

Candidate Information Bulletin State of Florida

PROMETRIC



CERTIFIED NURSING ASSISTANT EXAMINATION

NEW!

Interactive Practice Exams Now Available Online

Visit www.prometric.com/nurseaide



The Florida Department of Health (DOH) has contracted with Prometric to develop and administer its Certified Nursing Assistant (CNA) Exam.

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

To become a certified nursing assistant in Florida

- 1** Read the two privacy statements located on page 1 and 2 of the application.
- 2** Complete all **pages** of the Florida Certified Nursing Assistant Application—Page 25.
The application form is also available online at www.prometric.com/NurseAide/fl.
Complete the Florida Board of Nursing background screening—Page 5.
- 3** Prepare for your exam, using the content outlines in this bulletin—Page 15.
- 4** Take your exams at your scheduled exam location. Be sure to bring the necessary identification with you to the test center—Page 7.
- 5** Once you have passed both parts of the CNA exam and completed all necessary paperwork, the Florida Board of Nursing will send you your certificate and you will be placed on the Florida CNA Registry—Page 13.

To get answers not provided in this bulletin

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

Prometric

7941 Corporate Drive, Nottingham, MD 21236

Phone: 888.277.3500

www.prometric.com/NurseAide

Direct certification regulations questions to:

Florida Department of Health

CNA Registry/Board of Nursing

4052 Bald Cypress Way, BIN # C13

Tallahassee, FL 32399-3263

Call Center Phone: 850. 245.4125

CNA Registry Website: www.flhealthsource.com

Main Website: <http://www.floridasnursing.gov/>

FLDOH Exam Information:

<http://www.floridasnursing.gov/licensing/certified-nursing-assistant-examination/>

FLDOH Background Screening:

<http://www.floridahealth.gov/licensing-and-regulation/background-screening/gen-info/index.html>

**Certification
Route Options**

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



Note You must pass both the clinical skills and written exams within 2 years of your first passed test date. If you do not pass both parts of the exam within 2 years, you will have to take both exams again to be certified. If you fail either the clinical skills or written exam 3 times, you will be required to attend a state approved training program before testing on both parts of the exam again.

E 1—Completed a State-approved Nursing Assistant Training Program

Select this certification route if you finished your state-approved training and you have never been a nursing assistant in any other state. You must put your training completion date and training program code on application form.

E 2—Enrolled in a State-approved Nursing Assistant Training Program

Select this certification route if you are taking a state-approved training program and have never been a nursing assistant in any other state. You must put the day you will complete training and training program code on the application form.



Note If you are applying under routes E1 or E2, you must have your program coordinator submit an electronic notification to the board office verifying that you completed the program you listed on your application.

E 3—Challenger

Select this certification route if you have never been trained as a nursing assistant in Florida or any other state and have no nursing assistant experience, and believe that you can pass the exam without training. If you fail one portion of the test three times within a two-year period, you will have to do a state-approved training program that is at least 120 hours long. You will then need to take both the written and clinical tests again.



Note Individuals must be at least 18-years-old, or have a high school diploma or equal to “challenge” the exam without completion of an approved training program.

E 4—Other Nursing Training

Select this certification route if you have:

- Some training or experience in nursing but have not completed a state-approved training program; or
- Tested using route 1 or passed one of the tests, but have not passed the other test in two years.

E 5—Lapsed Nursing Assistant

Select this certification route if you were a certified nursing assistant in Florida or any other state and your certification has lapsed.

Scheduling Your Test

The Florida Certified Nursing Assistant (CNA) Exam consists of two separate tests: The Clinical Skills Test and the Written (Knowledge) Test. You are not required to pass one test before taking the other. However, first-time testers must register for both tests.

Completing the application form

Before you can test, you must submit:

- 1 The Florida Certified Nursing Assistant Application form on Page 24 (or online at www.prometric.com/NurseAide/fl). Complete the form clearly and accurately. Incomplete, illegible and/or unsigned applications will be returned, which will delay the processing of your application.
- 2 The appropriate fee(s).
- 3 Be deemed eligible to test by the FL DOH after submitting to an FBI fingerprint background check.



Note Your application and test fees are only good for one year. If you are not deemed eligible to test and/or do not schedule an appointment within one year of submitting your application, the application will expire and you will be required to submit a new application and fees in order to be deemed eligible to test.

Application Received Notification

Prometric will email a notification to candidates upon receiving the application and update email notifications that track the application process through each step. These notifications will tell a candidate if they may need to submit a FBI fingerprint background check. FLDOH will deem candidates eligible to test after they have verified your FBI fingerprint background check. Candidates will be able to check the status of their application online at www.prometric.com/nurseaide/fl using the Prometric ID given in the notification email.

Admission to Test Letter

After Prometric receives approval from FLDOH to schedule you to test, Prometric will email you an admission letter. This letter gives the date, time and location of your exam. Please bring your letter with you to the test center as it provides important information. Prometric is **not** responsible for lost, misdirected or delayed emails.

Regional test sites

Prometric gives the Certified Nursing Assistant exams in test sites throughout the state. A list of current regional test sites is available online at www.prometric.com/NurseAide. On the application form, you will need to write the site code of the site you would like to take your test.

When available your admission letter will include directions to the test site. You could also get directions online at www.mapquest.com or www.maponus.com.

Fee information

If a nursing home employs you within 12 months of getting your certification, the facility is required to pay for your training and testing fees under federal law. Contact the District Medicaid Office in your area if you have any questions regarding this law.

Payment may be made by including a Visa, MasterCard or American Express number, money order, company check or cashier’s check. **Personal checks, purchase orders, vouchers and cash are not accepted.** Fees must be included with the application form.

Fees are as follows:

Service	Standard Fee
Clinical Skills and Written Tests (Audio, English and Spanish)	\$155
Written Test (English, Spanish)	\$35
Written Test Audio (Spanish and English)	\$35
Clinical Skills Test (English Only)	\$120
Rescheduling Fee (see Page 4)	\$30
Exam Review	\$25

**The written test is available as an audio test. See Page 7 for more information.*

There is an additional FBI background check fee that the fingerprint vendor will collect at the time of scanning your fingerprints.



Important Print your name on money orders, certified checks or company checks. Application forms received without proper payment will be returned. **Testing fees are nonrefundable and nontransferable.**

Testing

Accommodations

ADA Accommodation. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to

demonstrate their skills and knowledge. Prometric makes every effort to provide reasonable testing accommodations that enable all test takers to take examinations.

If you require testing accommodations under the Americans with Disabilities Act (ADA), please complete and submit a Testing Accommodation Request Form online at <https://www.prometric.com/en-us/for-test-takers/prepare-for-test-day/pages/arrange-testing-accommodations.aspx>, or contact Prometric at (888) 226-9406 to obtain an Accommodation Request Form.

Professional documentation of the disability must be submitted with the Accommodation Request Form to aid Prometric in determining the appropriate testing accommodations. Thirty days’ advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

ESL Accommodation. All examinations are given in English. If English is not your primary language, you may qualify for additional time for the test by requesting an ESL Authorization from Prometric. To request an ESL authorization, please submit :

- A personal letter requesting the authorization; and
- A letter from the English instructor or sponsoring company (on company letterhead), certifying that English is not your primary language.

Please fax documents to **800.347.9242** and allow **three (3) days** for processing. If your request is approved, Prometric may extend the time limit on your

examination to time-
and-one-half for
150% of the normal
time limit. Prometric
will

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inform you by mail whether your request for accommodation is approved. You should not schedule your exam until you have received the confirmation email. Exams scheduled before the ESL request has been approved will not include extra time.

Rescheduling and Retesting

To reschedule, you must contact Prometric. If you are testing at an in-facility test site, the facility must reschedule for you. If you wish to move from an IFT site to a regional site you only need to contact Prometric and request to be moved to a regional site, IFT site approval is not needed to make this change.

Rescheduling fees are as follows:

- **\$30 fee** to reschedule **up to five full working days** before your test.
- **A full exam fee** if you reschedule **less than five full working days** before your test, or if you are denied admission into a test site for not providing valid ID on the day of your test.

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 exams. If this occurs, Prometric will attempt to contact you by phone. You may also call 888.277.3500 to see if a site is closed. If the site is closed, your exams will be rescheduled without a rescheduling fee.

Background Screening



To access the Florida statutes please visit the Board of Nursing website at <http://www.floridasnursing.gov/> for additional information.

Important If required, you **must have** a copy of your Application Received Notification emailed from Prometric in order to make a fingerprint scan appointment. **Do not** have your fingerprints scanned before receiving one of these notifications from Prometric. Paper fingerprint cards **will not** be accepted.

The Florida Board of Nursing must approve the results of the background screening before you can be tested to get your certification and be placed on the CNA Registry. The Board may request more information about any criminal offenses listed on the background screening results. If the Board denies your testing, you will receive an official *Notice of Intent to Deny* and have the right of appeal. If your testing is denied, you will not receive a refund of exam or background fees.

A list of offenses that may disqualify you from being hired can be found in Chapter 435, Florida Statutes. More information and a list of Frequently Asked Questions concerning background screening is located online at <https://floridasnursing.gov/help-center/#faqs>

Any applicant who has ever been found guilty of, or pled guilty or no contest/nolo contendere to any charge other than a minor traffic offense must list each offense on the application. Failure to disclose criminal history may result in denial of your application. Each application is reviewed on its own merits.

The Board of Nursing has created guidelines for specific offenses to be cleared in the board office; however, the staff cannot make determinations in advance as laws and rules do change over time. Violent crimes and repeat offenders are required to be presented to the Board of Nursing for review. Evidence of rehabilitation is important to the Board Members when making licensure decisions.

Applicants with prior criminal convictions may be required to submit the following documentation to the Board:

Final Dispositions/Arrest Records – Final disposition records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the Clerk of the Court attesting to their unavailability.

Completion of Probation/Parole/Sanctions – Probation and financial sanction records for offenses can be obtained at the clerk of the court in the arresting jurisdiction. Parole records for offenses can be obtained from the Department of Corrections or at the clerk of the court in the arresting jurisdiction. If the records are not available, you must have a letter on court letterhead sent from the clerk of the court attesting to their unavailability.

Self Explanation – Applicants who have listed offenses on the application must submit a letter in your own words describing the circumstances of the offense.

Letters of Recommendation – Applicants who have listed offenses on the application must submit 3-5 professional letters of recommendation from people you have worked for or with.

Live Scan Vendor Information

Applicants can use any Livescan service provider that has been approved by the Florida Department of Law Enforcement to submit their fingerprints to the Department. Please ensure that the Originating Agency Identification (ORI) number is provided to the service provider when you submit your fingerprints. If you do not provide an ORI number or if you provide an incorrect ORI number to the service provider, the board office will not receive your fingerprint results. The applicant is fully responsible for selecting the service provider and ensuring submission of the prints to the Department.

The Department of Health accepts electronic fingerprinting service offered by Livescan service providers that are approved by the Florida Department of Law Enforcement and listed at their site. You can view the service provider options and contact information on the following website:

<http://www.floridahealth.gov/licensing-and-regulation/background-screening/gen-info/index.html>

You may also use Identogo by Morphotrust (previously L1) as they are an approved provider with the FLDOH. Their website is: www.identogo.com.

Criminal History Questions

IMPORTANT NOTICE: Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter **409, F.S.**, (relating to social and economic assistance), Chapter **817, F.S.**, (relating to fraudulent practices), Chapter **893, F.S.**, (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
 - For the felonies of the third degree under section **893.13(6)(a), F.S.**, more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under **21 U.S.C. ss. 801-970** (relating to controlled substances) or **42 U.S.C. ss. 1395-1396** (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
 3. Has been terminated for cause from the Florida Medicaid program pursuant to section **409.913, F.S.**, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
 4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
 5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

NOTE: This section does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

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

Admission letter. You must present the letter emailed to you by Prometric.

Identification required. You must present **two** valid pieces of identification before you may test and one piece **must**:

- Be a current (not expired) government-issued (e.g., driver's license, state-issued identification card or military identification card);
- Contain **both** a current photo and your signature (this must be legible); and
- Have a name that **exactly** matches the name on your ID and Admission Letter.

Examples of acceptable second forms of identification include credit cards and Social Security cards. All forms of identification must have been signed before the day of test. **The second form of identification must also have your signature on it.**

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



Important If you 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 exam.

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

Written Test Overview

The Written test is administered using Prometric's user-friendly, Microsoft Windows®-based, computerized testing system. You do not need computer experience to use this system. You will use a computer mouse to select answers.

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 shown on Page 13 is the basis for the Written test. The outline lists all topics covered in the exam and the approximate number of questions asked about each topic.

Practice Exam

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

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

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

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

Sample Test

A Nurse Aide Certification Sample Test is located on Page 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.

Audio Test

The Written Test can be taken in an audio form. During an audio test, you will hear the questions read to you while reading and answering questions on the computer. You may replay questions as many times as needed. If you would like to take the audio test, you should select this option on the application form. This request **cannot** be made on the day of testing.

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.

Two Nurses 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.

The rules for the Clinical Skills Test allow you to make corrections while performing a skill. You must tell the Nurse 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 Nurse 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 nurse. If a safety issue has occurred, you will not be able to make a correction.

The nurses who administer the Clinical Skills test are 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 available for review at www.prometric.com/NurseAide.

Resident Actor

In Florida, candidates are required to play the role of the resident for other candidates who are taking the Clinical Skills Test. You may be asked to play the role of the resident for more than one candidate. 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 Nurse administering the test when you check-in at the test site.

Pause the testing of a skill

During the Clinical Skills test, the Nurse can pause the testing of a skill if the resident actor/volunteer is in danger. This correction will result in the checkpoint(s) as wrong.

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. All candidate misconduct will be reported to the Board of Nursing. 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**, pagers, cameras, recording devices, etc. All of these items will be collected by the Nurse Aide Evaluator (NAE).
 - Other personal items—purses, briefcases, etc.—are not permitted in the testing area. **Note:** It is recommended that purses not be brought to the test center. Access to purses will not be allowed during testing.

Restroom Breaks

- If you leave the testing room while an exam is taking place, 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

Misconduct or Disruptive Behavior

- No guests, visitors, children or family members are allowed at the test center.
- If you engage in any disruptive or offensive behaviors, you will be dismissed from the examination. If dismissed, your test results will be invalid and the details of the misconduct will be reported to the Board of Nursing. 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.

If Questions Arise. Nurses and Test Center Administrators 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.

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.

Your Exam Results

After you pass both parts of your exam your scores will be sent to the Board of Nursing. Once the Board of Nursing has received your score information, your Certificate will be mailed to you. Your official results will also be listed on the CNA Registry.

- It takes approximately one week from the day you test for your scores to be sent from Prometric to the Board of Nursing.
- It can take four weeks for the Board of Nursing to issue and mail out your certificate.



Note Scores are confidential and will be revealed only to you and the state. **Scores are not given out over the phone.** Your results will be given to you at the test site on the day of testing. These results are subject to FLDOH review and can change. You will be notified if results change.

Within 48 hours of completing the Exam, you may also go online to see your official results. Follow these steps:


Clinical Skills Exam Results

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

If your application was submitted under your Site Contact's email address, please contact the Site

Contact to assist with providing your score report. Instruction on how to access score reports are outlined below:

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

2 Select Forgot Password? 

3 Ensure the "Reset Password via E-Mail" is selected. Enter your Prometric ID as your username (this number is on your ATT letter). If you do not have your letter, you can contact customer service to get it.

4 Continue following the onscreen instruction for resetting password via email. Note: If your application is registered under your Site Contact's email, please contact the Site Contact to assist with accessing your score report.

5 Once your password reset is complete, logon to <https://tcnet.prometric.com/flcna>.

6 In the Main Menu, click on the link that says Review Scores.


7 Click on the date of the exam results listed in the history box to obtain your Clinical Skills exam score report.

8 To see which checkpoints you missed on your exam, click on the link in the score report that says Item Feedback.

Written (Oral) Exam Results

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

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

- 1 Logon to <https://tcnet.prometric.com/flcna>.
- 2 Select Forgot Password? 
- 3 Ensure the "Reset Password via E-Mail" is selected. Enter your Prometric ID as your username (this number is on your ATT letter). If you do not have your letter, you can contact customer service to get it.
- 4 Continue following the onscreen instruction for resetting password via email. Note: If your application is registered under your Site Contact's email, please contact the Site Contact to assist with accessing your score report.
- 5 Once your password reset is complete, logon to <https://tcnet.prometric.com/flcna>.
- 6 In the Main Menu, click on the link that says Review Scores.
- 7 Click on the date of the exam results listed in the history box to obtain your Written exam score report.

Written Test

Since your test is given on computer, you will get a score report when the test is done. The score report will list either pass or fail. **Nurses and Test Center Administrators cannot discuss your results with you.**

Clinical Skills Test

Your score report will be given to you at the test site shortly after the completion of your test. You must pass all five skills to pass the Clinical Skills test. **The Nurse(s) giving the Clinical Skills test will not allowed to discuss your results with you.**

Unsuccessful Candidates

If you fail a test, you will be given an score report at the test site on the day of testing. Results will be reported to the Florida Board of Nursing.

If you want to retake a test you failed, you must wait at least 30 days before you can test again. You will also need to complete and submit another application form and appropriate fees.



Note If you do not pass both your Written and Clinical Skills tests within three attempts and two years, you will be unable to test again until you have completed a minimum of 120 hours of training in a state-approved training program. If you do not pass both parts of your exam within two years of taking your first exam part, your results become invalid. You will need to retake both the Written and Clinical Skills tests, regardless of past scores.

Written Test Review

If you do not pass the written test, you can register for an optional review of it. To request a written test review, you must contact Prometric by email at FLCNAexamreview@prometric.com within 21 days of taking your test. The review must be completed within 60 days of taking your test. The fee for a written test review is \$30.

Your review request email must include your name, address and Prometric ID number. Once approved, you will receive an email with instructions on how to submit the \$30 review fee payable by Visa, MasterCard or American Express, money order, company check or cashier's check. **Personal checks and cash are not accepted.**

You will be scheduled for the review at the same location where you took the test unless you specify otherwise, or there is an earlier appointment available at another test site in the same area.

During a Written Test review, you will be given a printout of the test showing the questions missed, incorrect answers given, and correct answers. You will have forty-five minutes to review the test. You are not permitted to leave the room with any notes. All security requirements that apply during the test apply to the review session as well. You must wait 30 days following the review session to schedule a retake test.

Candidate Satisfaction Survey

Once you have completed a Nurse Aide Competency Examination given by Prometric we would like to hear from you. We understand how important this test is to you and your employment goals. It is Prometric's goal to provide a quality testing program. Please take a moment to fill out our satisfaction survey. Your opinion is important to us. You can find the survey at <http://www.surveymonkey.com/s/FLCNASurvey>

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 would like to submit an appeal concerning examination content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal by visiting <https://www.prometric.com/contact-us>

The Appeals Committee will review your concern and send you a written response within 20 business days of receipt.

Certified Nursing Assistant Registry

Certified Nursing Assistants (CNAs) are regulated through the Board of Nursing in the state Department of Health. They are regulated by Chapter 464, Part 2, Florida Statutes and may be disciplined by the Board of Nursing.

Registry Process

After you pass both parts of your exam and the Board of Nursing has approved your application, you will be added to the Florida Registry as a CNA. The process to be added to the registry after Board approval takes from three to five weeks. The Registry is available to CNAs and the public for verification of certification at www.flhealthsource.com.

Certificate Renewal

Renewals are issued by the FLDOH and handled by the FLDOH. Certificates issued by the Florida Board of Nursing include expiration dates. To keep your certificate current (active), you will need to renew your certificate before the expiration date. The Florida Board of Nursing handles renewals.

To renew, you will have to pay a fee and complete a form documenting that you have worked for pay during your certification period performing nursing-related services. Certificates that are not renewed before they expire will be considered delinquent. You may not work with a delinquent certificate.

Address and name changes. You must update the Registry with any address change or any change in name. There is no charge for updating this information with the Registry. There is a \$25 fee to receive a new certificate showing your name change.

Nurse Aide Written Test Content Outline

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

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

- I. Role of the Nurse Aide - 20%**
- A. Personal responsibility
 - 1. Reporting requirements
 - 2. Promotion of personal health and safety
 - 3. Promotion and protection of resident rights
 - 4. Time management and work prioritization
 - 5. Workplace standards, including ethical and unethical behaviors
 - 6. Nurse Aide Registry
 - B. Nurse aide as a member of the health care team
 - 1. Job responsibilities of the nurse aide, including duties and limitations
 - 2. Interdisciplinary team member roles
 - 3. Teamwork principles (e.g., collaboration, cooperation, sharing information, customer service)
 - 4. The care planning process and implementation
 - 5. Nurse aide's responsibility to provide care according to the care plan
 - C. Interpersonal relations/communication skills
 - 1. Communication principles
 - 2. Communication types
 - 3. Factors affecting communication
 - 4. Therapeutic communication techniques
- II. Promotion of Safety - 22%**
- A. Potential hazards in the healthcare environment
 - B. Common injuries of residents (e.g., skin tears and shearing, falls, spills, burns, bruises)
 - C. Risks related to common injuries
 - D. Safety and comfort
 - 1. Comfort needs of the resident
 - 2. Accident prevention including fall prevention protocols
 - 3. Restraint techniques and alternatives
 - 4. Legal implications in the use of restraints
 - 5. Risk factors for elopement (resident leaving without staff knowledge)
 - E. Safety devices (e.g., wanderguard, alarms)
 - F. Infection prevention and control
 - 1. Maintaining a clean environment
 - 2. Factors that contribute to spread of disease-causing organisms
 - 3. Signs and symptoms of infections
 - 4. Practices that decrease the risk of exposure to disease-causing organisms
 - G. Emergencies
 - 1. Emergency and disaster response protocols
 - 2. Immediate life-safety techniques
 - 3. Evacuation procedures
 - H. Fire prevention and safety
- III. Promotion of Function and Health of Residents - 20%**
- A. Personal care skills
 - 1. Feeding
 - 2. Bathing
 - 3. Perineal care, including catheter
 - 4. Foot/nail care
 - 5. Mouth care
 - 6. Skin care
 - 7. Toileting
 - 8. Grooming
 - 9. Dressing/undressing
 - B. Health maintenance/restoration
 - 1. Promoting circulation and skin integrity (e.g., specialized mattresses, chair cushions, positioning)
 - 2. Nutrition and hydration
 - 3. Sleep and rest needs
 - 4. Elimination (bowel and bladder)
 - 5. Mobility, including bed mobility
 - 6. Effects of immobility
 - 7. Care and use of assistive devices
 - C. Age-related changes
 - 1. Cognitive (e.g., memory) changes
 - 2. Psychosocial (e.g., relationships) changes
 - 3. Physical changes
 - D. Psychosocial needs of residents
 - 1. Fundamental human needs (e.g., Maslow's Hierarchy of Needs)
 - 2. Emotional support strategies
 - 3. Intervention strategies to assist residents in coping with losses and adjustments to nursing home placement (e.g., control, autonomy, privacy)
- IV. Basic Nursing Care Provided by the Nurse Aide - 24%**
- A. Routine, chronic, non-life threatening situations
 - 1. Observation and reporting of physical changes
 - 2. Observation and reporting of behavioral changes
 - B. Acute emergency situations
 - 1. Chest pain
 - 2. Cardiac arrest
 - 3. Respiratory distress
 - 4. Difficulty swallowing
 - 5. Choking/aspirations
 - 6. Vomiting
 - 7. Seizures
 - 8. Changes in mobility, speech, or other potential signs of stroke
 - 9. Diabetic situations
 - 10. Sudden onset of confusion or agitation
 - 11. Changes in level of consciousness
 - 12. Falls
 - 13. Bleeding
 - 14. Burns

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

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

Clinical Skills

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

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		

This section provides printable copies of various forms and information that may be needed or helpful for completing them. It contains the following:

- Florida Department of Law Enforcement Notice.
- Privacy Statement
- Florida Certified Nursing Assistant Application.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT**NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE****NOTICE OF:**

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
 Federal Bureau of Investigation
 Criminal Justice Information Services Division



PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Florida Certified Nursing Assistant Examination Application

Instructions:

- Please go to **www.prometric.com/NurseAide/FL** to print the current version of this application and all other forms. **DO NOT submit photocopies** as this may impact the ability to process the application.
- Incomplete, blurred or illegible forms **will not** be processed.
- To apply online please go to: **www.prometric.com/NurseAide/FL**.
- All submitted applications **must** include the **Payment Form** at the end of the application.
- Please mail completed original forms to **Prometric, ATTN: FL Nurse Aide Program, 7941 Corporate Drive, Nottingham, MD 21236**.



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

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

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

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

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

Yes **No**

Candidate Information

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

*Have you taken the CNA Written or Clinical Skills test before, in Florida, since 2002?	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, when was the last time you took the test: _____	
*First Name	Middle Initial
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
*Last Name	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

*Date of Birth (Month/Day/Year) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Previous name (if applicable):	
*Street Address (including Apt. number or P.O. Box, if applicable)			
*City	*State <input type="text"/> <input type="text"/>	*ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
* Phone Number (including area code) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
*Email Address (application will not be processed without an email address)			
Race (optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other			
Gender (check one) <input type="checkbox"/> Female <input type="checkbox"/> Male			
Do you have a High School Diploma or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO			

***IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation. All supporting documentation should be sent to the Florida Department of Health. Supporting documentation includes court dispositions or agency orders where applicable. **NOTE: This notice only applies to questions 1-5 below.**

*1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "No" to question 1, skip to question 2.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 1, for the felonies of the first or second degree, has it been more than 15 years before the date of this application?
b. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 1, for the felonies of the third degree, has it been more than 10 years before the date of this application, except for felonies of the third degree under Section 893.13(6)(a), Florida Statutes?
c. Yes No	If "Yes" to 1, for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of this application?
d. Yes No	If "Yes" to 1, have you successfully completed a pretrial diversion or drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed?
e. Yes No	If "Yes" to 1, were you arrested or charged for the felony before July 1, 2009?
*2. Yes No	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss.1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If you responded "No" to question 2, skip to question 3.)

a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation ended for the conviction or plea?
b. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" to 2, were you arrested or charged for the felony before July 1, 2009?
*3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated for cause from the Florida Medicaid Program under Section 409.913, Florida Statutes? (If you responded "No" to question 3, skip to question 4.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the past 5 years?
*4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If you responded "No" to question 4, skip to question 5.)
a. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been in good standing with a state Medicaid program for the past 5 years?
b. <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the termination occur at least 20 years before the date of this application?
*5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

***Disciplinary History (Mandatory)**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied or is there now any proceeding to deny your application for any healthcare certification to practice in Florida or any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had disciplinary action taken against your certification to practice any healthcare-related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever surrendered a certification to practice any healthcare-related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any disciplinary actions pending against your certification?

***Criminal History (Mandatory)**

<input type="checkbox"/> Yes* <input type="checkbox"/> No	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for the purposes of this question. *If you answered YES, please be prepared to create a typed or printed letter with arrest dates, city, state, charges and final dispositions and be prepared to send it to the Board Office upon request. (Do not send this information with your application for examination.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had any records sealed pursuant to section 943.059, F.S., or any other states applicable statute
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER been adjudicated delinquent or have had adjudication of delinquency withheld?

***Health History (Mandatory)**

If you answer "Yes" to any of the questions in this section, all supporting documentation should be sent to the Florida Department of Health.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred in the past five years?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice in nursing within the past five years?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	In the last five years, were you admitted or directed into a program for treatment of a diagnosed substance-related (alcohol/drugs) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice nursing within the past five years?

*Social Security Number

- -

Pursuant to 466(a)(13), 42 U.S.C. §666(a)(13), the department is required and authorized to collect Social Security Numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security Numbers as part of the general licensing provisions. This information is exempt from public records disclosure.

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.013(1), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L.Section 317). Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

*Certification Option/Eligibility

Please check a certification route.

<input checked="" type="checkbox"/>	Certification Training Route
<input type="checkbox"/>	E1 - Completed a State-approved Nursing Assistant Training Program. (Complete Training Info section below).
<input type="checkbox"/>	E2 - Enrolled in a State-approved Nursing Assistant Training Program. (Complete Training Info section below).
<input type="checkbox"/>	E3 - Challenger. You have never trained as a nursing assistant and have no nursing assistant experience.
<input type="checkbox"/>	E4 - Other Nursing Training.
<input type="checkbox"/>	E5 - Lapsed Nursing Assistant.

Training Information

This section must be completed if the applicant has selected Training Route E1 or E2.

*Training Completion Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		*Training Program Code (if available – see completion certificate)	
*Name of School or Facility			
*Address of School or Facility (Street Address or P.O. Box)			
City	State	<input type="text"/> <input type="text"/>	ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Test Site Information

Please check one of the following options.

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

Exam Selection and Processing/Exam Fees

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

<input checked="" type="checkbox"/>	Exam (Check all that apply)	Fee	Total
<input type="checkbox"/>	Clinical Skills and Written (both in English)	\$155	\$
<input type="checkbox"/>	Clinical Skills and Written Oral(both in English)	\$155	\$
<input type="checkbox"/>	Written (English)	\$35	\$
<input type="checkbox"/>	Written Oral (English)	\$35	\$
<input type="checkbox"/>	Clinical Skills (English)	\$120	\$
<input type="checkbox"/>	Clinical Skills (English) and Written (Spanish)	\$155	\$
<input type="checkbox"/>	Clinical Skills (English) and Written Oral (Spanish)	\$155	\$
<input type="checkbox"/>	Written (Spanish)	\$35	\$
<input type="checkbox"/>	Written Oral(Spanish)	\$35	\$
	Total Fee		\$

An additional rescheduling/no show fee of \$25 is required to reschedule an exam appointment with less than five business days notice, no-shows, late arrivals, or not allowed to test. Reschedule fees may apply to roster changes made by IFT testing locations.

***Applicant’s Affidavit and Candidate Release Statement**

***Electronic Fingerprints**

Please review the Florida Department of Law Enforcement statement and the Federal Bureau of Investigation document located in the ‘Forms’ section of the Candidate Bulletin.

I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the “Privacy Statement” document from the Federal Bureau of Investigation. (Located in the Candidate Bulletin available online).

Yes No

***Candidate Attestation**

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

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

Date: _____

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

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

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

Payment Form

*Candidate Name: _____

*Date of Birth: _____



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

Credit Card Type (Check One)

MasterCard Visa American Express

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

Certified Check or Money Order Payments

Certified Check 3rd Party/Facility Check Money Order

Certified Check/Money Order/3 rd Party/Facility Check Number (one number or letter in each box):
<div style="display: flex; justify-content: space-around;"> □□□□□□□□□□□□□□□□□□□□ </div>

Please mail completed forms to:

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