 7) Empty urinary bag                                                                                 |                             |                 |                           |                                        |
| 8) Care for patient with tubing:                                                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Oxygen                                                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> IV                                                                          |                             |                 |                           |                                        |
| <input type="checkbox"/> Gastrostomy                                                                 |                             |                 |                           |                                        |
| <input type="checkbox"/> Nasogastric                                                                 |                             |                 |                           |                                        |
| <input type="checkbox"/> Urinary catheter                                                            |                             |                 |                           |                                        |
| 9) Apply antiembolic hose, elastic stockings (TED hose)                                              |                             |                 |                           |                                        |
| 10) Admit, transfer and discharge patient                                                            |                             |                 |                           |                                        |
| 11) Apply non-sterile dressing                                                                       |                             |                 |                           |                                        |
| 12) Apply topical non-prescription ointment                                                          |                             |                 |                           |                                        |
| <b>MODULE 10: Vital Signs (6 Clinical Hours)</b>                                                     |                             |                 |                           |                                        |
| 1) Measure and record temperature using mercury-free and electronic devices for:                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Oral                                                                        |                             |                 |                           |                                        |
| <input type="checkbox"/> Axillary                                                                    |                             |                 |                           |                                        |
| <input type="checkbox"/> Rectal                                                                      |                             |                 |                           |                                        |
| 2) Measure and record pulse: radial and apical                                                       |                             |                 |                           |                                        |
| 3) Measure and record respiration                                                                    |                             |                 |                           |                                        |
| 4) Measure and record blood pressure: Manual (stethoscope, sphygmomanometer), and digital/electronic |                             |                 |                           |                                        |
| <b>MODULE 11: Nutrition (6 Clinical Hours)</b>                                                       |                             |                 |                           |                                        |
| 1) Feed the patient who is unable to feed themselves                                                 |                             |                 |                           |                                        |
| 2) Assist patient who can feed self                                                                  |                             |                 |                           |                                        |
| 3) Verify patient given correct diet tray                                                            |                             |                 |                           |                                        |
| 4) Use of assistive devices such as orthopedic utensils, cups and other devices                      |                             |                 |                           |                                        |

|                                                                                                      |                             |                 |                           |                                        |
|------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                                                  | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>                                      | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 9: Resident Care Procedures<br/>(20 Clinical Hours) Cont'd</b>                             |                             |                 |                           |                                        |
| 5) Administer enemas – tap water, soap suds                                                          |                             |                 |                           |                                        |
| 6) Administer laxative suppository                                                                   |                             |                 |                           |                                        |
| 7) Empty urinary bag                                                                                 |                             |                 |                           |                                        |
| 8) Care for patient with tubing:                                                                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Oxygen                                                                      |                             |                 |                           |                                        |
| <input type="checkbox"/> IV                                                                          |                             |                 |                           |                                        |
| <input type="checkbox"/> Gastrostomy                                                                 |                             |                 |                           |                                        |
| <input type="checkbox"/> Nasogastric                                                                 |                             |                 |                           |                                        |
| <input type="checkbox"/> Urinary catheter                                                            |                             |                 |                           |                                        |
| 9) Apply antiembolic hose, elastic stockings (TED hose)                                              |                             |                 |                           |                                        |
| 10) Admit, transfer and discharge patient                                                            |                             |                 |                           |                                        |
| 11) Apply non-sterile dressing                                                                       |                             |                 |                           |                                        |
| 12) Apply topical non-prescription ointment                                                          |                             |                 |                           |                                        |
| <b>MODULE 10: Vital Signs (6 Clinical Hours)</b>                                                     |                             |                 |                           |                                        |
| 1) Measure and record temperature using mercury-free and electronic devices for:                     |                             |                 |                           |                                        |
| <input type="checkbox"/> Oral                                                                        |                             |                 |                           |                                        |
| <input type="checkbox"/> Axillary                                                                    |                             |                 |                           |                                        |
| <input type="checkbox"/> Rectal                                                                      |                             |                 |                           |                                        |
| 2) Measure and record pulse: radial and apical                                                       |                             |                 |                           |                                        |
| 3) Measure and record respiration                                                                    |                             |                 |                           |                                        |
| 4) Measure and record blood pressure: Manual (stethoscope, sphygmomanometer), and digital/electronic |                             |                 |                           |                                        |
| <b>MODULE 11: Nutrition (6 Clinical Hours)</b>                                                       |                             |                 |                           |                                        |
| 1) Feed the patient who is unable to feed themselves                                                 |                             |                 |                           |                                        |
| 2) Assist patient who can feed self                                                                  |                             |                 |                           |                                        |
| 3) Verify patient given correct diet tray                                                            |                             |                 |                           |                                        |
| 4) Use of assistive devices such as orthopedic utensils, cups and other devices                      |                             |                 |                           |                                        |

|                                                                                                                   |                             |                 |                           |                                        |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------|---------------------------|----------------------------------------|
| <b>Student Name</b>                                                                                               | <b>Instructor Signature</b> |                 |                           | <b>Date</b>                            |
| <b>NURSE ASSISTANT TRAINING PROGRAM<br/>SKILLS DEMONSTRATED</b>                                                   | <b>S / U</b>                | <b>COMMENTS</b> | <b>DATE<br/>PERFORMED</b> | <b>LICENSED<br/>NURSE<br/>INITIALS</b> |
| <b>MODULE 12: Emergency Procedures<br/>(1 Clinical Hour)</b>                                                      |                             |                 |                           |                                        |
| 1) Apply postural supports as safety devices                                                                      |                             |                 |                           |                                        |
| 2) Apply soft wrist/ankle restraints as safety devices                                                            |                             |                 |                           |                                        |
| 3) Heimlich maneuver for conscious patient                                                                        |                             |                 |                           |                                        |
| 4) Heimlich maneuver for unconscious patient                                                                      |                             |                 |                           |                                        |
| 5) Position call light properly                                                                                   |                             |                 |                           |                                        |
| <b>MODULE 13: (as per HSC 1337.1 and 1337.3)<br/>(4 Clinical Hours REQUIRED; specific skills<br/>suggested.)</b>  |                             |                 |                           |                                        |
| 1) Use of dementia-related communication skills,<br>including listening and speaking strategies                   |                             |                 |                           |                                        |
| 2) Identify your name and purpose of interaction                                                                  |                             |                 |                           |                                        |
| 3) Make eye contact at patient's eye level                                                                        |                             |                 |                           |                                        |
| 4) Use of a continuum of verbal and other non-<br>physical techniques such as redirect, for combative<br>patients |                             |                 |                           |                                        |
| <b>MODULE 14: Rehabilitative/Restorative Care<br/>(4 Clinical Hours)</b>                                          |                             |                 |                           |                                        |
| 1) Perform range of motion exercises                                                                              |                             |                 |                           |                                        |
| 2) Assist ambulation of patient using gait belt                                                                   |                             |                 |                           |                                        |
| 3) Assist patient to ambulate with walker                                                                         |                             |                 |                           |                                        |
| 4) Assist patient to ambulate with cane                                                                           |                             |                 |                           |                                        |
| 5) Proper use of rehabilitative devices                                                                           |                             | Type:           |                           |                                        |
| <b>MODULE 15: Observation and Charting<br/>(4 Clinical Hours)</b>                                                 |                             |                 |                           |                                        |
| 1) Report appropriate information to charge nurse                                                                 |                             |                 |                           |                                        |
| 2) Document vital signs, and activities of daily living<br>timely and correctly                                   |                             |                 |                           |                                        |
| 3) Document changes in patient bodily functions and<br>behavior                                                   |                             |                 |                           |                                        |
| 4) Participate in resident care planning                                                                          |                             |                 |                           |                                        |
|                                                                                                                   |                             |                 |                           |                                        |
|                                                                                                                   |                             |                 |                           |                                        |
|                                                                                                                   |                             |                 |                           |                                        |
|                                                                                                                   |                             |                 |                           |                                        |



# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

| Student Name (Printed) |           |          | Instructor Signature                                                                       | Date        |
|------------------------|-----------|----------|--------------------------------------------------------------------------------------------|-------------|
| THEORY                 |           |          | CONTENT                                                                                    | TEST SCORES |
| HOURS                  | DATE      | INITIALS |                                                                                            |             |
|                        |           |          | <b>MODULE 3: Interpersonal Skills (2 hours)</b>                                            |             |
| .25                    | 7/21/2023 |          | A) Communications                                                                          |             |
| .50                    | 7/21/2023 |          | B) Defense mechanisms                                                                      |             |
| .50                    | 7/21/2023 |          | C) Sociocultural factors                                                                   |             |
| .25                    | 7/21/2023 |          | D) Attitudes toward illness and health care                                                |             |
| .50                    | 7/21/2023 |          | E) Family interaction                                                                      |             |
|                        |           |          | <b>MODULE 4: Prevention and Management of Catastrophe and Unusual Occurrences (1 hour)</b> |             |
| .25                    | 7/5/2023  |          | A) Emergency                                                                               |             |
| .25                    | 7/5/2023  |          | B) General safety rules                                                                    |             |
| .25                    | 7/5/2023  |          | C) Fire and disaster plans                                                                 |             |
| 1.0                    | 7/5/2023  |          | D) Roles and procedures for Certified Nurse Assistants (CNA)                               |             |
| .50                    | 7/5/2023  |          | E) Patient Safety                                                                          |             |
|                        |           |          | <b>MODULE 5: Body Mechanics (2 hours)</b>                                                  |             |
| .50                    | 7/6/2023  |          | A) Basic rules of body mechanics                                                           |             |
| .50                    | 7/6/2023  |          | B) Transfer techniques                                                                     |             |
| .50                    | 7/6/2023  |          | C) Ambulation                                                                              |             |
| .50                    | 7/6/2023  |          | D) Proper use of body mechanics and positioning techniques                                 |             |
|                        |           |          | <b>MODULE 6: Medical and Surgical Asepsis (2 hours)</b>                                    |             |
| .50                    | 7/11/2023 |          | A) Micro-organisms                                                                         |             |
| .25                    | 7/11/2023 |          | B) Universal precautions (Standard Precautions)                                            |             |
| .25                    | 7/11/2023 |          | C) Basic principles of asepsis                                                             |             |
|                        |           |          | <b>MODULE 7: Weights and Measures (1 hour)</b>                                             |             |
| .25                    | 7/11/2023 |          | A) The metric system                                                                       |             |
| .50                    | 7/11/2023 |          | B) Weight, length, and liquid volume                                                       |             |
| .25                    | 7/11/2023 |          | C) Military time, i.e., a 24-hour clock                                                    |             |

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|------------------------|-----------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| THEORY                 |           |          | CONTENT                                                                                                                                                                             | TEST SCORES |
| HOURS                  | DATE      | INITIALS |                                                                                                                                                                                     |             |
|                        |           |          | <b>MODULE 8: Patient Care Skill (14 hours)</b>                                                                                                                                      |             |
| 2.0                    | 7/11/2023 |          | A) Bathing and medicinal baths                                                                                                                                                      |             |
| 2.0                    | 7/11/2023 |          | B) Dressing                                                                                                                                                                         |             |
| 1.5                    | 7/11/2023 |          | C) Oral hygiene                                                                                                                                                                     |             |
| 1.0                    | 7/11/2023 |          | D) Hair care, hair shampoo, medicinal shampoo, nail care, and shaving                                                                                                               |             |
| 1.0                    | 7/11/2023 |          | E) Prosthetic devices                                                                                                                                                               |             |
| 1.5                    | 7/11/2023 |          | F) Skin care including prevention of decubitus ulcers                                                                                                                               |             |
| 2.0                    | 7/11/2023 |          | G) Elimination needs                                                                                                                                                                |             |
| 2.0                    | 7/11/2023 |          | H) Bowel and bladder retraining                                                                                                                                                     |             |
| 2.0                    | 7/11/2023 |          | I) Weighing and measuring the patient                                                                                                                                               |             |
|                        |           |          | <b>MODULE 9: Patient Care Procedures (7 hours)</b>                                                                                                                                  |             |
| 1.0                    | 7/18/2023 |          | A) Collection of specimens, including stool, urine, and sputum                                                                                                                      |             |
| 1.0                    | 7/18/2023 |          | B) Care of patients with tubing to include but not be limited to urinary, gastric, oxygen and intravenous. This care does not include inserting, suctioning, or changing the tubes. |             |
| 1.0                    | 7/18/2023 |          | C) Intake and Output                                                                                                                                                                |             |
| 1.0                    | 7/18/2023 |          | D) Bedmaking                                                                                                                                                                        |             |
| 1.0                    | 7/18/2023 |          | E) Cleansing enemas and laxative suppositories                                                                                                                                      |             |
| 1.0                    | 7/18/2023 |          | F) Admission, transfer and discharge                                                                                                                                                |             |
| 1.0                    | 7/18/2023 |          | G) Bandages and nonsterile dry dressings, including the application of nonlegend topical ointments to intact skin surfaces                                                          |             |
|                        |           |          | <b>MODULE 10: Vital Signs (3 hours)</b>                                                                                                                                             |             |
| .50                    | 7/18/2023 |          | A) Purpose of vital signs                                                                                                                                                           |             |
| .25                    | 7/18/2023 |          | B) Factors affecting vital signs                                                                                                                                                    |             |
| .25                    | 7/18/2023 |          | C) Normal ranges                                                                                                                                                                    |             |
| .50                    | 7/18/2023 |          | D) Methods of measurement                                                                                                                                                           |             |
| .50                    | 7/18/2023 |          | E) Temperature, pulse, respiration                                                                                                                                                  |             |

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

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|------------------------|-----------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THEORY                 |           |          | CONTENT                                                                                                                                                                                     | TEST SCORES                                                                                                                                                                                                               |
| HOURS                  | DATE      | INITIALS |                                                                                                                                                                                             |                                                                                                                                                                                                                           |
|                        |           |          | <b>MODULE 10: Vital Signs (3 hours) Cont'd</b>                                                                                                                                              |                                                                                                                                                                                                                           |
| .50                    | 7/18/2023 |          | F) Blood pressure                                                                                                                                                                           |                                                                                                                                                                                                                           |
| .50                    | 7/18/2023 |          | G) Abnormalities                                                                                                                                                                            |                                                                                                                                                                                                                           |
| .25                    | 7/18/2023 |          | H) Recording                                                                                                                                                                                |                                                                                                                                                                                                                           |
|                        |           |          | <b>MODULE 11: Nutrition (2 hours)</b>                                                                                                                                                       |                                                                                                                                                                                                                           |
| .50                    | 7/18/2023 |          | A) Proper nutrition                                                                                                                                                                         |                                                                                                                                                                                                                           |
| .25                    | 7/18/2023 |          | B) Feeding techniques                                                                                                                                                                       |                                                                                                                                                                                                                           |
| .25                    | 7/18/2023 |          | C) Diet therapy                                                                                                                                                                             |                                                                                                                                                                                                                           |
|                        |           |          | <b>MODULE 12: Emergency Procedures (2 hours)</b>                                                                                                                                            |                                                                                                                                                                                                                           |
| .50                    | 8/1/2023  |          | A) Signs and symptoms of distress                                                                                                                                                           |                                                                                                                                                                                                                           |
| .25                    | 8/1/2023  |          | B) Immediate and temporary intervention                                                                                                                                                     |                                                                                                                                                                                                                           |
| .25                    | 8/1/2023  |          | C) Emergency codes                                                                                                                                                                          |                                                                                                                                                                                                                           |
|                        |           |          | <b>MODULE 13: Long-Term Care Patient</b>                                                                                                                                                    |                                                                                                                                                                                                                           |
|                        |           |          | <b>SNF/ICF (5 hours)</b>                                                                                                                                                                    | <b>Non-SNF/ICF (3 hours)</b>                                                                                                                                                                                              |
| 2.0                    | 8 /       |          | A1) Special needs of persons with developmental and mental disorders Including intellectual disability, cerebral palsy, epilepsy, Parkinson's disease, and mental illness. <b>(2 hours)</b> | A) Special needs of persons with developmental and mental disorders including intellectual disability, Alzheimer's disease, cerebral palsy, epilepsy, dementia, Parkinson's disease, and mental illness. <b>(2 hours)</b> |
| 2.0                    | 8 /       |          | A2) Special needs of persons with Alzheimer's disease and related dementias <b>(2 hours)</b>                                                                                                | <b>*See footnote (2) below</b>                                                                                                                                                                                            |
| 1.0                    | 8 /       |          | B) Introduction to anatomy and physiology <b>(B-F Minimum 1 hour)</b>                                                                                                                       | B) Introduction to anatomy and physiology <b>(B-F Minimum 1 hour)</b>                                                                                                                                                     |
| .50                    | 8/1/2023  |          | C) Physical and behavioral needs and changes                                                                                                                                                | C) Physical and behavioral needs and changes                                                                                                                                                                              |
| .25                    | 8/1/2023  |          | D) Community resources available                                                                                                                                                            | D) Community resources available                                                                                                                                                                                          |
| .25                    | 8/1/2023  |          | E) Psychological, social, and recreational needs                                                                                                                                            | E) Psychological, social, and recreational needs                                                                                                                                                                          |
| .50                    | 8/1/2023  |          | F) Common diseases and disorders including signs and symptoms                                                                                                                               | F) Common diseases and disorders including signs and symptoms                                                                                                                                                             |

\*Footnote (2) Non-SNF/ICF providers may complete A2, or any 2 hours of training from another module in order to meet the 60 hour minimum theory training requirement. (2 hours)

# NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM INDIVIDUAL STUDENT RECORD

TYPE OR PRINT LEGIBLY

| Student Name (Printed) |           |          | Instructor Signature                                                  | Date        |
|------------------------|-----------|----------|-----------------------------------------------------------------------|-------------|
| THEORY                 |           |          | CONTENT                                                               | TEST SCORES |
| HOURS                  | DATE      | INITIALS |                                                                       |             |
|                        |           |          | <b>MODULE 14: Rehabilitative Nursing (2 hours)</b>                    |             |
|                        | 7/18/2023 |          | A) Promoting patients' potential                                      |             |
|                        | 7/18/2023 |          | B) Devices and equipment                                              |             |
|                        | 7/18/2023 |          | C) Activities of daily living                                         |             |
|                        | 7/18/2023 |          | D) Family interactions                                                |             |
|                        | 7/18/2023 |          | E) Complication of inactivity                                         |             |
|                        | 7/18/2023 |          | F) Ambulation                                                         |             |
|                        | 7/18/2023 |          | G) Range of motion                                                    |             |
|                        |           |          | <b>MODULE 15: Observation and Charting (4 hours)</b>                  |             |
|                        | 7/18/2023 |          | A) Observation of patients and reporting responsibility               |             |
|                        | 7/18/2023 |          | B) Patient care plan                                                  |             |
|                        | 7/18/2023 |          | C) Patient care documentation                                         |             |
|                        | 7/18/2023 |          | D) Legal issues of charting                                           |             |
|                        | 7/18/2023 |          | E) Medical terminology and abbreviations                              |             |
|                        |           |          | <b>MODULE 16: Death and Dying (2 hours)</b>                           |             |
|                        | 8/1/2023  |          | A) Stages of grief                                                    |             |
|                        | 8/1/2023  |          | B) Emotional and spiritual needs of the patient and family            |             |
|                        | 8/1/2023  |          | C) Rights of the dying patient                                        |             |
|                        | 8/1/2023  |          | D) Signs of approaching death                                         |             |
|                        | 8/1/2023  |          | E) Monitoring of the patient                                          |             |
|                        | 8/1/2023  |          | F) Post mortem care                                                   |             |
|                        |           |          | <b>MODULE 17: Abuse (as per HSC 1337.1 and 1337.3) (6 hours)</b>      |             |
|                        | 8/2/2023  |          | A) Preventing, recognizing and reporting instances of resident abuse. |             |

Pursuant to Section 71835(l), all records pertaining to individuals who have successfully completed the program shall be available for the Department's inspection for a period of four (4) years beginning from the date of enrollment. Compliance with the Bureau for Private Postsecondary Education requires that all student records (including those who do not complete the course) must be kept for five (5) years from the date of enrollment.

# HOME HEALTH AIDE (HHA) TRAINING PROGRAM INDIVIDUAL STUDENT RECORD – COLLEGE OF MARIN | Program ID: S-2414

**TYPE OR PRINT LEGIBLY**

|                      |                           |            |                 |
|----------------------|---------------------------|------------|-----------------|
| Student Name         | Student Last 4 digits SSN | Start Date | Completion Date |
| Instructor Signature | Instructor Name (Printed) | Date       | Final Grade     |

**Instructor: Date and initial in each theory section when student completes required theory training.**

| THEORY |      |          | CONTENT                                                                                               | TEST<br>SCORES |
|--------|------|----------|-------------------------------------------------------------------------------------------------------|----------------|
| HOURS  | DATE | INITIALS |                                                                                                       |                |
|        |      |          | <b>Introduction to Aide and Agency Role Theory - 2 hours</b>                                          |                |
|        |      |          | 1. Define the terminology.                                                                            |                |
|        |      |          | 2. Identify State and Federal regulations and requirements for HHA certification.                     |                |
|        |      |          | 3. Describe the purpose and goals of home care.                                                       |                |
|        |      |          | 4. Identify members of the home health care team, their functions, and how they interact.             |                |
|        |      |          | 5. Describe the role and responsibilities of the certified home health aide.                          |                |
|        |      |          | 6. Discuss common observations and documentation to be completed by the HHA.                          |                |
|        |      |          | 7. Describe key steps involved in the communication process and methods used in communication.        |                |
|        |      |          | 8. Describe key steps to accommodate communication with clients who have hearing or speech disorders. |                |
|        |      |          | 9. Describe effective techniques for communication with home health team members.                     |                |
|        |      |          | 10. Describe ways to have effective communication in learning about your client.                      |                |
|        |      |          | 11. Describe how to access community agencies to meet client needs.                                   |                |
|        |      |          | 12. Identify organizational and time management techniques for a daily work schedule.                 |                |

[illegible]

|                        |      |          |                                                                                                               |             |
|------------------------|------|----------|---------------------------------------------------------------------------------------------------------------|-------------|
| Student Name (Printed) |      |          | Instructor Signature                                                                                          | Date        |
| THEORY                 |      |          | CONTENT                                                                                                       | TEST SCORES |
| HOURS                  | DATE | INITIALS |                                                                                                               |             |
|                        |      |          | Personal Care Services<br>Theory - 5 hours; Clinical 15 hours                                                 |             |
|                        |      |          | 1. Define the terminology.                                                                                    |             |
|                        |      |          | 2. Describe the steps and guidelines for common personal care skills.                                         |             |
|                        |      |          | 3. Explain the importance of improvising equipment and adapting care activities in the home.                  |             |
|                        |      |          | 4. Discuss personal care delivery in home care.                                                               |             |
|                        |      |          | 5. List examples of home equipment that can be utilized to provide personal care.                             |             |
|                        |      |          | 6. Discuss the benefits of self-care in promoting wellness.                                                   |             |
|                        |      |          | 7. Describe key principles of body mechanics.                                                                 |             |
|                        |      |          | 8. Explain how to adapt body mechanics in the home setting.                                                   |             |
|                        |      |          | 9. Describe adaptations that can be made in the home for ambulation and positioning.                          |             |
|                        |      |          | 10. Identify the purpose of passive and active Range of Motion exercises.                                     |             |
|                        |      |          | 11. Describe high risk factors for skin breakdown and methods of prevention.                                  |             |
|                        |      |          | 12. Describe stages of pressure ulcers/decubitus ulcers and report observations.                              |             |
|                        |      |          | 13. List types of ostomies and describe how to empty and change the pouch.                                    |             |
|                        |      |          | 14. Recognize emergencies in the home and define critical steps to follow.                                    |             |
|                        |      |          | 15. Relate the chain of infection to the home care setting.                                                   |             |
|                        |      |          | 16. Describe infection control measures to use in the home care setting.                                      |             |
|                        |      |          | 17. Describe the role and responsibilities of the HHA in assisting the client to self-administer medications. |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |
|                        |      |          |                                                                                                               |             |



[illegible]

# HOME HEALTH AIDE (HHA) SKILLS EVALUATION INDIVIDUAL STUDENT RECORD - COLLEGE OF MARIN | Program ID: S-2414

**TYPE OR PRINT LEGIBLY**

|                      |  |                           |  |            |                 |
|----------------------|--|---------------------------|--|------------|-----------------|
| Student Name         |  | Student Last 4 digits SSN |  | Start Date | Completion Date |
| Instructor Signature |  | Instructor Name (Printed) |  | Date       | Final Grade     |

**Instructor: Date and initial in each skills assessment when student completes required clinical training.**

| SKILLS                  |      | SKILLS DEMONSTRATED            | S/U | COMMENTS | SUCCESSFUL<br>RETURN<br>DEMONSTRATION<br>(INITIAL) | SCORE |
|-------------------------|------|--------------------------------|-----|----------|----------------------------------------------------|-------|
| HOURS                   | DATE |                                |     |          |                                                    |       |
|                         |      | 1. Vital Signs                 |     |          |                                                    |       |
|                         |      | 2. Pulse                       |     |          |                                                    |       |
|                         |      | 3. Respirations                |     |          |                                                    |       |
|                         |      | 4. Blood Pressure              |     |          |                                                    |       |
| <b>TOTAL<br/>HOURS:</b> |      |                                |     |          |                                                    |       |
|                         |      | <b>Personal Care</b>           |     |          |                                                    |       |
|                         |      | 1. Bed Bath                    |     |          |                                                    |       |
|                         |      | 2. Bath: Tub                   |     |          |                                                    |       |
|                         |      | Shower                         |     |          |                                                    |       |
|                         |      | Sponge                         |     |          |                                                    |       |
|                         |      | 3. Sitz Bath                   |     |          |                                                    |       |
|                         |      | 4. Warm Foot Soak              |     |          |                                                    |       |
|                         |      | 5. Emptying an<br>Ostomy Pouch |     |          |                                                    |       |
|                         |      | 6. Shampoo: Bed                |     |          |                                                    |       |

|                        |      |                                      |     |          |                                                    |       |
|------------------------|------|--------------------------------------|-----|----------|----------------------------------------------------|-------|
| Student Name (Printed) |      | Instructor Signature                 |     |          |                                                    | Date  |
| SKILLS                 |      | SKILLS DEMONSTRATED                  | S/U | COMMENTS | SUCCESSFUL<br>RETURN<br>DEMONSTRATION<br>(INITIAL) | SCORE |
| HOURS                  | DATE |                                      |     |          |                                                    |       |
|                        |      | Sink                                 |     |          |                                                    |       |
|                        |      | Tub                                  |     |          |                                                    |       |
|                        |      | 7. Oral Hygiene                      |     |          |                                                    |       |
|                        |      | 8. Nail Care                         |     |          |                                                    |       |
|                        |      | 9. Skin care / back rub              |     |          |                                                    |       |
|                        |      | 10. Use of Bed Pan /<br>Urinal       |     |          |                                                    |       |
| TOTAL<br>HOURS:        |      |                                      |     |          |                                                    |       |
|                        |      | <b>Mobility</b>                      |     |          |                                                    |       |
|                        |      | 1. Ambulation                        |     |          |                                                    |       |
|                        |      | 2. Transfer                          |     |          |                                                    |       |
|                        |      | 3. Range of Motion                   |     |          |                                                    |       |
| TOTAL<br>HOURS:        |      |                                      |     |          |                                                    |       |
|                        |      | <b>Nutrition</b>                     |     |          |                                                    |       |
|                        |      | 1. Passing Food Trays                |     |          |                                                    |       |
|                        |      | 2. Feeding the client                |     |          |                                                    |       |
|                        |      | 3. Intake & Output                   |     |          |                                                    |       |
|                        |      | 4. Training in Dietary -<br>Facility |     |          |                                                    |       |
|                        |      | Food Preparation                     |     |          |                                                    |       |
|                        |      | Washing Dishes                       |     |          |                                                    |       |
|                        |      | Assisting in<br>setting up trays     |     |          |                                                    |       |
|                        |      |                                      |     |          |                                                    |       |
|                        |      |                                      |     |          |                                                    |       |



SECTION V.

EXAMINATIONS

STATE BOARD INFORMATION

## TAKING YOUR TEST CENTER EXAM IN-PERSON ON YOUR EXAM DAY

### CHECKING IN

- You must arrive 30 minutes before your scheduled time for BOTH the written examination (if offered at a test site) and for the skills evaluation. If you are late you will not be allowed to test and your fees will not be refunded.
- Please arrive 30 minutes prior to your scheduled time. Skills Evaluation test times are approximate.

**PLEASE NOTE:** You will be required to check in for both the written examination and for the skills evaluation. You will be required to present proper identification. WHAT TO BRING You MUST have the following items with you when you take the NNAAP® Examination.

- Two (2) forms of official (current, not expired), legible, signature-bearing identification, one of which must be photo identification
  - Three (3) No. 2 pencils (sharpened)
  - Eraser
  - Watch with a second hand
- No other materials will be allowed.

### PROPER IDENTIFICATION

You are required to bring your original Social Security card and one form of legal photo identification that includes your signature when reporting to take the examination. This is a mandatory requirement issued by the California Department of Public Health (effective January 2002). Photocopies of identification will NOT be accepted.

Additionally, you must bring your signed CDPH 283B Form to testing every time you test.

Examples of proper identification include:

- Driver's license
- DMV Identification card
- Passport or Passport card
- Permanent Resident Visa/Alien Registration card
- U.S. Military ID card

The first and last names or suffix (i.e. Jr., II, III), on the current government photo identification, social security card, Nurse Assistant Certification (HS 283b), or CDPH Approval letter (923 Form) must be the same name used on the registration application to register for the examination. If you do not bring proper identification, or if your names do not match on all presented documents, you will not be allowed to test and your examination fee will not be refunded. All documents presented at test site must be current, original, legible and unaltered.

**SECURITY AND CHEATING** If you give help to or receive help from anyone during the NNAAP® Examination, the examination will be stopped. The incident will be reported to the California Department of Health for review and your examination will not be scored (see Testing Policies).

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of or licensed to Credentia. Consequently, any distribution of the examination content or materials through any form of reproduction or through oral or written communication, is strictly prohibited and punishable by law. Anyone who removes or tries to remove examination material or information from the test site will be prosecuted.

You may GO ONLINE to learn more about what to expect before your testing day and the day of testing [credentia.com/test-center-exams](https://www.credentia.com/test-center-exams)



## **Valuable Resources**

### **California Department of Public Safety**

This is the CA State government body that approved our program to provide training in CNA/HHA. They set the requirements and issue out licenses to work as a CNA and HHA.

- Frequently Asked Questions (FAQ) page - <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CNA-FAQ-Initial.aspx>

*How long can I work after passing the exam, without receiving my certificate?*

You may work up to 120 days as a Nurse Assistant while certification requirements are pending.

*I passed the CNA exam when will I receive my certificate?*

Please contact the California Department of Public Health at (916) 327-2445, if it has been over 60 days since you passed the exam and have not received your certificate.

### **Credentia**

Credentia is the company contracted by CDPH to coordinate the processes and meet the requirements of State exams. Your exams dates and locations will be scheduled following their requirements in conjunction with the CDPH requirements.

- You may find many resources located at <https://credentia.com/test-takers/canorth> Resources can be found if you scroll all the way toward the bottom of the page.

# Northern California Nurse Assistant

Written (or Oral) Examination & Skills Evaluation

## Candidate Handbook

April 2024



**Credentia**



**NNAAP**<sup>®</sup>  
National Nurse Aide Assessment Program  
An NCSSN<sup>®</sup> Examination

# It all starts here!

Reviewing this handbook is a big step toward your success.



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# Quick Reference

## CREDENTIAL EXAMINATION AND SCHEDULING SERVICES

### California NNAAP

1025 Greenwood Avenue  
Suite 401  
Lake Mary FL 32746

#### Hours of Operation:

Mon – Fri 8:00 a.m. – 11:00 p.m.  
Sat 8:00 a.m. – 5:00 p.m.  
Sun 10:00 a.m. – 4:00 p.m.  
(Eastern Time Zone)

#### Create or Log into your CNA365 account to:

- Change your current address and phone number.
- Submit Correction Form to update name, date of birth or social security number before your exam has been scheduled.
- Obtain and submit an Examination Testing Application.
- Check Testing Application status.
- Find test sites and availability.
- Schedule, reschedule or cancel an examination.
- View exam details such as examination type, scheduled time, date, and location.
- View Score report.
- Submit and review a Grievance application for completed examination.
- Submit an excused absence application.

#### Contact Customer Service when:

- Problem occurs when creating CNA365 Account.
- Did not receive activation link.
- Problem occurs when applying an assigned voucher code.
- Testing Application Issue.
- Received an error message when scheduling examination.
- Score report is not viewable in CNA365 after 24 hours from your exam.
- Call (888) 204-6249

## CALIFORNIA

### Department of Public Health (CDPH)

(916) 327-2445

Web: <http://www.cdph.ca.gov>

Hours of Operation 8:00 a.m. – 5:00 p.m. (Pacific Time Zone)

#### Call CDPH to

- Obtain information regarding requirements for initial licensing
- Change your current address or name after testing
- Obtain information regarding reciprocity
- Obtain additional information

For applications and licensing requirements, go to:

<http://www.cdph.ca.gov/pubsforms/Pages/CNAHHAProgram.aspx>

## REGIONAL SITES

### Northern Region

Northern Region covers the area from the Oregon border to Kern County, CA

See [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) for a complete listing of Northern Regional Testing Sites

For information contact: Credentia Registration and Scheduling (888) 204-6249  
Hours of Operation

Mon - Fri.: 5:00 a.m. – 8:00 p.m.  
Saturday: 5:00 a.m. - 2:00 p.m.  
Sunday 5:00 a.m. - 1:00 p.m.  
(PDT)

## REGIONAL SITES

### Southern Region

See [www.credentia.com/test-takers/casouth](http://www.credentia.com/test-takers/casouth) for information on testing

# Introduction

Welcome and congratulations on your decision to take the professional Nurse Aide's test. This handbook is designed for candidates who want to be listed on the California nurse assistant Registry. It tells you how to apply for and take the National nurse assistant Examination.

This handbook will answer many of your questions about the test. Please take the time to read it and keep it so you can refer to it whenever you have a question about the test.



VISIT resource center for additional info  
<https://credentia.com/about-us/nurse-assistant-resource-center>

## THE NATIONAL NURSE ASSISTANT ASSESSMENT PROGRAM (NNAAP®)

The National Nurse Assistant Assessment Program (NNAAP®) was developed by the National Council of State Boards of Nursing, Inc., The NNAAP® Examination is an evaluation of nurse assistant-related knowledge, skills and abilities. Its purpose is to determine if you understand and can safely perform the job of an entry-level nurse assistant.

## ABOUT CREDENTIALIA

This handbook was created by Credentia in partnership with the California Department of Health. Credentia is a nationally recognized provider of testing services to develop, score and report the results of the California nurse assistant Registry test. Credentia also processes applications, schedules examinations and administers the tests.

## EXAM OVERVIEW

There are two parts of the NNAAP® Examination, the Written (or Oral) Examination and the Skills Evaluation. You do not need to take both of these the first time on the same day, unless you register for the paper-pencil written/oral exam in place of the online exam. You must pass both parts in order to be listed on the California nurse assistant Registry.

## THE ONLINE (available 1/1/2023) or PAPER-PENCIL WRITTEN EXAMINATION

The written part of your test is made of seventy (70) multiple-choice questions written in English. Sample examination questions are provided in this handbook.

Please note: If you have difficulty reading English, you can take an Oral Examination instead of the Written Examination.

The Oral Examination includes sixty (60) multiple-choice questions plus ten (10) reading comprehension/word recognition questions. If you want to take the Oral Examination, you must request it when you submit your registration form.

## THE SKILLS EVALUATION

For the Skills portion of your test, you will be asked to perform five (5) randomly selected nurse assistant skills. You will be rated on these skills by a Nurse Evaluator. Please review the complete listing of the skills shown on pages 23 to 30.

You can also review The Written (or Oral) Exam and The Skills Evaluation for more details about the NNAAP® Examination.

# Eligibility

This section explains:

- What you need to do to become a nurse assistant in California
- What you need to do before you can take the NNAAP® test

## ELIGIBILITY FOR EMPLOYMENT AS A NURSE ASSISTANT

In order to be a nurse assistant in California, you must be sixteen (16) years of age or older. You **MUST** also have a criminal background check and you **MUST NOT** have any convictions on your record that would stop you from being a nurse assistant. You cannot have any rulings against you from any other state registry or licensing board.

## ELIGIBILITY FOR NNAAP® TESTING

As a test candidate, you will be put into one of two eligibility or “E” categories. Please read the categories listed at right to see which one applies to you.

All student nurse assistant candidates applying to take the NNAAP® Examination in California must have successfully completed a Department of Public Health-approved nurse assistant training program. You are allowed two (2) years from your training program completion date to pass the nursing assistant examination. If you do not pass the NNAAP® Examination within a two-year period, you will be required to re-train before you will be allowed to take the examination again.

If you have not completed a CNA training program but you have had other training, please contact the California Department of Public Health at (916) 327-2445 to determine your eligibility.

### E-1

You have completed a nurse assistant training program, approved by the California Department of Education, within the last twenty-four (24) months. New nurse assistant: For all applicants who have successfully completed a California State-Approved nurse assistant Education Program and have a signed unexpired 283B FORM.

### E-2

Equivalent Training RN/LPN fundamentals; Reciprocity; Previously Certified/Registered - For all applicants with a completed 932 FORM.

# Online Registration and Scheduling

Online registration is the best way to register for your examination.



## HERE'S HOW IT WORKS:

You create an online account with Credentia's CNA365 system. The Credentia CNA365 system makes online registration quick and easy, and much faster than mailing a paper application.

- To create a free CNA365 account, go to [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth). Click the "CNA365 Login" button on the top of the Northern California nurse assistant website. Follow the instructions to complete your profile account.
- Once your profile account is created you can create an "application to test." Select your eligibility route, complete the form uploading all required documents and submit for approval.
- Once you are approved to test you can schedule your exam and pay for the exam by credit card or pre-paid credit card (American Express, MasterCard, Visa, ACH/ electronic check, or electronic voucher). Fees are non-refundable and non-transferable once you've paid.
- For exams at test center locations, you'll need to make an online reservation using a laptop. Using your phone or a tablet is not recommended. You need to make your reservation at least ten (10) calendar days before the test date.
- For Written or Oral online exams, you'll need to make an online reservation using a laptop. You can schedule an exam as early as one day following registration, depending on when exam availability.
- You'll need to complete your online application in CNA365 but you can ask someone from your nurse assistant training program or facility employer for help in completing the application. If you need help or have any questions about the application process, contact a support representative at 888-204-6249.

## EXAM FEES

|                          |      |
|--------------------------|------|
| Skills Evaluation ONLY   | \$80 |
| Written Examination ONLY | \$40 |
| Oral Examination ONLY    | \$55 |

The fees listed have been established for the National nurse assistant Assessment Program in California.

You do not need to take the Skills Evaluation and the Written (or Oral) Examination the first time you test on the same day or in a certain order.

Fees are not refundable. If you do not bring proper identification, you will not be allowed to test and your examination fee will not be refunded.

## WHAT TO BRING

You must have the following items with you when you take the examination:

- Original Social Security card (cannot be laminated)
- Valid current government-issued legal photo identification card that includes your signature
- Application for Nurse Assistant Certification (CDPH 283B) with original signature from the RN responsible for your training that is dated after you have completed training **or** original California Department of Public Health (CDPH) Approval Letter (CDPH 923) with embossed stamp from CDPH
- Watch with a second hand
- Non-skid footwear. Dress professionally, uniform preferred.
- Two (2) No. 2 pencils (sharpened)
- Eraser
- Optional Item: Translation Dictionary (Translations only, no definitions)

**No other materials will be allowed.** You **MUST** have the above items with you on the day of testing. If you do not bring the above items with you on the day of testing, you will **NOT** be allowed to test and your examination fee will **NOT** be returned.

You may bring a paper English translation dictionary which will be checked for notations and any other security issues. No electronic devices of any kind are permitted.

## SCHEDULING YOUR EXAM

Once you have completed your Profile (demographics) and application, your Home Page will state: "Click here to schedule your examinations."

- For example Select PR (skills evaluation). Select the test site you want to use and a calendar will appear with available test dates highlighted.
- Select the date you want and repeat the process for the AW (Written) or AO (Oral English) if needed.
- Proceed to checkout and select your form of payment. When completed, you will receive a Confirmation Notice and Receipt of Payment via email.

## TESTING LOCATIONS

Please visit [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) or call 888-204-6249 to determine the schedule of the test site most convenient to you.

## LIGHT DUTY

Federal law says that you cannot take the Skills Evaluation if you're on restricted activity or light duty for medical reasons.

You must be able to complete all required skills included in the Skills Evaluation. THERE ARE NO EXCEPTIONS TO THIS RULE.

Candidates who are on light duty are not permitted to take the Skills Evaluation, but light duty does not prevent you from taking the Written Examination.

You will need medical documentation saying that you can return to full, unrestricted duty in order reschedule the skills exam.

## ACCOMMODATIONS

Credentia complies with the Americans with Disabilities Act and will provide reasonable accommodations to anyone with a documented disability who might need a little help in accessing the test.

Test accommodations may include things like:

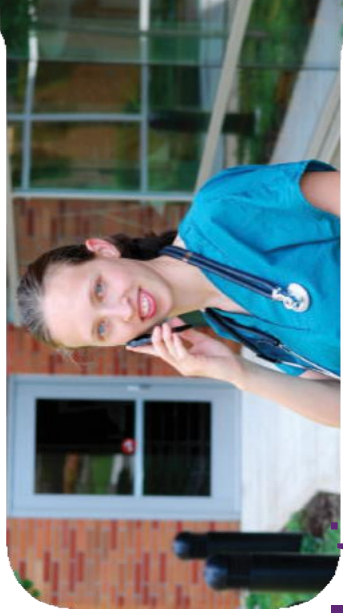
- A separate testing room
- Extra testing time
- A Reader or Recorder, for individuals with mobility, hearing or

vision difficulties who cannot read or write on their own.

Test accommodations will be considered on a case-by-case basis. If you're requesting accommodations because of a disability, you must provide proof of your condition.

This may include:

- Supporting documents from the professional who diagnosed the condition
  - A description of past accommodations that you have received
- Please visit [www.credentia.com/accommodations](http://www.credentia.com/accommodations) full details on the accommodations process and required supporting documentation.



# Cancellations

You can easily cancel or reschedule an exam online using your CNA365 account. Go to [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) and click on "How to Cancel or Reschedule an Exam" in the Resources section of the webpage.

Remember: You need to cancel or reschedule your Online Written (or Oral) examination at least 48 hours (2 days) before your scheduled test time.

If you are unable to attend your test, you must reschedule or cancel in your CNA365 account at least ten (10) business days before the test date (Saturday and Sunday and national holidays are not considered business days). If you don't reschedule or cancel at least ten (10) business days before your test date, and do not show up for your scheduled test, you will be responsible for the test fee. Your fee will not be refunded and cannot be transferred to a new test date, and you may not give your test date to another person.

- If you do reschedule/cancel in time, there is no penalty, and your fee may be transferred to your new test date. If your employer paid your test fee, you should tell them about missing the test or rescheduling. Let them know how you have handled rescheduling and when you plan to take the test again.
- If you do not report to the testing location on the day of your scheduled test, you will be considered a "no-show" and you will not get your testing fee back.

## RESCHEDULING

You can now use your CNA365 account to reschedule your exam. Go to [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) and click on "How to Cancel or Reschedule an Exam" in the Resources section of the webpage.

If you want to reschedule by phone, call (888) 204-6249. You must contact Credentia at least ten (10) business days before your exam.

## REFUNDS

Once payment of exam fees is received, NO REFUNDS WILL BE ISSUED.

## ABSENCE POLICY

Candidates who are late or absent from an exam may submit an excused absence via CNA365 within 14 calendar days of the exam date for the following reasons:

- Illness of yourself or a member of your household
- Death in the family
- Traffic accident or ticket
- Court appearance or jury duty
- Military duty
- Weather emergency
- Incarceration

Your request must include documentation or verification for the cause of the absence. For example, if you are absent because of jury duty, you must upload a copy of the court notice. In the case of illness, verification from a medical provider must be included in your request. Please note, a request takes approximately 3-5 business days to review. The decision of Credentia to approve or deny the excused absence will be final.

## WEATHER EMERGENCIES

A test center/online examination will be delayed or cancelled only in emergencies. If severe weather or a natural disaster makes the test site inaccessible or unsafe, the examination will be delayed or cancelled. In the event of an examination change due to a weather emergency, candidates will be contacted with the information on file by phone and email of cancellation.

# Exam Day

## TAKING YOUR EXAM ONLINE

You can take your Written/Oral exam from home or work through Credentia online proctoring. A live proctor (someone who supervises the test) will securely monitor you through the webcam on your workstation. Online exams also offer you more scheduling flexibility than test center exams to fit with your schedule.

Please visit [www.credentia.com/online-exams](http://www.credentia.com/online-exams) for information on what to expect and how to best prepare for your online exam. We also recommend that you click on the "Policies & Procedures" link on this webpage to review the exam rules and procedures.

### WHAT YOU'LL NEED

- The right computer – a desktop, laptop or Chromebook with a single monitor (no smartphones or tablets). Visit [www.credentia.com/online-exams](http://www.credentia.com/online-exams) to view or download system requirements.
- A private room – if you don't have access to a private room, check with your training program or local library for availability.
- A mobile device – the proctor will need to see all around your exam area with a 360-degree room scan. Please be sure you have a smartphone or tablet (Apple or Android) that can do this using our free app.



### WHAT TO DO IN THE DAYS BEFORE YOUR ONLINE EXAM:

- Run a system test – make sure to do the required system test and exam simulation before exam day. Visit [www.credentia.com/online-exams](http://www.credentia.com/online-exams) and select the "Run System Test" button.
- Find your testing space – you need a quiet area in your home or office to take your exam

You are required to bring your original Social Security card and one form of legal photo identification that includes your signature when reporting to take the examination. This is a mandatory requirement issued by the California Department of Public Health (effective January 2002).

Photocopies of identification will **NOT** be accepted.

Examples of proper identification include:

- Driver's license
- DMV Identification card
- Passport or Passport card
- Permanent Resident Visa/Alien Registration card
- U.S. Military ID card

The first and last names or suffix (ie Jr., II, III), on the current government photo identification, social security card, Nurse Assistant Certification (CDPH 283B), or CDPH Approval letter (CDPH 923) must be the same name used on the registration application to register for the examination. If you do not bring proper identification, or if your names do not match on all presented documents, you will not be allowed to test and your examination fee will not be refunded. All documents presented at test site must be current, original, legible and unaltered.

**IMPORTANT:** If you can't take the test because of this, it still counts as one of your 3 chances to take the exam because you were not prepared — please have the correct forms of identification!

GO ONLINE to learn more about what to expect before your testing day and the day of testing  
[credentia.com/test-center-exams](http://credentia.com/test-center-exams)

## WHAT TO DO ON YOUR ONLINE EXAM DAY

### STEP 1: Prepare your testing space

- Quiet: no background noise and tell members of your household you are taking your test.
- Well lit: proctors must be able to see you and your testing space well.
- Privacy: no one else in the room.
- Remove prohibited items: clear workstation area to expedite room scan.
- Restroom/Beverages: use restroom and prepare beverages before exam.

### STEP 2: Have your ID ready

Have your government-issued photo ID with you. (See list or proper identification in section above.)

### STEP 3: Prepare your computer

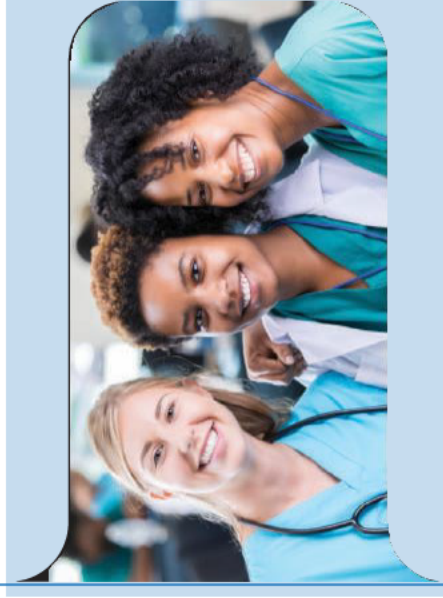
- Disconnect any additional monitors and close all other open applications.
- Have your chargers (laptop, smart phone or tablet) plugged in or nearby.
- Use a wired internet connection rather than WiFi, if possible.
- If using WiFi, we recommend at least 3Mbps and ask that other people in your house do not use the internet during your exam.
- Disconnect any VPNs or firewalls if you have them.

### STEP 4: Download the ExamRoom AI app

Download the ExamRoom AI app to your smartphone or tablet and have your CNA365 login credentials available (the user name and password for your Credentia CNA365 account). This app is required to complete a 360 degree room scan.

### STEP 5: Check in for your exam

- You can begin to check in up to 30 minutes before your appointment. Your onboarding agent will make sure everything is ready for your exam before introducing your proctor (the test supervisor).
- How to check in: Go to [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) and click the "CNA365 login" button. Once logged in, find your scheduled exam and select the "Start Exam" button.



# Exam Day

## TAKING YOUR TEST CENTER EXAM IN PERSON

### CHECKING IN

- You must arrive 30 minutes before your scheduled time for BOTH the written examination (if offered at a test site) and for the skills evaluation. If you are late you will not be allowed to test and your fees will not be refunded.
- Please arrive 30 minutes prior to your scheduled time. Skills Evaluation test times are approximate.

PLEASE NOTE: You will be required to check in for both the written examination and for the skills evaluation. You will be required to present proper identification.

### WHAT TO BRING

You MUST have the following items with you when you take the NNAAP® Examination (see page 9 for the full list).

- Two (2) forms of official (current, not expired), legible, signature-bearing identification, one of which must be photo identification
  - Three (3) No. 2 pencils (sharpened)
  - Eraser
  - Watch with a second hand
- No other materials will be allowed.



GO ONLINE to learn more about what to expect before your testing day and the day of testing  
[credentia.com/test-center-exams](https://credentia.com/test-center-exams)

### PROPER IDENTIFICATION

You are required to bring your original Social Security card and one form of legal photo identification that includes your signature when reporting to take the examination. This is a mandatory requirement issued by the California Department of Public Health (effective January 2002). Photocopies of identification will NOT be accepted. Additionally, you must bring your signed CDPH 923 Form or CDPH 283B Form to testing every time you test.

Examples of proper identification include

- Driver's license
- DMV Identification card
- Passport or Passport card
- Permanent Resident Visa/Alien Registration card
- U.S. Military ID card

The first and last names or suffix (ie Jr., II, III), on the current government photo identification, social security card, Nurse Assistant Certification (HS 283b), or CDPH Approval letter (923 Form) must be the same name used on the registration application to register for the examination. **If you do not bring proper identification, or if your names do not match on all presented documents, you will not be allowed to test and your examination fee will not be refunded. All documents presented at test site must be current, original, legible and unaltered.**

### SECURITY AND CHEATING

If you give help to or receive help from anyone during the NNAAP® Examination, the examination will be stopped. The incident will be reported to the California Department of Health for review and your examination will not be scored (see Testing Policies).

Please note that all examination questions, each form of the examination, and all other examination materials are copyrighted by, the property of or licensed to Credentia. Consequently, any distribution of the examination content or materials through any form of reproduction or through oral or written communication, is strictly prohibited and punishable by law. Anyone who removes or tries to remove examination material or information from the test site will be prosecuted.

## TESTING POLICIES

The following policies are observed at each test site.

### LATENESS

Plan to arrive thirty (30) minutes before the examination starts. If you are late for your scheduled examination or do not bring all your required materials, you will NOT be allowed to test and your examination fee will NOT be returned.

### ELECTRONIC DEVICES

Cellular phones, beepers, or any other electronic devices are not permitted to be used and must be turned off during testing, and there is no place for storage of personal belongings at the test sites.

### STUDY AIDS

You are not permitted to take personal belongings such as briefcases, large bags, study materials, extra books or papers into the examination room. Any such materials brought into the examination room will be collected and returned to you when you have completed the examination. Credential is not responsible for lost or misplaced items.

### EATING/DRINKING/SMOKING

You are not permitted to eat, drink or smoke during the examination.

### MISCONDUCT

If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the examination and reported to the Department of Health. Decisions regarding disciplinary measures are the responsibility of that agency.

### GUESTS/VISITORS

No guests, visitors, pets or children are allowed at the test sites.

# The Written (or Oral) Exam

## WRITTEN EXAM

The Written Examination has seventy (70) multiple-choice questions. You will have two (2) hours to complete the Written Examination. You will be told when fifteen (15) minutes are left to finish. Select only one (1) answer for each question. Sample questions for the Written Examination are located on page 15.

## ORAL EXAM

The Oral Examination consists of sixty (60) multiple-choice questions and ten (10) reading comprehension questions. Each of the sixty (60) multiple-choice questions will be repeated two (2) times, after which you mark your answer on an answer sheet. The reading comprehension questions test your knowledge of and familiarity with common, job-related words. Each of these words is repeated three (3) times. You have two (2) hours to complete the entire Oral Examination. You must pass both the multiple-choice and reading comprehension sections in order to pass the Oral Examination.

## SELF-ASSESSMENT READING TEST

A self-assessment reading test, found on page 16 of this handbook, will help you decide if you should take the Oral Examination.

# The 2024 National Nurse Aide Assessment Program (NNAAP®) Written (Oral) Examination Content Outline

The revised content outline is based on the findings from the 2019–2020 Job Analysis and Knowledge, Skill, and Ability Study of Nurse Aides published by the National Council of State Boards of Nursing (NCSBN) in 2023. The examination content outline will be effective April 2024. The NNAAP written examination is comprised of 70 multiple-choice items; 10 of these items are pretest (nonscored) items on which statistical information will be collected. The NNAAP oral examination is comprised of 60 multiple-choice items and 10 reading comprehension (word recognition) items.



| Content Domain                       | 2024 Content Outline        |                             |
|--------------------------------------|-----------------------------|-----------------------------|
|                                      | Weighting of Content Domain | Weighting of Content Domain |
| <b>I. Physical Care Skills</b>       |                             |                             |
| A. Activities of Daily Living        | 22%                         | 13                          |
| 1. Hygiene, Dressing and Grooming    |                             |                             |
| 2. Nutrition and Hydration           |                             |                             |
| 3. Elimination                       |                             |                             |
| 4. Rest/Sleep/Comfort                |                             |                             |
| B. Basic Nursing Skills              | 35%                         | 21                          |
| 1. Infection Control                 |                             |                             |
| 2. Safety/Prevention/Emergency       |                             |                             |
| 3. Technical Procedures              |                             |                             |
| 4. Data Collection and Reporting     |                             |                             |
| C. Self Care/Independence            | 7%                          | 4                           |
| <b>II. Psychosocial Care Skills</b>  |                             |                             |
| A. Emotional and Mental Health Needs | 8%                          | 5                           |
| B. Spiritual and Cultural Needs      | 2%                          | 1                           |
| <b>III. Role of the Nurse Aide</b>   |                             |                             |
| A. Communication                     | 7%                          | 4                           |
| B. Client Rights                     | 8%                          | 5                           |
| C. Legal and Ethical Behavior        | 5%                          | 3                           |
| D. Member of the Health Care Team    | 6%                          | 4                           |
| <b>Total</b>                         | <b>100%</b>                 | <b>60</b>                   |

# Sample Questions

The following questions are samples of the kinds of questions that you will find on the Written Examination. Check your answers to these questions in the box below.

1. The client's call light should always be placed:  
(A) on the bed  
(B) within the client's reach  
(C) on the client's right side  
(D) over the side rail
2. Which of the following items is used in the prevention and treatment of bedsores or pressure sores?  
(A) rubber sheet  
(B) air mattress  
(C) emesis basin  
(D) restraint
3. When caring for a dying client, the nurse assistant should:  
(A) keep the client's room dark and quiet  
(B) allow client to express his feelings  
(C) change the subject if client talks about death  
(D) contact the client's minister, priest or rabbi
4. What does the abbreviation ADL mean?  
(A) Ad Lib  
(B) As Doctor Likes  
(C) Activities of Daily Living  
(D) After Daylight
5. After giving a client a back rub, the nurse assistant should always note:  
(A) the last time the client had a back rub  
(B) any change in the client's skin  
(C) client's weight  
(D) amount of lotion used
6. How should the nurse assistant communicate with a client who has a hearing loss?  
(A) face the client when speaking  
(B) repeat the statement  
(C) shout so that the client can hear  
(D) use a high-pitched voice

| Correct Answers |      |      |      |      |      |
|-----------------|------|------|------|------|------|
| 1. B            | 2. B | 3. B | 4. C | 5. B | 6. A |

# Self-Assessment Reading Test

The two (2)-part Self-Assessment Reading Test that appears below will help you decide if you should consider taking the Oral Examination instead of the Written Examination. To complete the reading test, follow the instructions provided below and select the answer to each question. When you have completed the reading test, you will be able to determine the number of questions you answered correctly.

## PART 1: VOCABULARY

1. Circle the best answer to each question.
2. When you have finished, check your answers using the answer key on page 17.
3. Count up the number of correct answers.
4. If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination.

1. You go to a doctor when you \_\_\_\_\_.  
(A) feel sleepy  
(B) need socks  
(C) feel sick  
(D) need money  
(E) need clothes
2. A person who flies an airplane is its \_\_\_\_\_.  
(A) pilot  
(B) steward  
(C) mother  
(D) surgeon  
(E) director
3. You use a \_\_\_\_\_ to write.  
(A) bow  
(B) calculator

- (C) pencil  
(D) carpenter  
(E) needle

4. To exit a room means to \_\_\_\_\_ it.  
(A) enter  
(B) leave  
(C) forget  
(D) read  
(E) interrupt
5. A wedding is a joyous \_\_\_\_\_.  
(A) focus  
(B) vehicle  
(C) balloon  
(D) occasion  
(E) civilization
6. To require something means to \_\_\_\_\_ it.  
(A) need  
(B) have  
(C) forget  
(D) understand  
(E) hear
7. You \_\_\_\_\_ something to find its length.  
(A) slice  
(B) lock  
(C) measure  
(D) force  
(E) tape
8. Soup is served in a \_\_\_\_\_.  
(A) plate  
(B) bowl  
(C) fork  
(D) chair  
(E) closet
9. To accompany someone means to \_\_\_\_\_.  
(A) disagree with him  
(B) work for him

- (C) go with him  
(D) speak to him  
(E) choose him

10. A nursing home resident receives \_\_\_\_\_ from the staff.  
(A) quality  
(B) fame  
(C) interruption  
(D) care  
(E) work
11. Medicine is used to \_\_\_\_\_ pain.  
(A) widen  
(B) conjure  
(C) enliven  
(D) increase  
(E) relieve
12. To drench the flowers means to \_\_\_\_\_ them.  
(A) steam  
(B) drink  
(C) touch  
(D) soak  
(E) anger
13. A bicycle is a means of \_\_\_\_\_.  
(A) nourishment  
(B) transportation  
(C) prediction  
(D) collision  
(E) walking
14. When someone speaks in a whisper, it may be difficult to \_\_\_\_\_.  
(A) deceive  
(B) understand  
(C) frighten  
(D) estimate  
(E) regulate

## PART 2: COMPREHENSION

In this part of the reading test you will be provided with a series of brief paragraphs. You are to read each paragraph and then answer the questions that appear after the paragraph.

There are many different kinds of fish. All fish live in water. They use their tails and fins to swim.

15. Fish live in \_\_\_\_\_.  
(A) cups  
(B) houses  
(C) air  
(D) water  
(E) fountains
16. Fish use their \_\_\_\_\_ to swim.  
(A) tails  
(B) heads  
(C) gills  
(D) lungs  
(E) floats

Maria grew up on a farm. She loved the work on the farm. She knew when all of the crops had to be planted. She would like a job on a farm or in a flower garden.

17. Maria has had experience as a \_\_\_\_\_.  
(A) guide  
(B) farmer  
(C) driver  
(D) nurse  
(E) teacher

18. She would like to work in \_\_\_\_\_.  
(A) an office  
(B) a library  
(C) a garden  
(D) a hospital

(E) a supermarket

19. As a child Maria lived \_\_\_\_\_.  
(A) in the city  
(B) in an apartment  
(C) on a farm  
(D) in a large house  
(E) on the beach

Carolyn has a good job. She is a nurse in a large hospital. Every day she can help many people. She enjoys this very much. She also makes a good salary. Each month she can pay her bills and save some money.

20. Carolyn works in a \_\_\_\_\_.  
(A) hospital  
(B) doctor's office  
(C) garage  
(D) school  
(E) library

21. One of the things Carolyn enjoys is

- \_\_\_\_\_.  
(A) working in an office  
(B) helping people  
(C) reading books  
(D) working late hours  
(E) driving a car

22. With her salary she can pay her bills and

- \_\_\_\_\_.  
(A) buy furniture  
(B) give to charity  
(C) save money  
(D) buy new clothes  
(E) pay for college

This completes the Self-Assessment Reading Test.

### Answers

- |      |       |       |       |
|------|-------|-------|-------|
| 1. C | 7. C  | 13. B | 19. C |
| 2. A | 8. B  | 14. B | 20. A |
| 3. C | 9. C  | 15. D | 21. B |
| 4. B | 10. D | 16. A | 22. C |
| 5. D | 11. E | 17. B |       |
| 6. A | 12. D | 18. C |       |

If your score is less than 17, you may have difficulty reading the Written Examination and should consider taking the Oral Examination in place of the Written Examination.



GO ONLINE for a Quick Guide on how to get your exam score results in CNA365

[credentialia.com/test-takers/CA](http://credentialia.com/test-takers/CA)

# The Skills Evaluation



## WHAT TO EXPECT SETTINGS

The Skills Evaluation is set up to look like an actual care-giving situation. The Skills Evaluation area will look like your work setting. It will have all the equipment needed to perform the assigned skills. The Skills Evaluation will be given by a nurse assistant Evaluator. Before your Skills Evaluation begins, the evaluator will show you where equipment is and answer questions about using the equipment. Please arrive 30 minutes early. Please plan to spend the day. See pages 23-30 for the complete skills listing.

### WHO WILL ACT AS A CLIENT

The part of the “client” will be played by a candidate who will act like an elderly person. While you perform the skills, speak to the client as you would speak to an actual client in a nurse assistant work setting. It’s good to speak to the client not only because it is part of quality care, but also because it will help you to relax as you perform the skills.

Please note, you cannot get help from anyone during the Skills Evaluation, and you must speak to the client in English so that the evaluator can understand and correctly score the evaluation. If either one of you gives help or receives help during the test or you and the client are talking in a language other than English, the test will be stopped.

### CANDIDATE VOLUNTEER REQUIREMENTS

You will need to act as a candidate volunteer for another nurse aide’s Skills Evaluation and play the role of a nursing home patient (client). You will get instructions on how you should act in your role as the client. You must wear flat, slip-on, non-skid shoes; a loose-fitting top with short sleeves that can be rolled up to the shoulder or tank top; and loose fitting pants that can be rolled up. You will have to put a gown on over your clothing. In no case should anyone remove clothing down to undergarments.

Before starting the test, you should tell the evaluator about any food or latex allergy or sensitivity to skin soaps or lotion. If you have trouble with any range of motion, you should tell the evaluator before you start.

You should not come to the test site with open sores on the skin. Candidates with any open sores on their skin should reschedule their skills test to a later date.

## THE TASKS

The NNAAP® Skills List shows all of the skills that you may be asked to do during the Skills Evaluation. The skills have been broken down into steps.

A step that is highlighted in bold type is called a Critical Element Step. Critical Element Steps are important steps that must be performed correctly in order for you to pass the skill. If you leave out a Critical Element Step or do not perform a Critical Element Step correctly, you will not pass the skill. However, if you perform only the Critical Element Step correctly, you do not automatically pass that skill. You must also correctly perform enough steps to meet the passing standard (or cut score) for each skill.

Before your Skills Evaluation begins, the nurse assistant Evaluator will give you an instruction card that will list the five (5) skills selected for you to perform. Hand-washing will always be one of the skills to be performed. The remaining four (4) skills are randomly chosen from the skills listings on pages 23 to 30 of this handbook. You should perform the skills in the order they are listed on the instruction card.

- If you make a mistake, say so, and you will be instructed to tell the evaluator which step(s) is to be corrected and then to perform the step(s). You will not have to redo the entire skill, just the steps you want to correct. There are some exceptions to this rule. If you don’t put on gloves or take them off when required, and the evaluator reminds you to do that, then you will not get credit for trying to correct this step.
- If you want to correct a step that must be done in order — a step that has to be performed before or after another step — and you forget to say when the corrected step should be performed, you will not get credit for the correction.
- Once you begin a new skill, you can’t go back to correct the skill that came before it.

- The nurse assistant Evaluator will not answer questions during the Skills Evaluation and will not tell you whether you performed a skill correctly. You may not receive help from anyone during the Skills Evaluation. If you do have any questions, please ask them before the Skills Evaluation begins.

- One (1) of the four (4) randomly selected skills will include a measurement skill (see the section below, Recording A Measurement, for more information on measurement skills).
- You must successfully complete five (5) out of the five (5) skills in the skill form to pass the Skills Evaluation. You will have 30 minutes to demonstrate all 5 skills. When 25 minutes have elapsed the nurse assistant Evaluator will tell you that you have 5 minutes left.
- When you have finished your Skills Evaluation, the evaluator will tell you to wash your hands. This will not affect your score, but you must wash your hands as a hygiene measure.

## RECORDING A MEASUREMENT

For your Skills Evaluation, you must perform one measurement skill, such as blood pressure, radial pulse, respirations, urine output or weight. You will be given a special form, called a Recording Sheet for Measurement Skills, to write down the measurement. For example, if performing the Measures and Records Blood Pressure skill, you will write the complete systolic and diastolic pressures of your blood pressure reading in a box labeled Candidate Results.

On the following page is a copy of the recording sheet that will be used during the skills exam. You must record your results in the Candidate Results box on this sheet. This sheet will be used to record the results of the following measurement skills:

- Measures and Records Blood Pressure
- Measures and Records Weight of Ambulatory Client
- Measures and Records Urinary Output
- Counts and Records Radial Pulse
- Counts and Records Respirations

## Tips for the Skills Evaluation

- You will be expected to perform the skills just like you would in a nursing home setting. When water is required, you must use running water. You will be required to perform the Hand Hygiene skill.
- For your skills evaluation, you don't have to wash your hands for each skill. You can just tell the evaluator "Now I would wash my hands." You don't have to wash them each time, as long as you tell the evaluator when you would wash them if this were a real situation.
- For all steps other than hand-washing, you must actually perform the skill in order to get credit. You can't tell the evaluator what you would do for simulating a step. You have to actually do the step.
- After you have introduced yourself to the client for the first time, it is not necessary for you to introduce yourself each time you begin a new skill.
- To receive full credit for a measurement skill, you must accurately make the required measurement and then write that measurement on the Recording Sheet for Measurement Skills. The evaluator will provide the Recording Sheet to you at the test site. A sample of the Recording Sheet is shown on page 23 of this handbook. It's best for you to become familiar with the Recording Sheet before your scheduled test date.
- You must know how to use both a standing and a non-digital bathroom scale and must know how to set both types of scales to zero.
- You may not bring any of your own equipment to the test site (like a transfer/gait belt).
- It is important for you to place the call signal within the client's reach whenever you leave the client.
- Where the word "client" appears, it refers to the person receiving care.

# Skills Listing

The 23 skills that follow are arranged in alphabetical order, except for the Hand Hygiene (Hand Washing) skill. Hand Hygiene is listed first as a reminder of the importance of performing this skill before all other skills. The numbered lines below each skill are the steps needed to perform that skill. Critical Element Steps are in bold type.

## SKILL 1 — HAND HYGIENE (HAND WASHING)

- 1 Address client by name and introduces self to client by name
- 2 Turns on water at sink
- 3 Wets hands and wrists thoroughly
- 4 Applies soap to hands
- 5 **Lathers all surfaces of wrists, hands and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
- 6 Cleans fingernails by rubbing fingertips against palms of the opposite hand
- 7 **Rinse all surfaces of wrists, hands and fingers, keeping hands lower than the elbows and the fingertips down**
- 8 Uses clean, dry paper towel/towels to dry all surfaces of fingers, hands and wrists starting at fingertips then disposes of paper towel/towels into waste container
- 9 Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
- 10 Does not touch inside of sink at any time

## SKILL 2 — APPLIES ONE KNEE-HIGH ELASTIC STOCKING

(Tested on the candidate volunteer with a clean, unused stocking)

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Client is in supine position (lying down in bed) while stocking is applied
- 4 Turns stocking inside-out, at least to the heel
- 5 Places foot of stocking over toes, foot and heel
- 6 Pulls top of stocking over foot, heel and leg
- 7 Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints

### RECORDING SHEET FOR MEASUREMENT SKILLS



Date \_\_\_\_\_

Test Site ID \_\_\_\_\_

CANDIDATE NAME \_\_\_\_\_

CANDIDATE ID \_\_\_\_\_

EVALUATOR NAME \_\_\_\_\_

EVALUATOR ID \_\_\_\_\_

#### SKILL TESTED

*Evaluator must check one box next to the skill being tested.*

|                                         |                                       |
|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Respirations |
| <input type="checkbox"/> Radial Pulse   | <input type="checkbox"/> Urine Output |
| <input type="checkbox"/> Weight         |                                       |

| CANDIDATE RESULTS | EVALUATOR RESULTS |
|-------------------|-------------------|
|                   |                   |

- 8 **Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area; if using a mannequin, candidate may state stocking needs to be wrinkle-free**
- 9 Signaling device is within reach and bed is in low position
- 10 After completing skill, wash hands

### SKILL 3 — ASSISTS TO AMBULATE USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 **Before assisting to stand, client is wearing non-skid shoes/footwear**
- 4 Before assisting to stand, bed is at a safe level
- 5 Before assisting to stand, checks and/or locks bed wheels
- 6 **Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
- 7 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 8 Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing
- 9 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
- 10 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs by standing knee to knee or toe to toe with client
- 11 Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
- 12 Assists client to bed and removes transfer belt
- 13 Signaling device is within reach and bed is in low position
- 14 After completing skill, wash hands

### SKILL 4 — ASSISTS WITH USE OF BEDPAN

- 1 Explains procedure speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before placing bedpan, lowers head of bed
- 4 Puts on clean gloves before placing bedpan under client
- 5 Places bedpan correctly under client's buttocks
- 6 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 7 After positioning client on bedpan and removing gloves, raises head of bed
- 8 Toilet tissue is within reach
- 9 Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
- 10 Signaling device within reach and client is asked to signal when finished
- 11 Puts on clean gloves before removing bedpan
- 12 Head of bed is lowered before bedpan is removed
- 13 Ensures client is covered except when placing and removing bedpan
- 14 Empties and rinses bedpan and pours rinse into toilet
- 15 Places bedpan in designated dirty supply area
- 16 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 17 Signaling device is within reach and bed is in low position

### SKILL 5 — CLEANS UPPER OR LOWER DENTURE

- 1 Puts on clean gloves before handling denture
- 2 Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
- 3 Rinses denture in moderate temperature running water before brushing them
- 4 Applies denture toothpaste to toothbrush
- 5 Brushes all surfaces of denture
- 6 Rinses all surfaces of denture under moderate temperature running water
- 7 Rinses denture cup and lid
- 8 Places denture in denture cup with moderate temperature water/solution and places lid on cup

- 9 Rinses toothbrush and places in designated toothbrush basin/container
- 10 Maintains clean technique with placement of toothbrush and denture
- 11 Sink liner is removed and disposed of appropriately and/or sink is drained
- 12 Removes and disposes of gloves (without contaminating self) into waste container and washes hands

## SKILL 6 — COUNTS AND RECORDS RADIAL PULSE

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Places fingertips on thumb side of client's wrist to locate radial pulse
- 3 Count beats for one full minute
- 4 Signaling device is within reach
- 5 Before recording, washes hands
- 6 **Records pulse rate within plus or minus 4 beats of evaluator's reading**

## SKILL 7 — COUNTS AND RECORDS RESPIRATIONS

- 1 Explains procedure (for testing purposes), speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Counts respirations for one full minute
- 3 Signaling device is within reach
- 4 Before recording, washes hands
- 5 **Records respiration rate within plus or minus 2 breaths of evaluator's reading**

## SKILL 8 — DONNING AND REMOVING PPE (GOWN AND GLOVES)

- 1 Picks up gown and unfolds
- 2 Facing the back opening of the gown places arms through each sleeve
- 3 Fastens the neck opening
- 4 Secures gown at waist making sure that back of clothing is covered by gown (as much as possible)
- 5 Puts on gloves
- 6 Cuffs of gloves overlap cuffs of gown
- 7 **Before removing gown, with one gloved hand, grasps the other glove at the palm, remove glove**

- 8 **Slips fingers from ungloved hand underneath cuff of remaining glove at wrist, and removes glove turning it inside out as it is removed**
- 9 Disposes of gloves into designated waste container without contaminating self
- 10 After removing gloves, unfastens gown at waist and neck
- 11 After removing gloves, removes gown without touching outside of gown
- 12 While removing gown, holds gown away from body without touching the floor, turns gown inward and keeps it inside out
- 13 Disposes of gown in designated container without contaminating self
- 14 After completing skill, washes hands

## SKILL 9 — DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Asks which shirt he/she would like to wear and dresses him/her in shirt of choice
- 4 Avoids overexposure of client by ensuring client's chest is covered
- 5 Removes gown from the left (unaffected) side first, then removes gown from the right (affected/weak) side
- 6 Before dressing client, disposes of gown into soiled linen container
- 7 **Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm**
- 8 While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 9 Finishes with clothing in place
- 10 Signaling device is within reach and bed is in low position
- 11 After completing skill, washes hands

## SKILL 10 — FEEDS CLIENT WHO CANNOT FEED SELF

- 1 Explains procedure to client, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Before feeding, looks at name card on tray and asks client to state name
- 3 **Before feeding client, client is in an upright sitting position (75-90 degrees)**

- 4 Places tray where the food can be easily seen by client
- 5 Candidate cleans client's hands before beginning feeding
- 6 Candidate sits in a chair facing client during feeding
- 7 Tells client what foods and beverage are on tray
- 8 Asks client what he/she would like to eat first
- 9 Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
- 10 Offers beverage at least once during meal
- 11 Candidate asks client if they are ready for next bite of food or sip of beverage
- 12 At end of meal, candidate cleans client's mouth and hands
- 13 Removes food tray
- 14 Leaves client in upright sitting position (75-90 degrees) with signaling device within client's reach
- 15 After completing skill, washes hands

### SKILL 11 — GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Removes gown and places directly in soiled linen container while ensuring client's chest and lower body is covered
- 4 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 5 Puts on clean gloves before washing client.
- 6 **Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
- 7 Dries face with dry cloth towel/washcloth
- 8 Exposes one arm and places cloth towel underneath arm
- 9 Applies soap to wet washcloth
- 10 Washes fingers (including fingernails), hand, arm and underarm keeping rest of body covered
- 11 Rinses and dries fingers, hand, arm and underarm

- 12 Moves body gently and naturally, avoiding force and over-extension of limbs and joints
- 13 Puts clean gown on client
- 14 Empties, rinses, and dries basin
- 15 Places basin in designated dirty supply area
- 16 Disposes of linen into soiled linen container
- 17 Avoids contact between candidate clothing and used linens
- 18 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 19 Signaling device is within reach and bed is in low position

### SKILL 12\* — MEASURES AND RECORDS ELECTRONIC BLOOD PRESSURE

\*STATE SPECIFIC (EVALUATOR DOES NOT SUBSTITUTE THIS SKILL FOR SKILL 23 'MANUAL BLOOD PRESSURE')

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Has client assume a comfortable lying or sitting position
- 4 Client's arm is positioned at level of heart with palm up and upper arm is exposed
- 5 Selects appropriate cuff size
- 6 Feels for brachial artery on inner aspect of arm, at bend of elbow
- 7 Places blood pressure cuff snugly on client's upper arm and sensor/arrow is over the brachial artery site
- 8 Turns on the machine and ensures device is functioning. The machine has different settings for infants, children and adults.
- 9 Pushes start button. If cuff inflates to more than 200 mm Hg then stops machine and uses cuff on client's other arm.
- 10 Waits until the blood pressure reading appears on the screen and for the cuff to deflate, then removes the cuff
- 11 Signaling device is within reach
- 12 Before recording, washes hands
- 13 **After obtaining reading using BP cuff, records both systolic and diastolic pressures exactly as displayed on the digital screen**

### SKILL 13 — MEASURES AND RECORDS URINARY OUTPUT

- 1 Puts on clean gloves before handling bedpan
- 2 Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
- 3 Rinses bedpan and pours rinse into toilet
- 4 Measures the amount of urine at eye level with container on flat surface (if between measurement lines, round up to nearest 25 ml/cc)
- 5 After measuring urine, empties contents of measuring container into toilet
- 6 Rinses measuring container and pours rinse into toilet
- 7 Before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 8 **Records contents of container within plus or minus 25 ml/cc of evaluator's reading**

### SKILL 14 — MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Client has non-skid shoes/footwear on before walking to scale
- 3 Before client steps on scale, candidate sets scale to zero
- 4 Asks client to step on center of scale and obtains client's weight
- 5 Asks client to step off scale
- 6 Before recording, washes hands
- 7 **Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading).**

### SKILL 15 — PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Ensures that client is supine in bed and instructs client to inform candidate if pain is experienced during exercise

- 4 While supporting the leg at knee and ankle, bends the knee and then returns leg to client's normal position (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Moves joints gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.

- 5 While supporting the foot and ankle close to the bed, pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized). Moves joints gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.
- 6 Signaling device is within reach and bed is in low position
- 7 After completing skill, washes hands

### SKILL 16 — PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Instructs client to inform candidate if pain experienced during exercise
- 4 **While supporting arm at the elbow and at the wrist, raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized).** Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.
- 5 While supporting arm at the elbow and at the wrist, moves client's straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Moves joint gently, slowly and smoothly through the range of motion, discontinuing exercise if client verbalizes pain.
- 6 Signaling device is within reach and bed is in low position
- 7 After completing skill, washes hands

### SKILL 17 — POSITIONS ON SIDE

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before turning, lowers head of bed
- 4 Raises side rail on side to which body will be turned
- 5 Candidate assists client to slowly roll onto side toward raised side rail
- 6 Places or adjusts pillow under head for support
- 7 Candidate repositions arm and shoulder so that client is not lying on arm
- 8 Supports top arm with supportive device
- 9 Places supportive device behind client's back
- 10 Places supportive device between legs with top knee flexed; knee and ankle supported
- 11 Signaling device is within reach and bed is in low position
- 12 After completing skill, washes hands

### SKILL 18 — PROVIDES CATHETER CARE FOR FEMALE

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing
- 5 Places linen protector under perineal area including buttocks before washing
- 6 Exposes area surrounding catheter (only exposing client between hip and knee)
- 7 Applies soap to wet washcloth
- 8 **While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction, away from meatus, using a clean area of the washcloth for each stroke**

- 9 **While holding catheter at meatus without tugging, using a clean washcloth, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the washcloth for each stroke**
- 10 While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus using a dry cloth towel/washcloth
- 11 Empties, rinses and dries basin
- 12 Places basin in designated dirty supply area
- 13 Disposes of used linen into soiled linen container and disposes of linen protector appropriately
- 14 Avoids contact between candidate clothing and used linen
- 15 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 16 Signaling device is within reach and bed is in low position

### SKILL 19 — PROVIDES FOOT CARE ON ONE FOOT

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Basin is in a comfortable position for client and on protective barrier
- 5 Puts on clean gloves before washing foot
- 6 Client's bare foot is placed into the water
- 7 Applies soap to wet washcloth
- 8 Lifts foot from water and washes foot (including between the toes)
- 9 Foot is rinsed (including between the toes)
- 10 Dries foot (including between the toes) with dry cloth towel/washcloth
- 11 Applies lotion to top and bottom of foot (excluding between the toes) removing excess with a towel/washcloth
- 12 Supports foot and ankle during procedure
- 13 Empties, rinses and dries basin
- 14 Places basin in designated dirty supply area
- 15 Disposes of used linen into soiled linen container
- 16 Removes and disposes of gloves (without contaminating self) into waste

container and washes hands

- 17 Signaling device is within reach

## SKILL 20 — PROVIDES MOUTH CARE

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before providing mouth care, client is in upright sitting position (75-90 degrees)
- 4 Puts on clean gloves before cleaning mouth
- 5 Places cloth towel across chest before providing mouth care
- 6 Secures cup of water and moistens toothbrush
- 7 Before cleaning mouth, applies toothpaste to moistened toothbrush
- 8 **Cleans mouth (including tongue and all surfaces of teeth), using gentle motions**
- 9 Maintains clean technique with placement of toothbrush
- 10 Candidate holds emesis basin to chin while client rinses mouth
- 11 Candidate wipes mouth and removes clothing protector
- 12 Disposes of used linen into soiled linen container
- 13 Rinses toothbrush and empties, rinses and dries basin
- 14 Removes and disposes of gloves (without contaminating self) into waste container and washes hands
- 15 Signaling device is within reach and bed is in low position

## SKILL 21 — PROVIDES PERINEAL CARE

(Peri-Care) for Female

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
- 4 Puts on clean gloves before washing perineal area
- 5 Places pad/ linen protector under perineal area including buttocks before washing
- 6 Exposes perineal area (only exposing between hips and knees)

- 7 Applies soap to wet washcloth

- 8 **Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke**

- 9 **Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke**

- 10 Dries genital area moving from front to back with dry cloth towel/washcloth

- 11 After washing genital area, turns to side, then washes rectal area moving from front to back using a clean area of washcloth for each stroke.

- 12 Using clean washcloth, rinses soap from rectal area, moving from front to back, while using a clean area of the washcloth for each stroke

- 13 Dries rectal area moving from front to back with dry cloth towel/washcloth

- 14 Repositions client

- 15 Empties, rinses and dries basin

- 16 Places basin in designated dirty supply area

- 17 Disposes of used linen into soiled linen container and disposes of linen protector appropriately

- 18 Avoids contact between candidate clothing and used linen

- 19 Removes and disposes of gloves (without contaminating self) into waste container and washes hands

- 20 Signaling device is within reach and bed is in low position

## SKILL 22 — TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Privacy is provided with a curtain, screen or door
- 3 Before assisting to stand, wheelchair is positioned alongside of bed, at head of bed facing foot or foot of bed facing head
- 4 Before assisting to stand, footrests are folded up or removed
- 5 **Before assisting to stand, locks wheels on wheelchair**
- 6 Before assisting to stand, bed is at a safe level
- 7 Before assisting to stand, checks and/or locks bed wheels
- 8 **Before assisting to stand, client is assisted to a sitting position with feet flat on the floor**
- 9 Before assisting to stand, client is wearing shoes

- 10 Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
- 11 Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing
- 12 Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing.
- 13 On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidates hands are in upward position) and maintaining stability of client's legs by standing knee to knee or toe to toe with the client
- 14 Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair
- 15 Lowers client into wheelchair
- 16 Positions client with hips touching back of wheelchair and transfer belt is removed
- 17 Positions feet on footrests
- 18 Signaling device is within reach

## SKILL 23\* — MEASURES AND RECORDS MANUAL BLOOD PRESSURE

\*STATE SPECIFIC (EVALUATOR: DO NOT SUBSTITUTE THIS SKILL FOR SKILL 12 'ELECTRONIC BLOOD PRESSURE')

- 1 Explains procedure, speaking clearly, slowly and directly, maintaining face-to-face contact whenever possible
- 2 Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
- 3 Client's arm is positioned with palm up and upper arm is exposed
- 4 Feels for brachial artery on inner aspect of arm, at bend of elbow
- 5 Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
- 6 Earpieces of stethoscope are in ears and bell/diaphragm is over brachial artery site
- 7 Candidate inflates cuff between 160mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Reinflate cuff to no more than 200 mm Hg.

- 8 Deflates cuff slowly and notes the first sound (systolic reading), and last sound (diastolic reading) (If rounding needed, measurements are rounded UP to the nearest 2 mm of mercury)
- 9 Removes cuff
- 10 Signaling device is within reach
- 11 Before recording, washes hands

**12 After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's readings**

While a formal nurse assistant "scope of practice" does not exist, these skills addressed as part of the NATCEP program constitute the range of acceptable duties that may be assigned to a nurse assistant and that a nurse assistant will be deemed competent to perform.

# Exam Results

You will get a notification email from CNA365 when a new exam score has been posted to your online account. To see your score report, please login to your CNA365 account by clicking the “CNA365 Login” button on the top of the California nurse assistant website page at [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth).

Score reports are generally available within a few hours after the day’s testing event is completed. If it has been more than 24 hours and you’re not able to see your score report in CNA365, please contact customer service at 888-204-6249.

## SCORE REPORTING

Credentia will give you your official test results (your score report) within a few hours after a testing event is completed for the day. Score reports are available online to print or download.

To see your score report, please log into your account.

If it has been more than 24 hours and you are unable to view your score report in the portal, please contact customer service at 888-204-6249.

Test results will not be given over the telephone nor can they be sent by Credentia to your employer.

## IF YOU RECEIVE A FAILING SCORE

- If you fail the Written (or Oral) Examination or the Skills Evaluation, your Score Report will tell you how to retake either or both parts.
- If you fail either part of the NNAAP® Examination three (3) times, you will need to complete another training program and retake BOTH parts of the NNAAP® Examination, not just the part that was failed.
- In addition, if you were scheduled to take the exam 3 times and did not become licensed — either as a result of failing the exam or absence(s) — you will need to retrain.

See Registration and Scheduling for more details.

## HOW TO READ A FAILING SCORE REPORT

If you don’t pass the Skills Evaluation, you’ll get a Failing Score Report. The score report will list the five (5) skills that you performed and a score of Satisfactory or Unsatisfactory for each skill. Any skill with an Unsatisfactory result is considered a failed skill. You need a Satisfactory result on all five (5) skills in order to pass the Skills Evaluation.

**IMPORTANT:** Use your Failing Score Report to help you study for when you retake the Skills Evaluation. A failed skill will show the reason for the failure, and you can use this information to make sure you do this the skill correctly when you retake it. Find the skill you failed, and study the steps, especially steps listed as Unsatisfactory on the score report.

### CALIFORNIA NNAAP® EXAMINATION RESULTS

Exam: Skills

Result: Fail

| Skills Performance:                               |                |
|---------------------------------------------------|----------------|
| Hand Hygiene<br>1, 5, 10                          | Unsatisfactory |
| Provides Mouth Care                               | Satisfactory   |
| Written Examination only                          | Satisfactory   |
| Measures and Records Blood Pressure               | Satisfactory   |
| Puts One Knee-High<br>Elastic Stocking on Client  | Satisfactory   |
| Assists Client to Ambulate using<br>transfer belt | Satisfactory   |

A sample of a Failing Score Report

In the example below, a candidate got an Unsatisfactory on the skill Hand Hygiene. The numbers 1, 5 and 10 printed below the skill refer to steps that were missed or performed incorrectly. To study for retaking the Skills Evaluation, you should turn to the Skills Listing in this handbook, look for the Hand Hygiene skill, and review all the steps, especially steps 1, 5 and 10.

## PASSING

Once you have passed both the Written (or Oral) Examination and the Skills Evaluation, your name will be placed on the California Nursing Assistant Registry.

**Your Nurse assistant Certificate is valid for twenty-four (24) months from the date it was issued.**

## Grievance Process

If you disagree with your score, you can file what's called a "grievance," an explanation or reason for why you think your score was not correct or fair.

- All grievances must be in writing and submitted through the online system. You must provide as much detail as possible. The grievance must be submitted within 30 days of your exam date.

After we receive your grievance form, your complaint will be investigated. Once the investigation is complete, Credentia will contact you to tell you whether or not your grievance was accepted. If the grievance is accepted, you'll be allowed to retest at no additional cost.

- For details on how to submit a grievance, visit [www.credentia.com/test-takers/canorth](http://www.credentia.com/test-takers/canorth) and click on "Grievances" in the Resources section of the webpage. You will receive a response within 30 days of Credentia receiving your form.

## The CNA Registry

### CHANGE OF ADDRESS OR NAME

The California Department of Public Health must be kept informed of your current address and name so that you can receive notification of certification renewal on the Registry. Failure to inform the CDPH of an address change may jeopardize your certification status. If your address or name changes at any time after you are placed on the Registry, you must send written notification of this change to the CDPH. Visit <http://www.cdph.ca.gov> or contact the California Department of public Health Registry Unit at (916) 327-2445

### RE-CERTIFICATION

Nursing assistants on the California Nursing Assistant Registry must renew their certification through the California Department of Public Health in order to stay active. Visit <http://www.cdph.ca.gov> or contact the California Department of public Health Registry Unit at (916) 327-2445

### LAPSED CERTIFICATION

Under federal requirements, certification as a nurse assistant becomes invalid after a lapse of twenty-four (24) consecutive months or more in the performance of paid nursing-related services. It is critical to maintain a personal file of your past work history that can be validated by your prospective employer. Visit <http://www.cdph.ca.gov> or contact the California Department of public Health Registry Unit at (916) 327-2445

## CERTIFICATION BY RECIPROCITY

Reciprocity is a process by which a certified nurse assistant from another state may qualify for certification in California. You are eligible for reciprocity if you are a nurse assistant in a state other than California in accordance with the competency evaluation requirements of OBRA '87, and if you are currently listed on the other state's registry as active and in good standing. Visit <http://www.cdph.ca.gov> or contact the California Department of public Health Registry Unit at (916) 327-2445

# Frequently asked Questions

CA nurse assistant Registry



| QUESTION                                                                                                              | ANSWER AND REFERENCE (WHERE APPLICABLE)                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. How do I decide which exam to take?                                                                                | <ul style="list-style-type: none"> <li>An Oral Examination in English may be substituted for the Written examination if you have difficulty reading English. It contains sixty (60) questions, plus ten (10) reading comprehension questions in which you must identify job-related words.</li> </ul>                                                                                      |
| 2. Is there a time limit in which I must pass both exams?                                                             | <p>You are allowed three (3) attempts within two (2) years after successfully completing a training program to pass both parts of the NNAAP® Examination, to be eligible for placement on the nurse assistant Registry. If you do not pass the NNAAP® Examination within a two-year period, you will be required to re-train before you will be allowed to take the examination again.</p> |
| 3. Can I register for an exam or check my scores online?                                                              | <p>Yes. Please access your CNA365 Account with Credentia.</p>                                                                                                                                                                                                                                                                                                                              |
| 4. What form of payment do you accept and may I take it to the test site?                                             | <p>Payment for exams is made in your CNA365 account. Payments for testing will not be accepted at the exam. Exams are paid for by credit card or voucher when the candidate schedules the exam in CNA365.</p>                                                                                                                                                                              |
| 5. What is the next test date?                                                                                        | <p>Access your CNA365 account and click on Schedule Exam to see exam dates available to you.</p>                                                                                                                                                                                                                                                                                           |
| 6. How long will it take me to find out if I passed or failed?                                                        | <p>Access your CNA365 account to view your test site exam score 24 hours after your exam. Your written/oral online exam will display whether you passed or failed immediately upon completing the exam.</p>                                                                                                                                                                                |
| 7. How do I verify if I'm on the nurse assistant Registry?                                                            | <p>Visit <a href="http://www.cdph.ca.gov">http://www.cdph.ca.gov</a> or contact the California Department of public Health Registry Unit at (916) 327-24 45</p>                                                                                                                                                                                                                            |
| 8. How do I change my name and/or address <b>before</b> completing testing and <b>before</b> getting on the Registry? | <p>Access your CNA365 account and submit a change request with the required documentation. If you are already on the Registry visit <a href="http://www.cdph.ca.gov">http://www.cdph.ca.gov</a> or contact the California Department of public Health Registry Unit at (916) 327-2445</p>                                                                                                  |

| QUESTION                                                                                | ANSWER AND REFERENCE (WHERE APPLICABLE)                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. How long will my name remain on the registry?                                        | Visit <a href="http://www.cdph.ca.gov">http://www.cdph.ca.gov</a> or contact the California Department of public Health Registry Unit at (916) 327-2445                                                                                                                           |
| 10. My certification expired. How do I renew it or become certified again?              | Visit <a href="http://www.cdph.ca.gov">http://www.cdph.ca.gov</a> or contact the California Department of public Health Registry Unit at (916) 327-2445                                                                                                                           |
| 11. I'm moving to or from another state. May I perform nurse aide duties in that state? | <p>If you are moving TO California, please contact the California Department of Public Health for state requirements.</p> <p>If you are moving FROM California, you should contact the Board of Nursing or Department of Health for that state, to obtain state requirements.</p> |



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