



# Candidate Information Bulletin

## State of Arkansas

### Certified Nursing Assistant Examination

#### At a glance

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

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

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



#### *To become a certified nursing assistant in Arkansas*

- 1 Complete the Arkansas Nursing Assistant Examination Application form and send it to Prometric—Page 21.

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

- 2 Prepare for your exam using the exam content outlines in this bulletin—Page 14.

- 3 Once you have passed both parts of the CNA exam, your CNA certificate will be mailed to you and your name will be added to the Arkansas Nursing Assistant Registry—Page 12.



#### *To get answers not provided in this bulletin*

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

#### **Prometric**

1260 Energy Lane  
St. Paul, MN 55108  
Phone: 800.818.8917  
Fax: 800.813.6670

[www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR)

Direct questions about Arkansas program regulations to:

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

P.O. Box 8059  
Little Rock, AR 72203-8059  
Phone: 501.682.1807  
Email: [cna.oltc@arkansas.gov](mailto:cna.oltc@arkansas.gov)

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*Certification eligibility options*

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

**Option 1—New Nursing Assistant**

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

**To apply for testing under Option 1:**

- Complete the Application form (see Page 21);
- Provide Prometric with a copy of your training completion document. (The training completion document or certificate must include the date you completed your training and the official name of the training program);
- Determine if your training program will be scheduling your tests at your training site or if you will need to request testing at a regional test site; **and**
- Mail application materials to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 5 for further details.)



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

**Option 2—Previously Certified in the State of Arkansas**

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

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

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

**To apply for testing under Option 2:**

- Complete the Application form (see Page 21);
- Provide your previous certificate number (if available); **and**
- Mail application materials to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 5 for further details.)



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

### Option 3—RN or LPN Students

Select this certification option if you are an RN or LPN student who has completed and passed your program’s course of Basic Nursing I or an equivalent course. Before applying for testing under this option, you must first contact the OLTC at 501.682.1807 for approval. You will not be required to complete further training, but you are required to take and pass the Competency Exam within one year of testing eligibility approval and within three attempts.

#### To apply for testing under Option 3:

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



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

### Option 4—Home Health Aide

Select this certification option if you have completed training as a home health aide. While you are not required to complete further training for this option, you are required to take and pass the Competency Exam within one year of testing eligibility approval and within three attempts. This option does not apply to personal care aides.

#### To apply for testing under Option 4:

- Complete the Application form (see Page 21);
- Provide a copy of your training completion certificate from a home health aide program approved under federal requirements. The document verifying training must show completion of a minimum of 75 hours of training and/or federal testing requirements as a home health aide; **and**
- Mail application materials to Prometric with the required exam fee or documentation required for state payment for your exam. (See the “Fee information” section on Page 5 for further details.)

### Option 5—No Longer Available

The Medical Specialist from the U.S. Armed Forces certification option is no longer available. If you might have considered this option, contact the OLTC at 501.682.1807 for more information on applying under Option 8 instead.

### Option 6—Trained in Another State

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

Before applying for testing under this option, you must first contact the OLTC at 501.682.1807 for approval. The OLTC will need to see proof that your training met federal requirements (if your training does not meet the requirements, you may be required to complete additional training). Once approved by the OLTC, you may apply for testing.

**To apply for testing under Option 6:**

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

**Option 7—Certified in Another State**

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

**To apply under Option 7:**

- Obtain a copy of the DMS-798, Exemption/Reciprocity Request Form from the OLTC by calling 501.682.1807; **and**
- Submit the completed form to the OLTC along with a copy of your certificate/registration document from every state where you are listed on the Nursing Assistant (Nurse Aide) Registry.



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

**Option 8—Other**

If you have a situation that does not fit any other option, contact the OLTC at 501.682.1807 for more information on applying under Option 8. The OLTC will review your information and, if you are determined to be eligible to test, the OLTC will issue you a testing approval letter.

**Once approved by the OLTC for testing under Option 8:**

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



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

*Scheduling your tests*

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

Completing the application form

Before you can test, you must submit:

- 1 The Arkansas Nursing Assistant Examination Application form on Page 21 (or online at [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR)). Complete the form clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned.

- 2 The appropriate fee(s).
- 3 If your certification eligibility option requires you to get pre-approval from the OLTC **before** submitting your application to Prometric, attach a copy of the OLTC approval letter to your application.

Name change

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

In-facility test sites

If you are taking your exam In-facility, a representative from the nursing home or training program will schedule your exam appointment and notify you of the scheduled time and date. Please give your application to your school. If you send it to Prometric, you will be scheduled for the next available regional test date in your area.

Regional test sites

If you are taking your exam at a regional test site, send your application form and fees to Prometric. Be sure to enter the city where you would like to take your test on the application form. If the site you selected is full, you will be scheduled in a location within a 50-mile radius of your selected city.

The chart below lists the current Arkansas regional test site locations.

Regional Test Sites		
Batesville	Malvern	Searcy
Burdette	Mena	Springdale
Fort Smith	Monticello	Texarkana
Harrison	Mountain Home	Warren
Little Rock	Paragould	West Memphis

Authorization to Test Letter

Upon receipt of your completed application, Prometric will review your eligibility. If you are eligible to take the Competency Exam and are testing at a regional test site, Prometric will send you an Authorization to Test Letter. This letter will include the date, location and time of your test. You **must** bring this letter and proper identification with you to the regional test site.

In order to get your letter as fast as possible, please provide your email address on the scheduling form. Prometric will then send your letter to that email address. If you do not have an email address, your letter will be sent by mail, which will take longer to arrive.

If the scheduled exam date will not work for you, contact Prometric immediately to have your exam rescheduled. You may reschedule up to five full business days before your scheduled exam date.

Fee information

The state of Arkansas will pay the testing fees for any candidate who is currently employed in an Arkansas nursing home or who has an offer of employment from a nursing home at the time of applying for testing. If you want the state to pay your test fees, you must include a letter from the nursing home documenting your employment or offer of employment with your Application form.

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

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

- By money order or certified check made payable to Prometric, or MasterCard or Visa. **Personal checks and cash are not accepted.**
- Fees must be included with the application. You must submit separate money orders/certified checks for the eligibility screening fee and the test fee(s). **Applications received without proper payment will be returned.**
- Your name and Social Security number must be written on the money orders/ cashier’s checks.

Exams and related fees are as follows:

	First Time	Retake	Reschedule
Eligibility Screening Fee (nonrefundable)	\$10		
Clinical Skills test and Written (or Oral) test	\$79	\$79	\$79*
Clinical Skills test		\$45	\$45*
Written (or Oral) test		\$34	\$34*

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

Refund policy

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



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

Special test considerations

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

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

**English as a Second Language (ESL) accommodation.** The Arkansas Nursing Assistant Competency Exam is offered only in English. Translators are not permitted, and translation dictionaries may not be used during the exam administration. Candidates for whom English is a Second Language should review the “Oral test” section on Page 8 to determine if this is an appropriate option for them.

### *Rescheduling a test*

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

Rescheduling fees are as follows:

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

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

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

### *Taking your exam*

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

#### **What to bring to the exam**

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

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

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

If you cannot provide the identification listed above, contact Prometric **before** scheduling your appointment to arrange an alternative way to meet this requirement.



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

**Additional items to bring to the test center:**

- Two sharpened No. 2 pencils with erasers.
- For the Clinical Skills test, a watch with a secondhand.
- For the Clinical Skills test, wear flat, nonskid shoes with enclosed toes. It is suggested that a uniform or scrubs be worn on the day of testing.

## Written test overview

The Written test consists of 60 multiple-choice questions that evaluate your nursing assistant knowledge and skills. You will have 90 minutes to take the test. The content outline on Page 14 is the basis for the Written test. The outline lists all topics covered in the exam.

### Oral test

The Written test can be taken in an oral form. Candidates who take the oral test will be provided with a CD player and a headset. Candidates will hear the exam questions read to them from a prerecorded CD. Each question is read to the candidate twice. The candidate is allowed to replay any question. Candidates will be provided with a printed test booklet and will answer questions on the same answer sheet used by all candidates taking the Written test.

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

### Practice Exam

A Nurse Aide Practice Exam is available online at [www.prometric.com/NurseAide/NApracticeexam.htm](http://www.prometric.com/NurseAide/NApracticeexam.htm). The practice exam is created in the same format and uses the same question types as the actual certification exam.

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

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

### Sample Test

A Nurse Aide Certification Sample Test is located on Page 16 of this bulletin. The sample test is intended to help you become familiar with the exam format. How well you do on this sample test does not predict your results on your actual test.

## Clinical Skills test overview

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

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

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

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

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

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

Resident actor

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

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

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

Stopping the testing of a skill

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

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## Test site regulations

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

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

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

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

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

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

- Weapons**
- Weapons are not allowed at the test center.



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

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

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

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## Your exam results

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

### Clinical Skills test results

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

- 1 Logon to <https://ibt.prometric.com/arcna>.
- 2 Click on secure sign in.
- 3 Enter your Prometric ID as your username and password (this number is on your ATT letter). If you do not have your letter, contact customer service to get it.
- 4 In the Main Menu, click on the link that says Review Scores.
- 5 Click on the test date listed in the history box to view your score report.
- 6 To see which checkpoints you missed on your test, click on the link in the score report that says Item Feedback.

### Written (Oral) test results

If you fail the Written or Oral test, your official score report will include diagnostic information that provides feedback on your areas of strength and weakness for the various sections of the test.

### Retesting

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

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



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

### Duplicate score report

You may request a duplicate score report by completing the Service Request Form found online at [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR) and mailing it to Prometric. There is a \$15 processing fee per report.

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## *Appeals process*

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

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

**Prometric**  
**ATTN: Appeals Committee**  
 1260 Energy Lane  
 St. Paul, MN 55108

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



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

## *Arkansas Nursing Assistant Registry*

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

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



**Note** You may verify the status of a certified nursing assistant by calling the Arkansas automated Registry service at 501.682.8484 or going online to [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR).

### Certification renewal

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

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

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

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

#### Expired certificate

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



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

#### Lapsed certificate

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

#### Change of address or name

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

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

**Name change.** If your name changes after you have been certified as an Arkansas Nursing Assistant, you must send written notification and legal documentation of the name change. Complete the Arkansas Nursing Assistant Service Request form found at [www.prometric.com/NurseAide/AR](http://www.prometric.com/NurseAide/AR), attach a copy of your legal documentation and mail both to Prometric. Acceptable forms of legal documentation include a copy of your marriage certificate, divorce decree or legal name change decree. There is no charge for updating your name with the Arkansas Nursing Assistant Registry.

#### Duplicate certificate

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

## Examination Content Outlines

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

### Written (Knowledge) Test Content Outline

60 questions—90 minute time limit

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

#### I. Role of the Nursing Assistant

- A. Personal Responsibilities
  1. Reporting requirements
  2. Promoting personal health and safety
  3. Protecting resident rights
  4. Organizing work
  5. Workplace standards including ethical and unethical behaviors
- B. Nursing Assistant as a Member of the Health Care Team
  1. Job responsibilities of the nursing assistant, including duties and limitations
  2. Understanding roles of multi-disciplinary team members
  3. Principles of teamwork (e.g., collaboration, cooperation, sharing information)
  4. Resident care conferences
  5. Resident plan of care
  6. Responsibility to provide care according to plan of care
- C. Interpersonal Relations and Communication Skills
  1. Principles of communication
  2. Types of communication
  3. Factors affecting communication
  4. Supportive communication techniques

#### II. Promotion of Safety

- (Formerly named Promotion of Health and Safety)*
- A. Potential hazards in the resident environment
  - B. Common injuries and related risk factors
  - C. Providing a safe and comfortable environment
    1. Comfort needs of the resident
    2. Accident prevention including fall prevention protocols
    3. Use of restraints and restraint alternatives
  - D. Fire prevention and safety
  - E. Infection control
    1. Maintaining a clean environment
    2. Factors that contribute to spread of disease causing organisms
    3. Practices that decrease the risk of exposure to disease causing organisms
    4. Signs and symptoms of infections
  - F. Emergencies
    1. Responses to emergency and disaster situations
    2. Providing for immediate life-safety of residents
    3. Evacuations procedures

#### III. Promotion of Function and Health of Residents

- A. Personal care skills
  1. Feeding
  2. Bathing
  3. Perineal care
  4. Foot/nail care
  5. Mouth care
  6. Skin care
  7. Toileting
  8. Grooming
  9. Dressing/undressing
- B. Health maintenance and restoration
  1. Circulation and skin integrity
  2. Nutrition
  3. Hydration
  4. Elimination (bowel and bladder)
  5. Mobility
  6. Promoting self-care and independence
- C. Age-related changes
  1. Cognitive
  2. Emotional
  3. Physical
- D. Psychosocial needs
  1. Basic human needs including support of diversity
  2. Responses to change (e.g., role changes, living situation, finances, health and body image, aging)
  3. Affects of institutionalization (e.g., socialization, dependency, loss of privacy)
  4. Promoting resident sense of well-being including emotional support strategies

#### IV. Basic Nursing Care Provided by the Nursing Assistant

- (Formerly named Basic Nursing Skills)*
- A. Routine, chronic, non-life threatening situations
    1. Observing, reporting and responding (physical status)
      - a. Basic anatomy and functions of body systems
      - b. Characteristics of body functions observable by nursing assistant (including related measurement procedures)
    2. Observing, reporting and responding (behavioral changes)
      - a. Level of alertness
      - b. Memory loss
      - c. Confusion
      - d. Impaired self-protection (judgment)
      - e. Emotional stress (e.g., crying, acting out, demanding-aggressive communication)
      - f. Sadness
      - g. Fear
      - h. Anxiety
      - i. Agitation

- j. Defense mechanisms (e.g., denial, withdrawal, projection, blaming)
- B. Acute Emergency Situations: observing, reporting and responding
  - 1. Chest pain
  - 2. Respiratory distress
  - 3. Choking/aspiration
  - 4. Seizures
  - 5. Difficulty swallowing
  - 6. Diabetic situations
  - 7. Changes in level of consciousness
  - 8. Cardiac arrest
  - 9. Falls
  - 10. Bleeding
  - 11. Burns
  - 12. Vomiting
  - 13. Changes in mobility, speech or other potential signs of stroke
  - 14. Sudden onset of confusion or agitation
- V. **Specific Care Provided for Residents with Changes in Health**
  - A. Physical problems
    - 1. Common physical impairments and related care (e.g., sensory changes and changes in mobility, skin, elimination, nutrition)
    - 2. Impact of impairments on resident safety, care and comfort
    - 3. Providing for safety, care and comfort of residents with physical impairments
  - B. Psychological problems
    - 1. Common psychological impairments and related care (e.g., confusion, anxiety, combativeness, fear, agitation, pain)
    - 2. Impact of impairments of resident safety, care, comfort and ability to communicate needs
    - 3. Providing for safety, care and comfort of residents with psychological impairments
  - C. Care of the dying resident
    - 1. Grief process
    - 2. Responding to the emotional needs of the resident, other residents, family and caregivers in the grief process
    - 3. Factors influencing responses to grief such as spiritual beliefs, culture and past experience
    - 4. Physical changes and needs as death approaches
    - 5. Post-mortem care procedures

### Clinical Skills

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

**Handwashing Note:** Your handwashing technique is evaluated at the beginning of the test. This skill is not prompted, which means you will not be told to wash your hands. Nursing assistants are expected to know to wash their hands before and after physical contact (touching) with the resident.

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



## Nurse Aide Certification Sample Test

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

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

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

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

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

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

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

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



# Arkansas Nursing Assistant Examination Application Form

**Print or type clearly and neatly. Incomplete or illegible forms will not be processed.**

## Candidate Information



**Note:** Before you enter your name below, check the government issued identification that you will use for admission to testing. If the name you use below does not **EXACTLY** match the name on the identification you provide on the day of testing, you will not be allowed to test.

Last Name	First Name	Middle Initial	Date of Birth (Month, Day, Year) / /
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	County (first four letters only)	ZIP Code
Home Phone Number (including area code) ( )		Email Address	
Social Security Number or Alien ID Number - -		<input type="checkbox"/> Check this box if Alien ID Number is used.	
If you previously have tested or been certified in Arkansas, have you changed your name? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, provide your previous name and a copy of the legal documents that support your name change. Previous Name _____			
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, you are required to provide a copy of the documents that prove your eligibility to work in the United States.			

## Certification Option/Eligibility

(See explanation of certification options in this bulletin beginning on Page 2.)

<input checked="" type="checkbox"/>	Certification Route	Document(s) that must be provided
	<b>Option 1</b> - New Nursing Assistant (Arkansas Trained).	Copy of training completion document from an Arkansas-approved training program.
	<b>Option 2</b> - Previously Certified in the State of Arkansas	Previous Certificate Number (if available).
	<b>Option 3</b> - RN or LPN Student	A copy of the OLTC's approval letter.
	<b>Option 4</b> - Home Health Aide (this does not apply to Personal Care Aides)	Copy of certificate of training and completion of an HHA program approved under federal requirements.
	<b>Option 5</b> - This option is no longer available	Not applicable.
	<b>Option 6</b> - Trained in Another State	A copy of the OLTC's approval letter.
	<b>Option 7</b> - Certified in Another State	A copy of the OLTC's approval letter.
	<b>Option 8</b> - Other	A copy of the OLTC's approval letter.

## Training Information

(This section must be completed if the applicant has selected Option 1, 4, or 6.)

Training Completion Date: __/__/__	Training Program Code (if available – see completion certificate)		
Name of Training Program			
Training Program Mailing Address (Street Address or P.O. Box)			
City	State	County (first four letters only)	ZIP Code
Training Program Phone Number (including area code) ( )		Training Program Fax Number (including area code) ( )	

## Test Site Information

Please check one of the following options.

<input type="checkbox"/>	<b>Testing at your Facility:</b> My training program or employer is scheduling my exam and I will take the exam at their facility. I will give this application form to the facility coordinator (do not send it to Prometric).	
<input type="checkbox"/>	<b>Regional Test Site:</b> I am applying to test at a regional test site. My preferred test site is listed to the right. However, I understand that I will be assigned to the first available testing appointment in my area.	My Preferred Test Site is:

## Exam Selection and Fees

If the state is paying the exam fees, the Employment Information section on the next page must be completed.

<input checked="" type="checkbox"/>	<b>First-Time Tester</b>	<b>Fee</b>	<b>Total</b>
	Written Test and Clinical Skills Test	\$79	\$
	Oral Test and Clinical Skills Test	\$79	\$
<input checked="" type="checkbox"/>	<b>Retester</b>	<b>Fee</b>	
	Clinical Skills Test ONLY	\$45	\$
	Written Test ONLY	\$34	\$
	Oral Test ONLY <i>(You may select this option even if you previously took the Written test)</i>	\$34	\$
<input checked="" type="checkbox"/>	<b>Rescheduling/No Show*</b>	<b>Fee</b>	
	Clinical Skills Test	\$45	\$
	Written Test	\$34	\$
	Oral Test	\$34	\$
		<b>Total Fee</b>	<b>\$</b>

\*This fee is required to reschedule a testing appointment if you provided less than five days notice to change a scheduled exam, did not show up for your scheduled exam, or arrived late for a scheduled exam and were not allowed to test.

<input checked="" type="checkbox"/>	<b>First-Time Test Takers</b>	<b>Fee</b>	
<input checked="" type="checkbox"/>	Eligibility Screening Fee (nonrefundable)	\$10	\$10
		<b>Total Fee</b>	<b>\$10</b>

*The Eligibility Screening fee is required for first-time test takers and must be submitted as a separate check or money order made payable to Prometric. If your eligibility is not approved, your exam fee will be returned to you.*

## Payment Options

Fee(s) may be paid by certified check, money order, MasterCard or Visa. Make checks payable to Prometric.

**Personal checks and cash are not accepted. Fees are not refundable or transferrable.** To pay by **credit card**, complete the information below:

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)	Signature of Cardholder	

## Applicant's Affidavit and Candidate Release Statement

- I understand that I am responsible for making sure all information provided in this application is completely true and correct.
- I understand that if information given is not true, my registration status as a nursing assistant may be at risk.
- I understand that if I pass both parts of the Nursing Assistant Competency Exam, I will be placed on the Arkansas Nursing Assistant Registry.
- I understand that I may be asked to play the part of the resident for another candidate on exam day. I do not have any physical, medical or other condition that would be affected in any way by my participation in the exam. I agree that I am responsible for my own personal safety both while taking the exam and acting as a resident. I hereby release Prometric, the DHS and OLTC, and their agents and assigns from any responsibility or liability for any claim or damage that may result from my participation in the examination.

Applicant's Signature

Date

## Employment Information

**Current Employers:** This section must be completed for any candidate who is currently employed in an Arkansas nursing home. This application must be accompanied by a letter on facility letterhead that indicates the candidate's employment dates and is signed by the facility administrator. Copies of this letter **will not** be accepted.

**Potential Employers:** Any candidate who has an offer of employment or intent to hire from an AR nursing home must complete this section. This application must be accompanied by the original letter of intent to hire the candidate upon successful completion of his/her competency evaluation provided on the nursing home's letterhead and signed by the facility administrator. Copies of this letter **will not** be accepted.

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

<input checked="" type="checkbox"/>	Employment Status	Items Noted Below are Submitted with my Application
	I am currently employed.	I have included a letter from my employer on facility letterhead and signed by the administrator of the facility showing my employment status.
	I have a promise of employment.	I have included a letter of intent to be hired from my potential employer on facility letterhead and signed by the administrator of the facility.
	I am not currently employed and I do not have a letter of intent to be hired.	I have enclosed a nonrefundable <b>\$10</b> eligibility screening fee and the <b>\$79</b> testing fee; You must enclose two <b>separate</b> checks or money orders, one for <b>\$10</b> and one for <b>\$79</b> , both made payable to Prometric.

**If testing at a Facility:** Provide this completed form, along with all necessary documents to your training coordinator (do not send it to Prometric).

**If testing at a Regional Test Site:** Submit this completed form, along with all necessary documents and fees to:

**By Mail:** Prometric, Attn: Arkansas Nursing Assistant Testing Program, 1260 Energy Lane, St. Paul, MN 55108.

**By Fax (if paying by credit card):** 800.813.6670.

PROMETRIC  
1260 Energy Lane  
St. Paul, MN 55108  
800.818.8917

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