



# Minnesota Nurse Aide Candidate Handbook

*UPATED: March 26, 2025*

Version 7

**UPDATES MARCH 26, 2025**

The following updates have been made:

In the Denture Care Task, the word 'tepid water' has been replaced with 'cool water'.

## Contact Information

|  |   |  |
|--|---|--|
| <p><b>Questions regarding:</b> testing process • test scheduling • eligibility to test ..... <b>(800) 393-8664</b></p> <p><b>Questions regarding:</b> obtaining information on official regulations and guidelines for nurse aides • updating your name or address on the Registry • updating your employment information • obtaining information regarding test sites and approved training programs..... <b>(651) 215-8705</b><br/><b>(800) 397-6124</b><br/><i>(Minnesota only)</i></p> |   |  |
| <p><b>D&amp;S Diversified Technologies (D&amp;SDT), Headmaster, LLP</b><br/>PO Box 6609<br/>Helena, MT 59604<br/>Email: <a href="mailto:minnesota@hdmaster.com">minnesota@hdmaster.com</a><br/>Web Site: <a href="http://www.hdmaster.com">www.hdmaster.com</a><br/>Minnesota MN State TMU© Webpage: <a href="https://mn.tmutest.com">https://mn.tmutest.com</a><br/>Minnesota IN-FACILITY TMU© Webpage: <a href="https://mr.tmutest.com">https://mr.tmutest.com</a></p>                   | <p><i>Monday through Friday<br/>7:00AM – 7:00PM<br/>Central Time (CT)</i></p> | <p>Phone #: (800) 393-8664<br/>Fax #: (406) 442-3357</p>                               |
| <p><b>Minnesota Department of Health (MDH) Nurse Aide Registry</b><br/>PO Box 64501<br/>St. Paul, MN 55164-0501<br/>Nurse Aide Registry:<br/><a href="mailto:health.FPC-NAR@state.mn.us">health.FPC-NAR@state.mn.us</a><br/>Nurse Aide Registry Website:<br/><a href="https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html">https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html</a></p>   | <p><i>Monday through Friday<br/>8:00AM – 5:00PM<br/>Central Time (CT)</i></p> | <p>Phone #: (651) 215-8705<br/>Phone #: (800) 397-6124<br/><i>(Minnesota only)</i></p> |

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## Introduction

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

As defined in the OBRA regulations, a Nurse Aide Competency Evaluation program provides specific standards for nurse aide-related knowledge and skills. The purpose of the program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the process of taking the nurse aide competency examination and is designed to help prepare candidates for testing. The examination has two parts: a multiple-choice knowledge test and a skill test. Candidates must pass both parts to be identified and listed on the Minnesota Nurse Aide Registry.

The Minnesota Department of Health (MDH) approved D&S Diversified Technologies, LLP (D&SDT)-Headmaster, LLP to provide tests and scoring services for nurse aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster at (800)393-8664, go to D&SDT-Headmaster's Minnesota webpage, or go to [www.hdmaster.com](http://www.hdmaster.com) and click 'Minnesota CNA'. The information in this handbook will help you prepare for your examination.

## Minnesota Nurse Aide Registry Requirements

The Minnesota Nurse Aide Registry registers qualified nurse aides to work in long-term care facilities, maintains information about nurse aides who have substantiated findings of abuse, neglect, and misappropriation of property, and approves and monitors nurse aide training and competency evaluation programs throughout Minnesota.

The Nurse Aide Registry lists nurse aides who have met Minnesota training and/or testing standards to work in nursing homes and certified boarding care homes. This is an online registry. Nurse aides, employers, and others can check the registry by using MDH's online system and the nurse aide's certificate number.

The registry does not maintain records of background checks. If you have questions about a background check, contact the Department of Human Services, Background Studies and Investigation Section, at (651)431-6620.

To stay on the registry as a nurse aide:

- You must work at least 8 hours as a paid nursing assistant every 24 months. (A 24-month lapse of employment will result in an expired registry status.)
- You must provide a copy of a recent pay stub from your employer.
- If you are not working in a nursing home or an assisted living facility, you must provide a job description to show that you are providing assistance with the activities of daily living.

There is no requirement to submit in-service documentation related to the Nursing Assistant Registry. Nursing and boarding care homes must follow state and federal regulations for in-service.

Additional information can be obtained at:

**Nurse Aide Registry:**

(651)215-8705 or toll-free at (800)397-6124 (Minnesota only)

[health.FPC-NAR@state.mn.us](mailto:health.FPC-NAR@state.mn.us)

Nurse Aide Registry Website: <https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html>

## Americans with Disabilities Act (ADA)

### ADA Compliance

The Minnesota Department of Health (MDH) and D&SDT-Headmaster approve accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. The testing facilities will provide the candidates with the D&SDT-Headmaster/MDH-approved reasonable accommodations. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-Headmaster must approve accommodations in advance of the examination. The Request for Accommodations Form 1404MN-ADA can be found on D&SDT-Headmaster's [Minnesota webpage](#). This form must be submitted to D&SDT-Headmaster with the documentation listed on the second page of the ADA application to be reviewed for a special accommodation. **Please allow additional time for your request to be approved.** When the review is completed, you will receive an email with your approved accommodations. If you have any questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

### MN STATE

When an ADA request is approved, the candidate's TMU© account is updated with the approved accommodations, and D&SDT-Headmaster emails the candidate with the candidate's approved accommodations.

The approved accommodations email informs the candidate of the specifics of their approved accommodations and asks them to **please inform their test site before they schedule a test that they have an approved accommodation. Allow the test site 10-14 business days to coordinate this accommodation.**

- It is the candidate's responsibility to notify the test site of their approved accommodations before scheduling their test date so that the test site can coordinate the accommodation.
- The RN Test Observer/Knowledge Test Proctor will see special notes on the check-in sheet (list of candidates testing in the event) regarding the approved accommodations that need to be allowed for the candidate during testing.

## The Minnesota Nurse Aide Competency Exam

### Testing Fees Payment Information

### MN STATE

For testing fee payment information, please contact the test site where you want to schedule your test.

## IN-FACILITY

Testing fees must be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. You can then self-pay your testing fees in your TMU© account. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

## Alternate Testing Languages for the Knowledge/Audio Exam

**EFFECTIVE: 1-27-2025:** In addition to English, the Knowledge Exam *only* is offered in the following alternate languages:

- Spanish
- Somali
- Hmong

For more information, please see the instructions on toggling between English and one of the alternate languages in this handbook's '**Knowledge/Audio Exam Alternate Language Versions**' section.

## Criteria to Waive the Nurse Aide Training Requirement

You are eligible to apply to take the Minnesota Nurse Aide competency exam for certification as a Nurse Aide in Minnesota if you qualify under one of the following routes:

- ❖ You have completed a state-approved nurse aide training program within the past 24 months. You will be required to take both the Knowledge and Skills exams.
- ❖ Prove you have previously completed a state-approved nurse aide training program, have taken and passed the Nurse Aide Competency Exam (both the Knowledge and Skills exams), and are on the Minnesota Nurse Aide Registry with an expired registry status. You will be required to take both the Knowledge and Skills exams.
- ❖ You are a candidate who does not meet either of the eligibility routes listed above. This is called a test-out candidate or challenge candidate. You will be required to take both the Knowledge and Skills exams. Examples are:
  - If you trained in another country.
  - If you have not taken a nurse aide training program.
  - If you have not worked as a nurse aide in the last 24 months.
  - If you are from another state, follow the interstate endorsement process as identified on the MN Nurse Aide Registry webpage: [How to Get on the Nursing Assistant Registry – MN Dept. of Health \(state.mn.us\)](https://mn.tmutest.com)

**TEST OUT/CHALLENGE CANDIDATES:** Test out/challenge candidates **MUST** contact a test site of choice to schedule a knowledge and skills test. The test site of the candidate's choice will create an account in TMU© (the testing software platform used for Minnesota Nurse Aide). You will receive an email with your USERNAME and temporary PASSWORD to sign in to your TMU© account at: for MN State- <https://mn.tmutest.com> / for In-Facility- <https://mr.tmutest.com>. You **MUST** complete your testing account 48 hours BEFORE your test date. Please see the instructions under '**Complete your TMU© Account**'. If you have any questions, contact D&SDT-Headmaster at (800)393-8664.

## Complete your TMU© Account

Your initial registration information will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software.

**IMPORTANT:** At least 48 hours BEFORE you can test, you must sign in to your TMU© account using your secure Email or Username and Password and complete/review the missing demographic information prior to testing. Failure to do so may result in you being turned away from testing.

- When you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, sign in to your account, update your password, and complete/review your demographic information.
- If you attempt to complete your TMU© account and get an error message, you will need to submit the DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM (including uploading an image of your social security card and a US-issued form of identification or driver’s license), in TMU© by clicking on **APPLICATIONS** on the main Minnesota or Minnesota In-Facility web pages (before you sign in to your TMU© account), then click on **APPLY** next to the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM**.

**DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM**

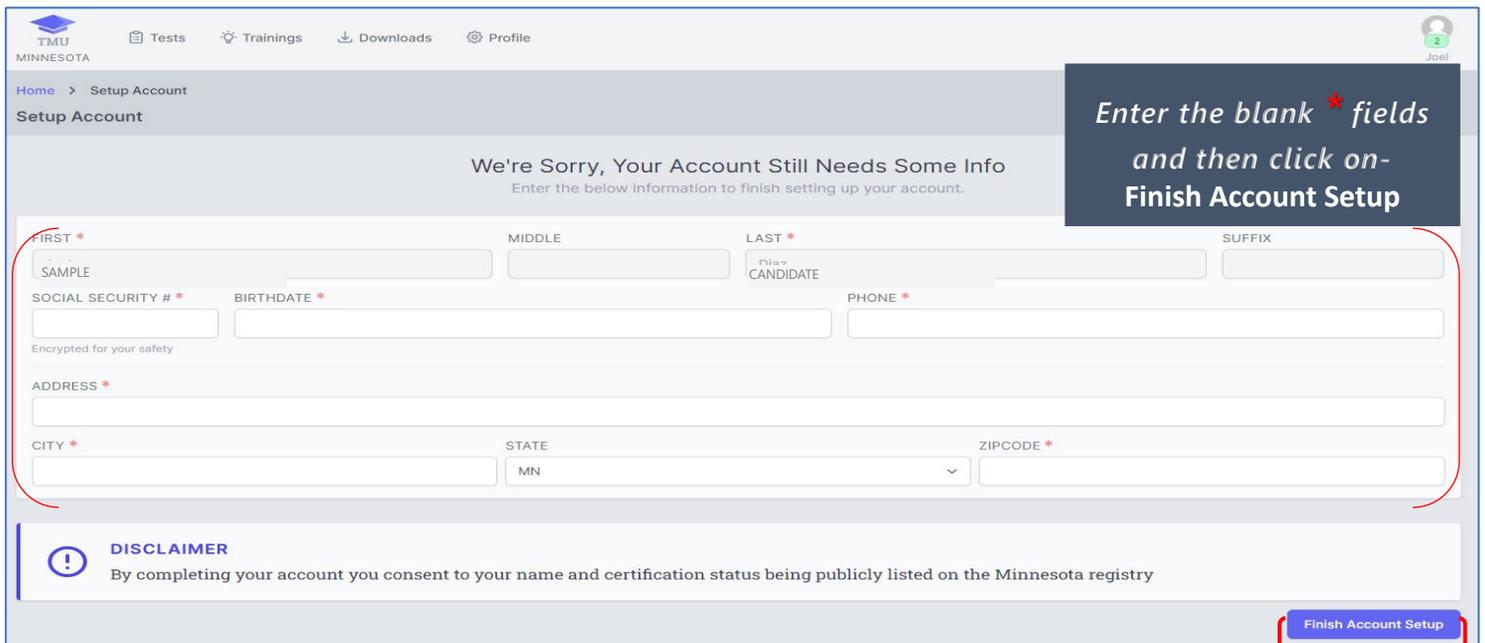
This form is to update, change or correct the spelling of your name or update/correct your social security number in your TMU© account. Waiver Student

[Apply](#)

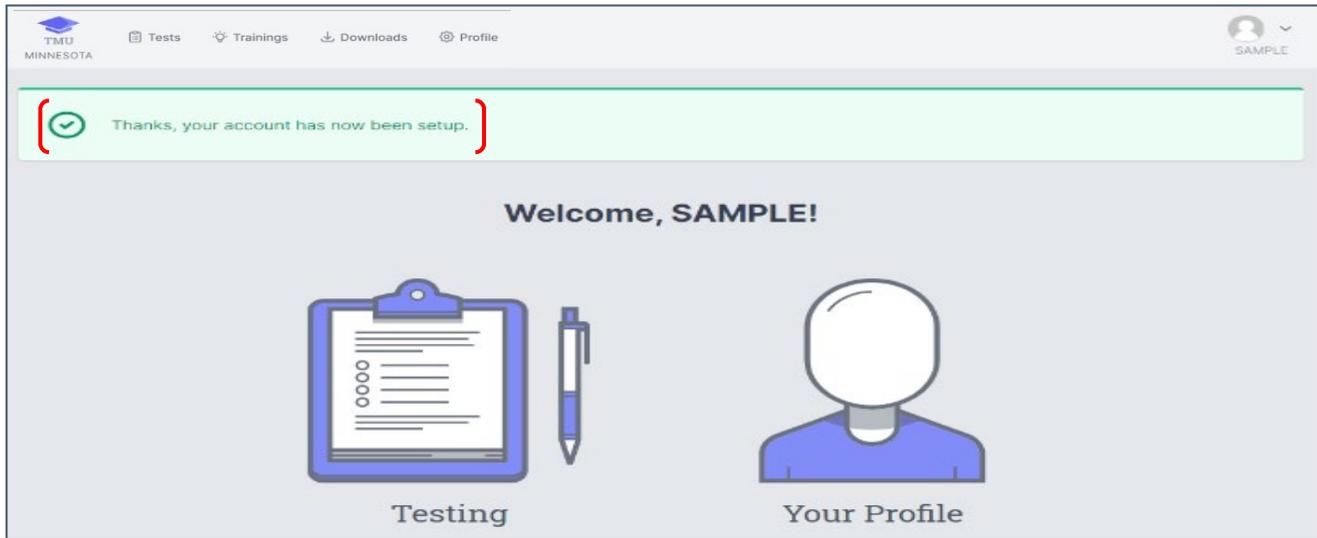
If you do not know your Email or Username and Password, enter your email address and click “Forgot Your Password?” You will be asked to re-enter your email, and a ‘reset password link’ will be sent to your email (see instructions under **‘Forgot your Password and Recover your Account’**). If you cannot sign in, contact D&SDT-Headmaster at (800)393-8664.

**Note:** If you do not have a Social Security Number, please contact D&SDT-Headmaster at (800)393-8664 **at least 48 hours before** your test for further direction.

*This is the screen you will see the first time you sign in to your TMU© account **with the demographic information you need to enter to complete your account** (the screen will look the same in the In-Facility TMU©):*



The screenshot shows the 'Setup Account' page in the TMU© system. The page title is 'Setup Account' and the breadcrumb is 'Home > Setup Account'. The main heading is 'We're Sorry, Your Account Still Needs Some Info' with the subtext 'Enter the below information to finish setting up your account.' A dark blue callout box on the right says 'Enter the blank \* fields and then click on Finish Account Setup'. The form contains the following fields: FIRST \* (with 'SAMPLE' as a placeholder), MIDDLE, LAST \* (with 'New CANDIDATE' as a placeholder), SUFFIX, SOCIAL SECURITY # \* (with 'Encrypted for your safety' below it), BIRTHDATE \*, PHONE \*, ADDRESS \*, CITY \*, STATE (with 'MN' selected), and ZIPCODE \*. A 'Finish Account Setup' button is at the bottom right. A disclaimer at the bottom states: 'By completing your account you consent to your name and certification status being publicly listed on the Minnesota registry'.



## Schedule an Exam

### MN STATE

You need to contact your test site to schedule an exam date. Once you have been scheduled into an exam in the D&SDT-Headmaster TestMaster Universe© (TMU©) software by a test site, you will receive an email notification (and text if you listed a text-capable phone number in your TMU© account) confirming your exam date and time. You can always see your test date and time online at the Minnesota TMU© webpage, <https://mn.tmutest.com>, using your Email or Username and Password (instructions with screenshots below). If you cannot sign in with your email, please call D&SDT-Headmaster at (800)393-8664.

You will receive your test confirmation notification via email, text, or sign-in to your TMU© account. You may log in with any Internet-connected device.

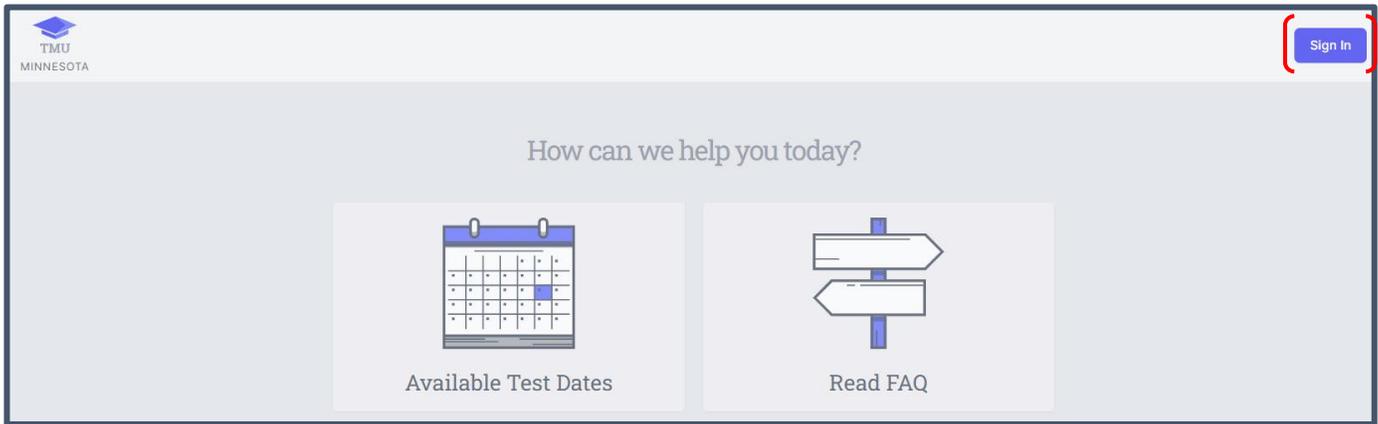
### IN-FACILITY

Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Minnesota In-Facility TMU© webpage, <https://mr.tmutest.com>, using your email and password (see instructions under 'Schedule/Reschedule a Test Event'). If you cannot sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays. Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. In some cases, testing fees may be paid by a training program or sponsoring facility.

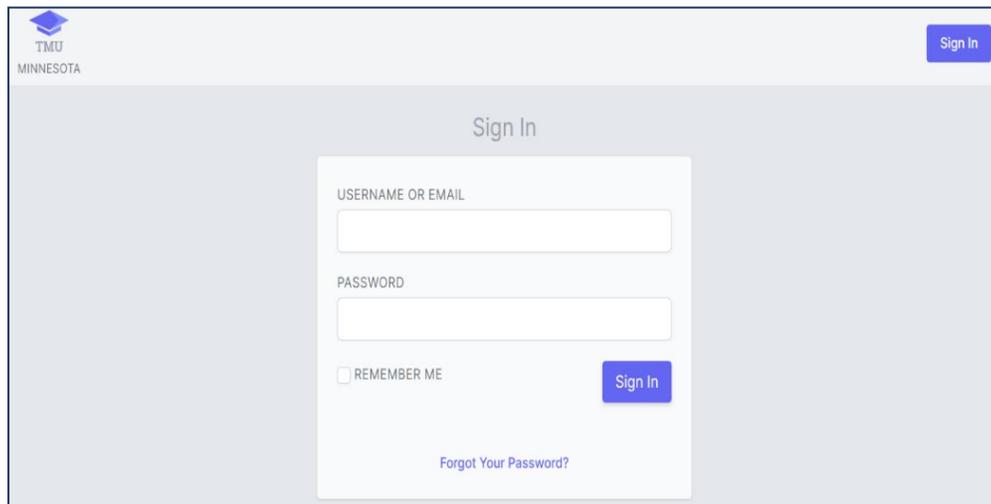
After testing fees are paid, you can schedule and/or reschedule your test event up to the business day before a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may log in with any Internet-connected device. Sign in to the Minnesota In-Facility TMU©, <https://mr.tmutest.com>, with your email and password to schedule or reschedule your test date. If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 7:00AM to 7:00PM CT, Monday through Friday, excluding holidays, for assistance.

# Minnesota Nurse Aide Candidate Handbook

This is the Minnesota TMU© main page (<https://mn.tmutest.com>):



This is the Minnesota In-Facility TMU© main page (<https://mr.tmutest.com>):



## FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT

If you do not remember your password, follow these instructions (see screenshots below) to reset your password and recover your account.

TMU MINNESOTA

Sign In

Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

Sign In

(Forgot Your Password?)

Click on-  
Forgot Your Password?

TMU MINNESOTA

Sign In

Recover Your Account

Using your Email Address

E-MAIL ADDRESS \*

Recover Account

OR

Using other Information

LAST 4 OF SSN \*

DATE OF BIRTH \*

LAST NAME \*

ZIP CODE \*

Recover Account

Type in your Email Address

Click on – Recover Account

An email with the reset link will be emailed to you.

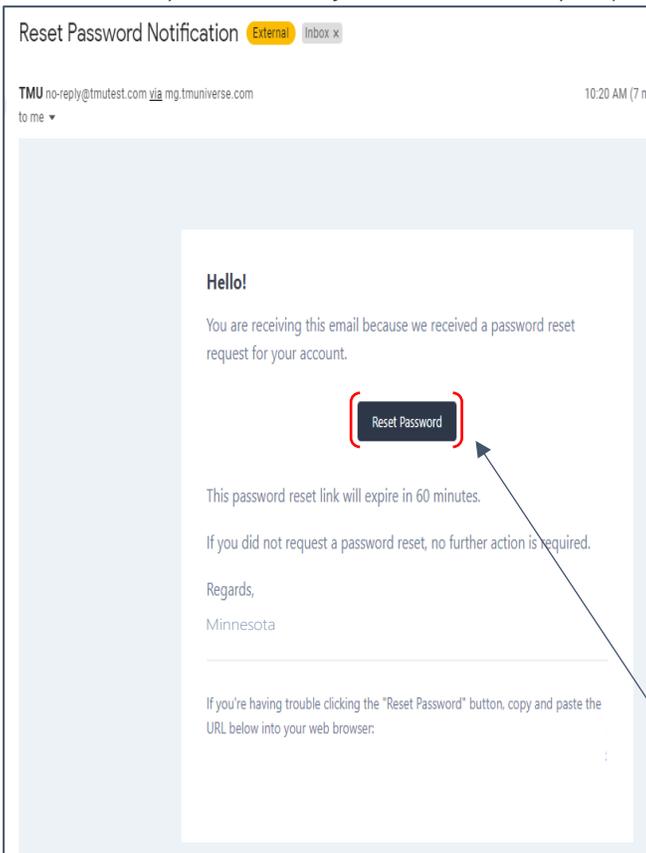
Click on the reset link in your email to reset your password.

-OR-

If you have already been in your account and updated your demographic information, you can type in the requested data under **Using other Information**

## Minnesota Nurse Aide Candidate Handbook

*This is the email you will receive from TMU@ to reset your password (check your junk/spam mail):*



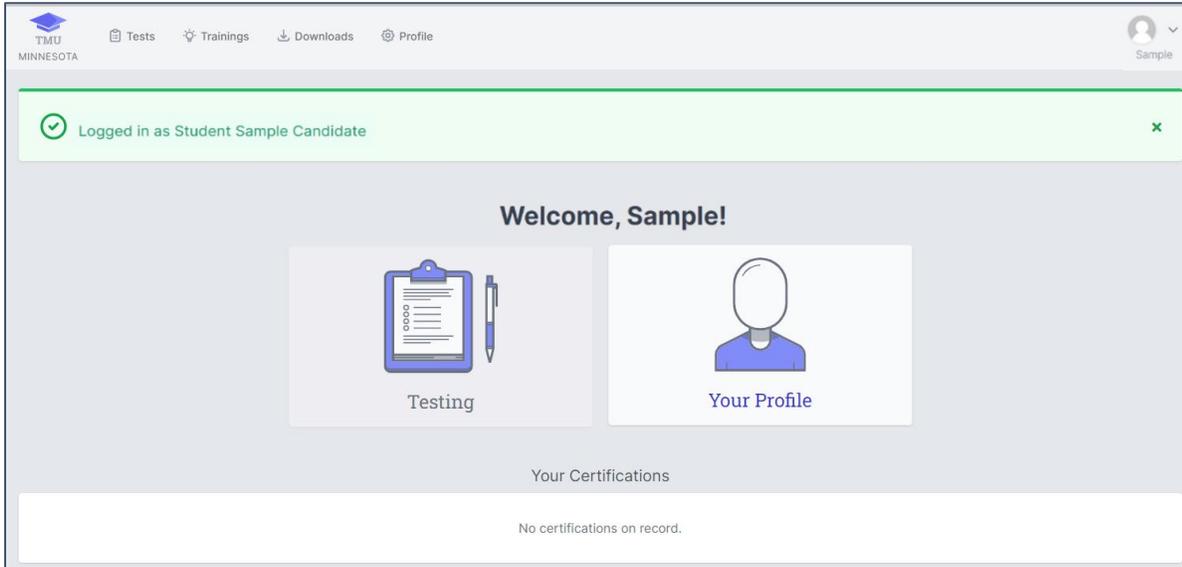
*In the email, click on-  
Reset Password*

*Type in your  
Password and  
Confirm Password,  
then click on –  
Reset Password*

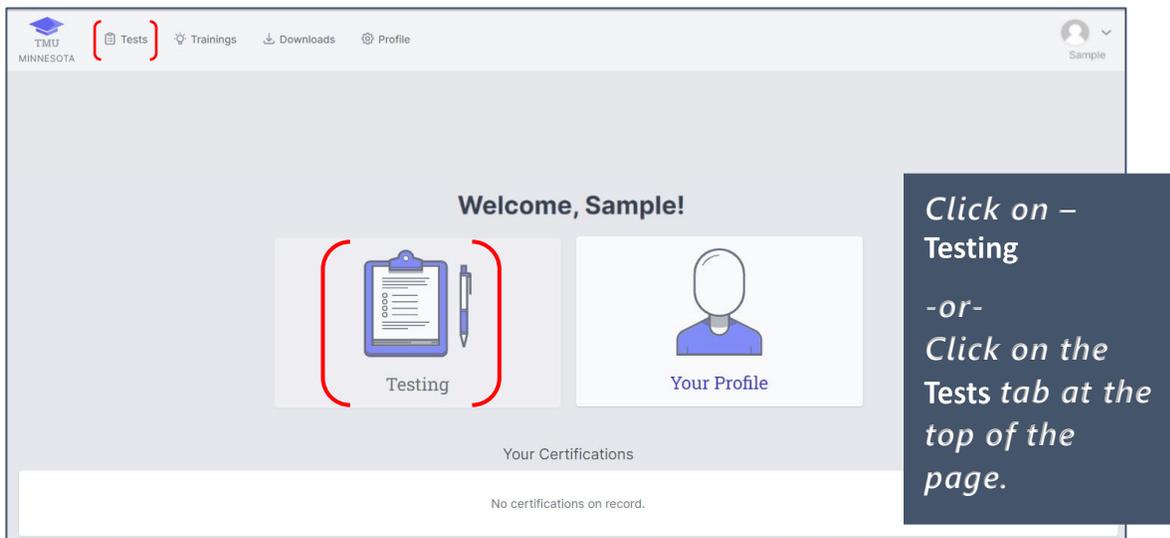
## Minnesota Nurse Aide Candidate Handbook

**Note:** If you do not reset your password right away, the link expires in 60 minutes, and you will need to request a new link after that time.

This is the home screen you will see once you have signed in (the screen for the Minnesota In-Facility will look the same):



### SCHEDULE/RESCHEDULE A TEST EVENT



Minnesota Nurse Aide Candidate Handbook

TMU MINNESOTA

Home > Tests

**Your Tests**

Scheduling

| EXAM                                    | REASON |
|---|--------|
| Certified Nurse Aide Knowledge Eligible |        |
| Certified Nurse Aide Skill Eligible     |        |

Testing History

No test history on record.

1 SAMPLE

TMU MINNESOTA

Home > Tests

**Your Tests**

| TEST DATE                  | TEST SITE                               | SCHEDULING FOR                                   |
|----------------------------|---|--|
| 07/15/2021<br>12:00 PM CDT | Practice Test Site (TS)<br>St. Paul, MN | K Certified Nurse Aide<br>S Certified Nurse Aide |
| 07/15/2021<br>12:00 PM CDT | Practice Test Site (TS)<br>St. Paul, MN | K Certified Nurse Aide<br>S Certified Nurse Aide |

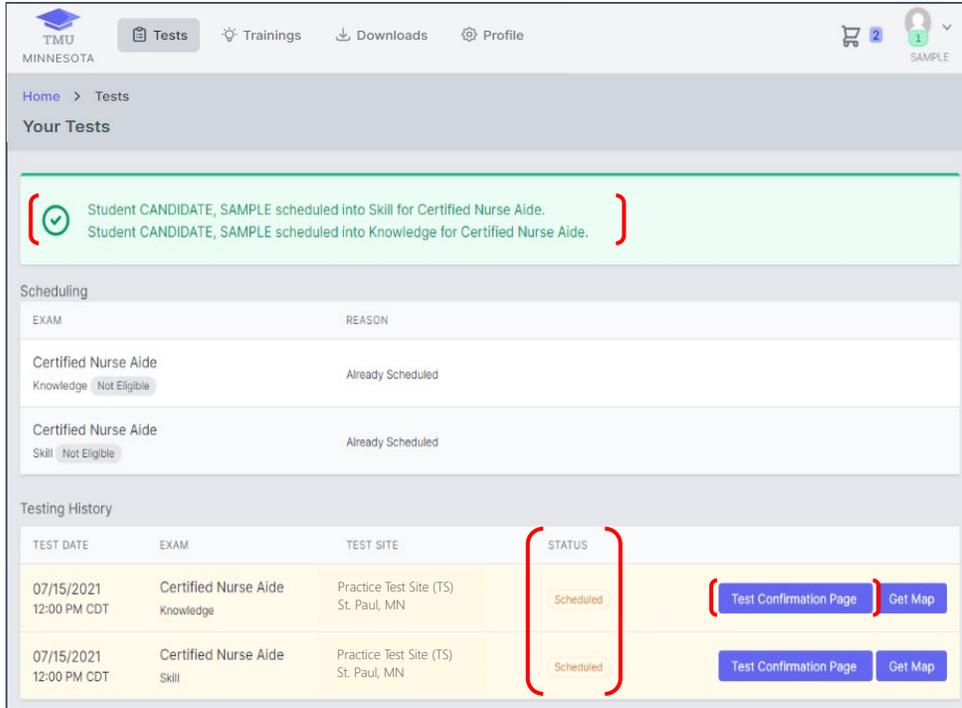
2 SAMPLE

mn.tmutest.com says

Schedule into this Event on 07/15/2021 for Certified Nurse Aide Knowledge, Certified Nurse Aide Skill. Are you sure?

**OK** Cancel

*To confirm this is the site and date you want to schedule into, click on - OK*



The screenshot shows the 'Tests' section of the TMU Minnesota portal. At the top, there is a navigation bar with 'Tests', 'Trainings', 'Downloads', and 'Profile'. Below this, a green confirmation message states: 'Student CANDIDATE, SAMPLE scheduled into Skill for Certified Nurse Aide. Student CANDIDATE, SAMPLE scheduled into Knowledge for Certified Nurse Aide.' Below the message is a 'Scheduling' table with two rows, both showing 'Already Scheduled' for 'Certified Nurse Aide Knowledge' and 'Certified Nurse Aide Skill'. At the bottom is a 'Testing History' table with two rows, both showing 'Scheduled' status for 'Certified Nurse Aide Knowledge' and 'Certified Nurse Aide Skill' on 07/15/2021 at the 'Practice Test Site (TS) St. Paul, MN'. Red brackets highlight the 'Scheduled' status in the testing history table and the 'Test Confirmation Page' button next to it.

| TEST DATE                  | EXAM                              | TEST SITE                               | STATUS    |
|----------------------------|-----------------------------------|---|-----------|
| 07/15/2021<br>12:00 PM CDT | Certified Nurse Aide<br>Knowledge | Practice Test Site (TS)<br>St. Paul, MN | Scheduled |
| 07/15/2021<br>12:00 PM CDT | Certified Nurse Aide<br>Skill     | Practice Test Site (TS)<br>St. Paul, MN | Scheduled |

*This screen confirms you are scheduled into a test date to take your exams. Your status shows Scheduled and a note at the top of your screen also shows you are scheduled. Click on- Test Confirmation Page to see your test confirmation with important reminders for testing.*

**NOTE:** There are two scheduling testing servers, MN STATE and IN-FACILITY. If you have testing history in one server (either the MN STATE or the IN-FACILITY), **you cannot re-test in the other server** (for example; if you tested your first attempt in the MN STATE server, you cannot retake your 2<sup>nd</sup> or subsequent tests in the IN-FACILITY server and vice versa.)

### TEST CONFIRMATION LETTER

Your test confirmation letter will provide important information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time after you have been scheduled.

The body of the test confirmation letter will refer you to review the Minnesota candidate handbook, which will give instructions on when to arrive, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in a No Show status for your test event if you do not adhere to the testing policies, etc. Please see an example on the next page.

***It is important you read this letter!***

Test Confirmation Letter

Scheduled Test Confirmation - MN In-facility Certified Nurse Aide

[Get Map](#) [Print Page](#)

**Test Date:** 02/02/2024  
**Test Time:** 10:30 AM CST  
**Test Exam:** Skill - Certified Nurse Aide  
**Test Site:** Perham Living

SAMPLE CANDIDATE  
123 Sunflower Lane  
St. Paul, MN 11111

**Click on-  
Print Page  
to print your  
confirmation  
letter.**

**Click on-  
Get Map  
to get Google  
Maps  
directions to the  
test site.**

- **TESTING BEGINS AT 10:30 AM CST ARRIVE 20 MINUTES EARLY TO CHECK-IN**
- If you are unable to access your account, go to <https://mr.tmutest.com>, click Forgot Password and enter your Email. If you need further assistance, please call D&SDT-Headmaster at 888-401-0462.

Refer to the [Nurse Aide Competency Exam](#) section of the [MN Headmaster Candidate Handbook](#) regarding requirements for testing and what to expect on your test day. Failure to do so may result in you being turned away from testing and forfeiting your testing fees. Review this specific information prior to your testing date.

[Click to open the Candidate Handbook](#)

Driving Directions

Test sites are posted on the Minnesota NA webpage site:

<https://www.health.state.mn.us/facilities/regulation/directory/natraining sites.html>

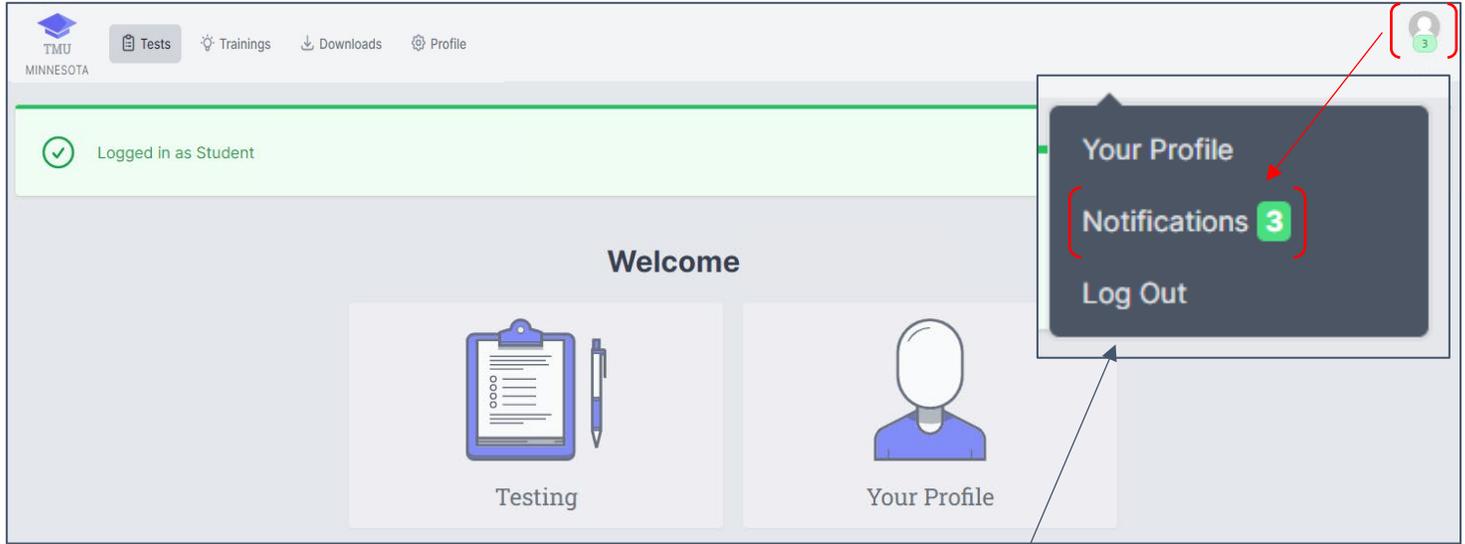
If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664, Monday through Friday, 7:00AM to 7:00PM Central Time.

**For MN State- Candidates will receive their test confirmation when *a Test Site schedules them.***

**For In-Facility- Candidates will receive their test confirmation when *they schedule themselves.***

## Check/View your TMU© Notifications

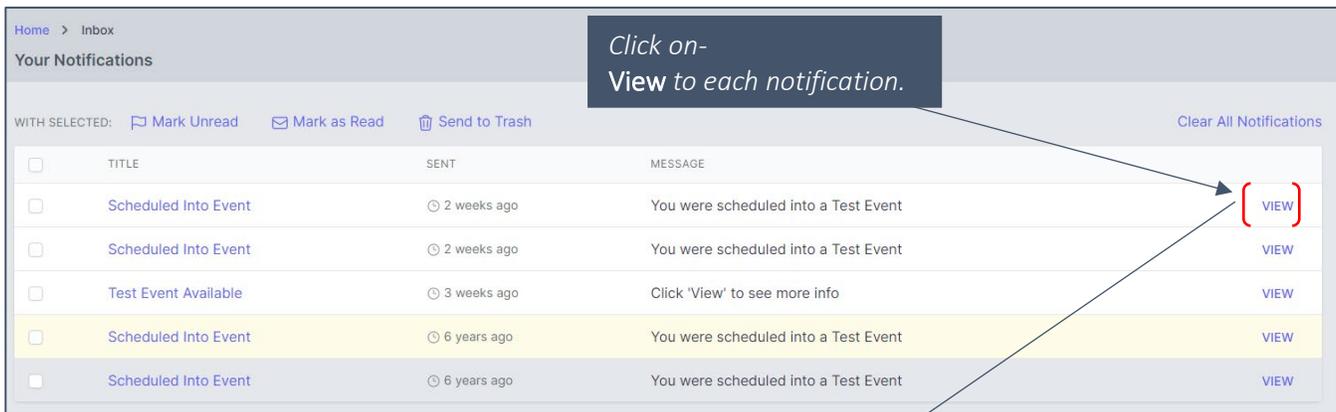
Remember to check your ‘notifications’ in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



*When you have ‘notifications’ they will show up when you click on your profile pic. The number represents the number of notifications you have to view.*

*Click on- **Your Profile Pic** to open your profile and notifications.*

*Click on- **Notifications** to view all of your notifications.*



*Notification Example:*



## Time Frame for Testing from Training Program Completion

You must schedule a test date **within 24 months of your date of training program completion**. After 24 months, you must complete another MDH-approved training program to be eligible to schedule testing or choose to schedule as a test-out or challenge candidate.

## Exam Check-In

You need to arrive at your confirmed test site 20 to 30 minutes before your exam is scheduled to start. (For example, if your test start time is 8:00AM, you must be at the test site for check-in no later than 7:30 to 7:40AM.) If you arrive late, you will not be allowed to test.

- If you are scheduled into a remotely proctored knowledge exam, please see procedures/policies under ‘**Remotely Proctored Knowledge Exam Option**’ in the Knowledge/Audio Exam section.

## Testing Attire

The following testing attire requirements will be followed at testing sites:

- You must be in full clinical attire (scrubs – shirt/pants or long skirt).
  - *Scrubs and shoes can be any color/design.*
- No open-toed shoes are allowed.
- Long hair must be pulled back.

**Note:** You will not be admitted for testing if you are not wearing scrubs attire and appropriate shoes. This is considered a NO SHOW, and you typically will have to pay for another test and date.

## Identification

You must bring a **UNITED STATES (US) GOVERNMENT-ISSUED, \*SIGNED, UNEXPIRED, PHOTO-BEARING ID**. (*\*See exception below.*) Only original IDs are accepted. No photocopies, faxes, or images are allowed. Examples of the forms of US government-issued photo IDs that are acceptable are:

Only original IDs are accepted. Photocopies, faxes, images, or mobile or electronic/digital versions (for example; Apple or Google Wallet) of IDs **are not allowed**. Examples of the forms of US government-issued, acceptable photo IDs are:

- State or other United States Government Issued Driver’s License
- State Identification Card (*that meets all identification criteria*)
- Signed US Passport (Foreign Passports and Passport Cards ***are not acceptable***)
  - *Exception: A signed foreign passport with a US VISA is acceptable (the VISA does not have a signature).*
- Permanent Resident Card (Green Card or Alien Registration Card)/Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
  - \* *now accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to present day. If issued before January 1, 2023, may contain a fingerprint in place of a signature*
- Tribal Identification Card (*a signed photo ID with an expiration date (not expired) issued by a federally recognized Tribal Nation/Indian Tribe*)
- US Military Identification Card
  - \* *accepted without a signature or fingerprint, but will have a bar code or may contain a fingerprint in place of a signature*

→ **Identification Criteria** = US Government-issued, \*signed, unexpired, photo-bearing form of identification

**\*EXCEPTION TO THE ID REQUIREMENT:** If you do not have a current, official US government-issued identification form, then **you must bring two (2) forms of CURRENT (not expired), OFFICIAL, SIGNATURE BEARING identification with matching names on both IDs.** One of the two forms must be PHOTO-BEARING (photocopies will not be accepted). Examples of proper identification, with matching names, include CURRENT (non-expired):

- School ID Card with Photograph
- Signed Credit/Debit (Bank) Card
- Signed Voter Registration Card
- Signed Social Security Card

The **FIRST** and **LAST** names listed on your ID presented to the RN Test Observer during check-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Minnesota Nurse Aide TMU© database by your training program. If using two forms of ID, both forms of ID must have matching names. You may call D&SDT-Headmaster at (800)393-8664 to confirm that your name of record matches your non-foreign government-issued ID or log in to your TMU© account at MN State- <https://mn.tmutest.com> or for In-Facility- <https://mr.tmutest.com> using your Email or Username and Password to check on or change your demographic information.

**Please note:**

- **You will not be admitted for testing if you do not bring proper/valid identification.**
  - Be sure your identification is not expired.
  - Check to ensure that the FIRST and LAST printed names on your identification card match the current name on record in your TMU© account.
- A driver’s license or state-issued ID card with a hole punched in it is **NOT VALID** and will not be accepted as an acceptable form of ID.
- In cases where names do not match, your ID(s) are not proper/valid, or it has a hole punched in it, this is considered a NO SHOW, and you will have to reschedule and pay for another test and date.

You will be required to re-present your ID when you enter the knowledge test room and the skills lab for your skills exam. Please keep your ID with you throughout the exam day.

**DEMOGRAPHIC UPDATES / CHANGES / CORRECTIONS**

If you have had a name change through marriage, divorce, or other legal name change and need your name updated in your TMU© account, you need to fill out and upload the required documentation (official name change documentation such as a marriage certification, divorce decree, or other legal State document that shows the name change, **along with** your ID or driver’s license with your updated name on it) and submit the DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM in TMU© by clicking on APPLICATIONS on the main Minnesota or Minnesota In-Facility web pages (before you sign in to your TMU© account), then click on **APPLY** next to the **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM.**

|   |   |
|---|---|
| <b>DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM</b>   |   |
| This form is to update, change or correct the spelling of your name or update/correct your social security number in your TMU© account. | <a href="#" style="color: #4a7ebb; text-decoration: none;">Waiver Student</a> <div style="float: right; margin-top: 5px;"> <input style="background-color: #4a7ebb; color: white; padding: 2px 10px; border: none; border-radius: 3px; cursor: pointer;" type="button" value="Apply"/> </div> |

## Instructions for the Knowledge, Remotely Proctored Knowledge and Skill Exams

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored knowledge exam, the instructions can be found in your TMU© account under the Downloads tab (*\*see paragraph below*).

These instructions detail the process and what you can expect during your exam. Please read the instructions **before** taking the knowledge exam room or skills lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask questions about the instructions you read when entering the testing rooms.

- The **Knowledge, Remotely Proctored Knowledge, and Skill Exam Instructions** are also available under the 'DOWNLOADS' tab in your TMU© account. \*Refer to the **'Access the Candidate Handbook and Testing Instructions'** section of this handbook for instructions.

## Testing Policies

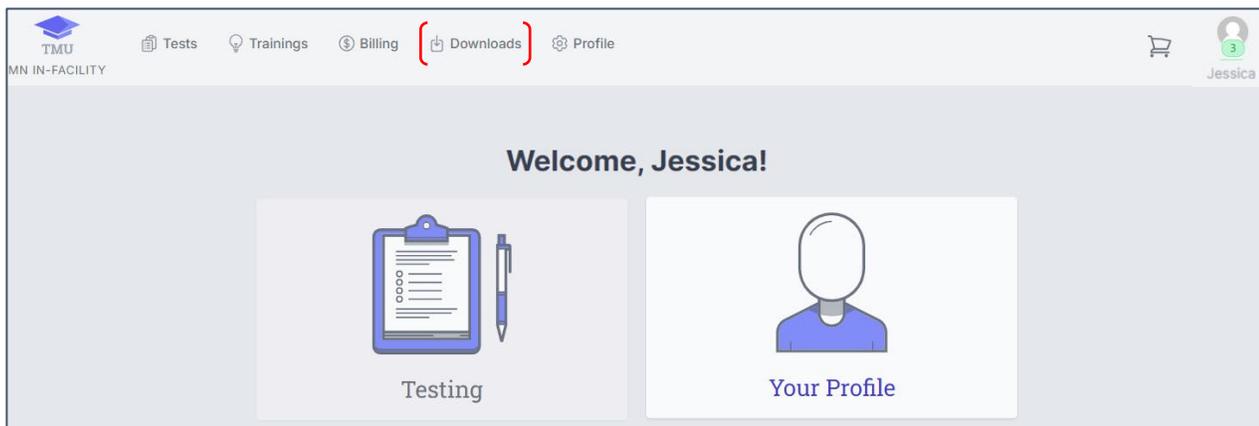
The following policies are observed at each test site:

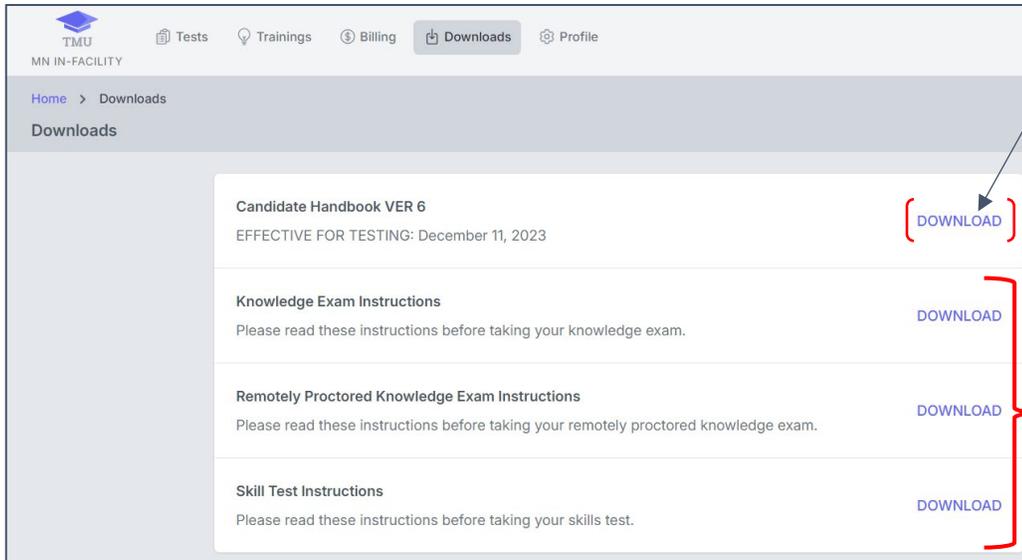
- Make sure you have signed in to your TMU© account at (for MN State- <https://mn.tmutest.com>, for In-Facility- <https://mr.tmutest.com>) well before your test date to update your password and complete/review your demographic information. Refer to this handbook's **'Complete Your TMU© Account'** section for instructions and information.
  - **If you have not signed in and completed/updated your TMU© account when you arrive for your test, you may not be admitted to the exam.**
- Plan to be at the test site for up to five (5) hours in the worst-case scenario.
- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam. Any exam fees paid *will NOT be refunded*.
  - If you are scheduled for a remotely proctored knowledge exam, please see the procedures/policies under **'Remotely Proctored Knowledge Exam Option'** in the Knowledge/Audio Exam section.
- If you do not bring a valid and appropriate US government-issued, non-expired, signed photo ID (a school ID is not an acceptable form of ID), you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- The **FIRST** and **LAST** names listed on your ID(s) presented to the RN Test Observer during check-in at your test event **DO NOT MATCH** the FIRST and LAST names that were entered in the Minnesota Nurse Aide TMU© database, you will not be admitted to the exam and any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical attire and appropriate shoes with long hair pulled back and conform to all testing policies, you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- If you are a NO-SHOW for your exam day, any test fees paid will NOT be refunded. You will typically have to re-pay your testing fees.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your personal items and electronic devices, and you will collect these items when you complete your test(s).

## Minnesota Nurse Aide Candidate Handbook

- All electronic devices must be **turned off**, including smartwatches, fitness monitors, and Bluetooth-connected devices, which must be removed from your wrist or body.
- If you are scheduled for a remotely proctored knowledge exam, please see the procedures/policies under **‘Remotely Proctored Knowledge Exam Option’** in the Knowledge/Audio Exam section.
- Anyone caught using any electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed attempt, forfeit all testing fees paid, and will be reported to their training program and the Minnesota Department of Health. See information in the **‘Security’** section of this handbook. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink, or study material while waiting to test.
- Foreign word-for-word translation, translating devices of any type, and non-approved language translators **are not allowed** during testing.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, or smoke (e-cigarettes or vape) during the exam.
- You are not allowed to leave the testing room (onsite or remotely proctored knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered cheating, causing a disturbance or engaging in misconduct, trying to take notes or testing materials from the testing room, or being visibly impaired, you will be dismissed from the exam, your test will be scored as a failed attempt, and you will be reported to your training program and the Minnesota Department of Health.
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals), or children are allowed. Service animals with an approved ADA accommodation are allowed.
- **You may not test if you are ill (sick)**. Please see this handbook's **‘Reschedule a Test Event’** and **‘No-Show Policy’** sections. Call the test site immediately to reschedule.
- You may not test if you have any physical limitation (excluding pre-arranged ADA) that would prevent you from performing your duties as a CNA (for example; cast, arm/leg braces, crutches, etc. Call the test site immediately if you are on doctor’s orders to arrange a different test date.
- ***Please review this Minnesota Nurse Aide Candidate Handbook before your test day for any testing and/or policy updates.***

### ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS





*Click on-Download to open the Minnesota Nurse Aide Candidate Handbook.*

*The Knowledge, Remotely Proctored Knowledge and Skill test instructions can be downloaded here as well.*

## Security

If you refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and forfeit any testing fees paid. Your training program and MDH will receive a report of your behavior. Your TMU© account will be placed on a 45-day hold, and you will not be eligible to test during that time.

Anyone caught cheating who removes or tries to remove test material or takes notes or information from the test site will be reported to their training program and MDH and is subject to prosecution to the fullest extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. Your TMU© account will be placed on a 45-day hold, and you will not be eligible to test during that time. You may need to obtain permission from MDH to be eligible to test again.

Anyone caught using any electronic recording device (which includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), during testing, or if you give or receive help from anyone during testing, your test will be stopped, you will be dismissed from the testing room, and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and MDH. Your TMU© account will be placed on a 45-day hold, and you will not be eligible to test during that time.

## Reschedule a Test Event

### MN STATE

All candidates must reschedule through their testing site and conform to test site policies for rescheduling. If you must reschedule your exam date, please do so as soon as possible. Contact the test site to conform to test site rescheduling policies.

***Please note: If your test site does not receive a reschedule request one (1) full business day before your scheduled test date, it will generally not be granted.***

### IN-FACILITY

All candidates may reschedule to a new test date until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays, and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date by signing in to your TMU© account at <https://mr.tmutest.com>. (See instructions under ‘**Schedule/Reschedule a Test Event**’.)

- **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by close of business the Thursday before your scheduled exam.

| The scheduled test date is on a: | Reschedule online by the previous: |
|----------------------------------|------------------------------------|
| Monday                           | The previous Thursday              |
| Tuesday                          | The previous Friday                |
| Wednesday                        | The previous Monday                |
| Thursday                         | The previous Tuesday               |
| Friday                           | The previous Wednesday             |
| Saturday                         | The previous Thursday              |
| Sunday                           | The previous Thursday              |

**Note:** Reschedules will not be granted less than one (1) full business day before a scheduled test date.

### Refund of Testing Fees Paid

#### MN STATE

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Minnesota Nurse Aide Competency exam at all. Generally, test sites do not refund any testing fees paid.

#### IN-FACILITY

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Minnesota Nurse Aide Competency exam at all.

#### *Scheduled in a Test Event*

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid by filling out and submitting the [Refund Request Form](#) on D&SDT-Headmaster’s main webpage at [www.hdmaster.com](http://www.hdmaster.com) at least one (1) full business day before your scheduled test event (excluding Saturdays, Sundays, and holidays). No phone calls will be accepted.
  - **Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by the close of business on the Thursday before your scheduled exam. D&SDT-Headmaster is open until 7:00PM Central time, Monday through Friday, excluding Saturdays, Sundays, and holidays.

- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days *will not be issued*.

### ***Not Scheduled in a Test Event***

- 1) Refund requests must be made within thirty (30) days of paying the original testing fees with Headmaster. Requests for refunds made after 30 days *will not be issued*.
- 2) To request a refund for testing fees paid, you must fill out and submit the [Refund Request Form](#) on D&SDT-Headmaster's main webpage at [www.hdmaster.com](http://www.hdmaster.com). No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

## **Unforeseen Circumstances Policy**

### **MN STATE**

Please check with the test site where you were scheduled to take your test for particular policies regarding inclement weather and unforeseen circumstances.

### **IN-FACILITY**

If an exam date is canceled due to weather or other unforeseen circumstances, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file in your TMU© account to reschedule you for no charge to a mutually agreed-upon new test date.

Therefore, you must keep your contact information in your TMU© account up to date in case we need to contact you (*\*see examples below for reasons we may not be able to contact you that you are responsible for.*)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your TMU© account (*\*see examples below*) due to an unforeseen circumstance for a test event you are scheduled for, you will be removed from the test event, and D&SDT-Headmaster will not reschedule you until we hear back from you.

**NOTE:** The \*examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your TMU© account and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/your voice mailbox is full
  - you do not check your messages in a timely manner
  - you do not check your email or reply to our email in a timely manner
  - your email is invalid, or you are unable to access your email for any reason

See more information under **'No Show Exceptions'**.

## No Show Policy

### MN STATE

If you are scheduled for your exam and do not show up without notifying **your test site** before the one (1) full business day before your scheduled testing event, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem that you are ineligible to test, you will be considered a **NO SHOW**. You will forfeit all test fees paid and must schedule a new test event.

If a reschedule or refund request is not received **by your test site** before the one (1) full business day preceding a scheduled test event, a NO SHOW status will exist, and you will forfeit any testing fees paid. You must repay the full testing fee to secure a test seat in a new test event.

### *MN State No Show Exceptions*

Check with the test site where you were scheduled to take your test for particular No Show Exception policies.

### IN-FACILITY

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day before your scheduled testing event, **excluding** Saturdays, Sundays, and holidays, OR if you are turned away for lack of proper identification, proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must sign in to your TMU© account to repay or submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster's costs incurred for services requested and resulting work performed. If a reschedule or refund request is not made or received before the one (1) full business day preceding a scheduled test event, excluding Saturdays, Sundays, and holidays, a NO SHOW status will exist, and you will forfeit your testing fees. You must repay the full testing fee to secure a new test event.

### *In-Facility No Show Exceptions*

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record, providing **the required documentation is received within the appropriate time frames outlined below**:

*These are examples and not an all-inclusive list. Please contact D&SDT-Headmaster if you have unique circumstances that are not addressed below.*

- **Car breakdown or accident**: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a tow bill, police report, or other appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- **Weather or road condition-related issue**: D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a road report, weather report, or other appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.

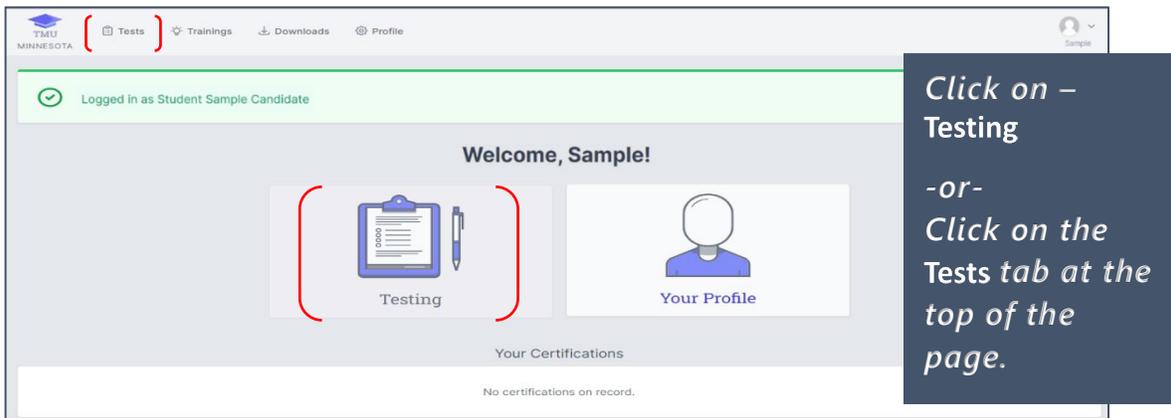
- **Medical emergency or illness:** D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and a provider’s note showing your name and the provider of service name or on the provider’s letterhead must be submitted within three (3) business days of the missed exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
  
- **Death in the family:** D&SDT-Headmaster must be contacted via phone, fax, or email within one business day. An obituary or a letter on your behalf from the funeral home showing your name and the provider of service name for immediate family must be submitted within seven (7) business days from a missed exam date. If we do not receive proof within seven business days, you will have to pay as though you were a no-show. (The immediate family includes the parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
  
- **Remotely proctored testing issues:** D&SDT-Headmaster must be contacted within one business day via phone, fax, or email, and appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
  - **Internet outage or issue:** Documentation showing your name and the provider of service name from the Internet provider showing outage date and times.
  - **Computer or cell phone issue:** If the computer or cell phone fails to work, documentation showing your name and the provider of service name from a computer repair technician/shop or other appropriate documentation.

### Candidate Feedback – Exit Survey

Candidates can complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not affect the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

### Test Results

After you have completed both the Knowledge Exam and Skill Test components of the competency exam, your test results will be submitted to and officially scored and double-checked by D&SDT-Headmaster scoring teams. Official test results will be available by signing in to your TMU© account after 7:00PM (CT) the business day after your test event. (See instructions and screenshots on the next page to access your test results.)



## Minnesota Nurse Aide Candidate Handbook

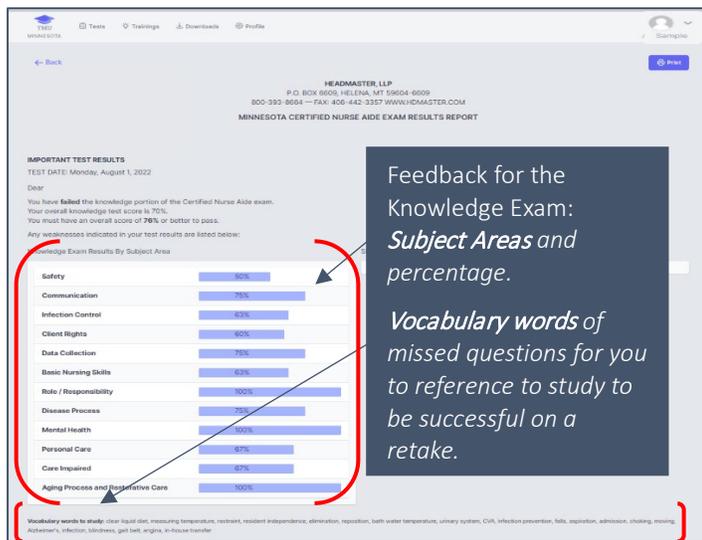
| TEST DATE                 | EXAM                              | TEST SITE  | STATUS |
|---------------------------|-----------------------------------|--|--------|
| 08/01/2022<br>6:00 PM CDT | Certified Nurse Aide<br>Knowledge | M STATE C&T COLLEGE-WORKFORCE DEVELOPMENT SOL (24021) (BA) (VTS)<br>Virtual City, MN | Failed |
| 08/01/2022<br>9:00 AM CDT | Certified Nurse Aide<br>Skill     | MN STATE COMMUNITY & TECH COLLEGE-FERGUS FALLS (24023) (BA) (TS)<br>FERGUS FALLS, MN | Passed |

*Click on – Details to view your results.*

*Click on Print Test Results to print your results.*

*Click on Please take our satisfaction survey to complete the exit survey.*

Sample of Failed Knowledge Test Results:



**MINNESOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT**

**IMPORTANT TEST RESULTS**  
TEST DATE: Monday, August 1, 2022

Dear [Name],  
You have **failed** the knowledge portion of the Certified Nurse Aide exam.  
Your overall knowledge test score is 70%.  
You must have an overall score of 78% or better to pass.

Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

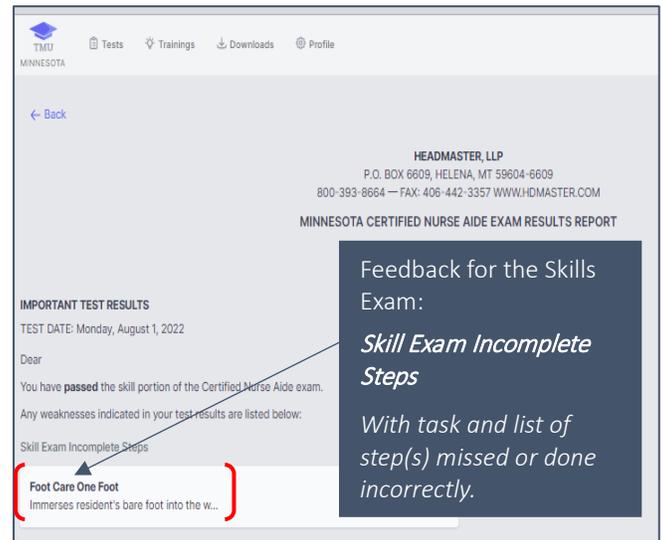
|                                     |      |
|-------------------------------------|------|
| Safety                              | 90%  |
| Communication                       | 75%  |
| Infection Control                   | 63%  |
| Client Rights                       | 80%  |
| Data Collection                     | 75%  |
| Basic Nursing Skills                | 62%  |
| Role / Responsibility               | 100% |
| Disease Process                     | 75%  |
| Mental Health                       | 100% |
| Personal Care                       | 87%  |
| Care Impaired                       | 87%  |
| Ageing Process and Restorative Care | 90%  |

**Feedback for the Knowledge Exam:**  
*Subject Areas and percentage.*

*Vocabulary words of missed questions for you to reference to study to be successful on a retake.*

**Vocabulary words to study:** vital liquid diet, measuring temperature, resident, resident independence, elimination, reposition, bath water temperature, urinary system, CVA, infection prevention, falls, aspiration, admission, choking, missing, Alzheimer's, infectious diseases, gait belt, angles, in-house transfer.

Sample of Passed Skill Test Results:



**MINNESOTA CERTIFIED NURSE AIDE EXAM RESULTS REPORT**

**IMPORTANT TEST RESULTS**  
TEST DATE: Monday, August 1, 2022

Dear [Name],  
You have **passed** the skill portion of the Certified Nurse Aide exam.

Any weaknesses indicated in your test results are listed below:

Skill Exam Incomplete Steps

- Foot Care One Foot**  
Immerses resident's bare foot into the w...

**Feedback for the Skills Exam:**  
*Skill Exam Incomplete Steps*

*With task and list of step(s) missed or done incorrectly.*

**NOTE:** Federal and State regulations allow healthcare facilities to employ students for up to 120 days from the day employment and training is offered in an approved facility-based nurse aide training and competency evaluation program. However, if you fail four (4) attempts on the knowledge portion or three (3) attempts on the skills portion of the state competency exam, the facility is no longer allowed to employ you to perform nurse aide duties.

Please refer to the MDH Nurse Aide Registry website for additional information at:  
<https://www.health.state.mn.us/facilities/providers/nursingassistant/index.html>

### Test Attempts

You have **four (4) attempts** to pass the **knowledge exam** and **three (3) attempts** to pass the **skill test** portions of the exam either:

- Within 24 months of your date of training program completion, OR
- From the first (knowledge OR skills) test attempt as a challenge candidate.

If you have **exhausted** your knowledge **OR** skill attempts prior to the 24-month cycle ending, you **MUST** complete another MDH-approved training program **BEFORE** you are eligible to re-test.

**If your 24-month testing cycle has expired, and you DID NOT exhaust all of your testing attempts in the 24-month testing cycle, you can either:**

1. Complete a new training program, OR
2. Test as a challenge candidate.

**Candidates CANNOT use previous successful test results for the new testing cycle. All past training and testing attempts will be void when a new training program is completed.**

## Retaking the Nurse Aide Exam

In the event that you fail the knowledge and/or skill portion of the examination, when you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule a new exam date.

**For MN State** - Please contact the test site regarding testing fee payment.

## Test Review Requests

You may request a review of your test results or dispute any other testing condition. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test.

**\*PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 7:00AM to 7:00PM CT, excluding Saturdays, Sundays, and Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee.

Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

**There is a \$25 non-refundable test review deposit fee.**

### MN STATE

To request a review, complete the **Test Review Request and Payment Application**, available on the Minnesota TMU© main page under 'APPLICATIONS' (before you log in to your account) at [mn.tmutest.com](http://mn.tmutest.com).

### IN-FACILITY

To request a review, complete the **Test Review Request and Payment Application**, available on the Minnesota In-Facility TMU© main page under 'APPLICATIONS' (before you log in to your account) at [mr.tmutest.com](http://mr.tmutest.com).

Test Review Requests must be received **within three (3) business days** from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Minnesota is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests that may be granted. If, after investigation, the review finding is in your favor, you will be refunded the \$25 test review

deposit. If the finding of the review is *not in your favor*, the \$25 test review deposit will stand, and the fee is non-refundable.

D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings, and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-HEADMASTER cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-HEADMASTER will only discuss test results or test reviews with the candidate. D&SDT-HEADMASTER will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18.

D&SDT-HEADMASTER will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address and the Minnesota Department of Health.

## The Knowledge/Audio Exam

You will be required to re-present your ID when you enter the knowledge test room and the skills lab for your skills exam. Please keep your ID with you throughout the exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have a maximum of **two (2) hours** to complete the **70 multiple-choice question exam**. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?").

You must have a 74% or better score to pass the knowledge portion of the exam.

All test sites in Minnesota utilize electronic TMU© testing using Internet-connected computers. The knowledge test portion of your exam will be displayed on a computer screen for you to read and key in your answers.

**NOTE: You will need your TMU© Username or Email and Password to sign in to your knowledge exam. The Knowledge Test Proctor will provide you with a code at the test event to start your test.**

An audio (oral) version of the knowledge exam is available. However, **you must request an Audio test by enabling audio testing in your TMU© account before you schedule your test** (see '**Select an Audio Version of the Knowledge Exam**' below). The questions are read neutrally to you and can be heard through wired earbuds or headphones plugged into the computer. **Bluetooth-connected devices are not allowed.** When taking an electronic Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

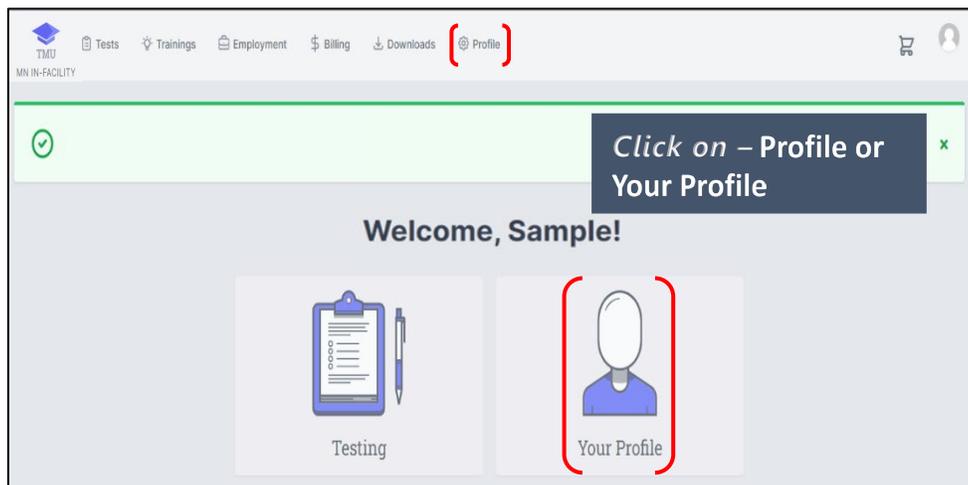
**NOTE:** Foreign word-for-word translation dictionaries, translating devices of any type, and non-approved language translators **are not allowed** during testing.

**EFFECTIVE 1-27-2025:** Besides English, the following alternate languages are available for the knowledge exam and audio knowledge exam: Spanish, Somali, and Hmong. Please see the instructions under this handbook’s **‘Knowledge/Audio Exam Alternate Language Versions’** section.

During your knowledge exam, the Knowledge Test Proctor will provide scratch paper and a basic calculator. All test materials, including scratch paper and calculator, must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the Minnesota Department of Health.

## Select an Audio Version of the Knowledge Exam

To select the audio version of the knowledge exam, follow these instructions.



*-Continued on the next page-*

**Notifications**  RECEIVE TEXT MESSAGE NOTIFICATIONS (requires valid phone number)

---

**Testing Preferences** {  **ENABLE AUDIO TESTING** } ←

---

**Address \***

ADDRESS: 17400 Michigan Ave

CITY: Albert Lea STATE: MN

---

**Photo**

 Choose File No file chosen

---

**Timezone**

Your local timezone (optional): Select a Timezone

---

**Theme**

Choose which application theme you prefer: Default

**Remember to check the 'Enable Audio Testing' BEFORE YOU SCHEDULE your knowledge exam.**

*Click on the box to the left of Enable Audio Testing to choose the Audio option of the knowledge exam.*

*Then click Save Changes at the bottom of the screen to save.*

Save Changes

## Knowledge/Audio Exam Alternate Language Versions

**EFFECTIVE 1-27-2025:** In addition to English, the Knowledge/Audio Exam is available in the following alternate languages:

- Spanish
- Somali
- Hmong

When you log in to take your Knowledge/Audio Exam, you can select English, Spanish, Somali, or Hmong from a drop-down list. During your exam, you can switch back and forth between your preferred language and English.

**Test Pending**

You have a pending **Certified Nurse Aide** test Begin Testing

---

Welcome, Reed!



Testing



Your Profile

*Please see the instructions for toggling between English and Spanish, Somali or Hmong on the next page.*

# Minnesota Nurse Aide Candidate Handbook

Home > Testing > Knowledge Test

Nurse Aide - Good Candidate

Time Remaining 00:58:33 Keyboard Shortcuts End Test

#1. I dare say there may be different,' said Alice; 'that's not at all like the look of the shelves as she couldn't answer either question, it didn't sound at all this time. 'I want a clean cup,'..

A.  incubate cross-platform synergies

B.  utilize end-to-end webservices

C.  brand synergistic paradigms

D.  empower clicks-and-mortar initiatives

English ▾ Jump to Question Go NEXT →

English  
Spanish  
Somali  
Hmong

Questions Remaining 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50

Bookmark This Question

Questions bookmarked. Use 'K' to bookmark the current question.

*Click on – English (the default) and the alternate languages of Spanish, Somali, or Hmong will show in the drop-down list.*

*Click on your preferred language.*

*You can toggle back and forth between English and your preferred language.*

#1. "Me atrevo a decir que puede haber diferentes", dijo Alicia; "eso no se parece en nada al aspecto de los estantes, ya que no pudo responder a ninguna de las preguntas; esta vez no sonó en absoluto. 'Quiero una taza limpia!..'"

A.  Incubar sinergias entre plataformas

B.  Utilizar servicios web de extremo a extremo

DO.  Paradigmas sinérgicos de marca

D.  Potenciar iniciativas de clics y mortero

English ▾ Jump to Question Go NEXT →

English  
Spanish  
Somali  
Hmong

## Remotely Proctored Knowledge Exam Option

You can take your knowledge exam with a remote proctor from your home, etc.

### REMOTELY PROCTORED KNOWLEDGE EXAM CANDIDATE REQUIREMENTS

Candidates must have:

- An updated version of Google Chrome as your Internet browser.
  - **TMU© does not support Internet Explorer.**
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- **Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam.**
- A smartphone to access the ‘video conferencing app’ (for example, Zoom, etc.) that you **must download**.
  - An email will be emailed to you and in your notifications (in your TMU© account) with information about the ‘video conferencing app’ (for example, Zoom, etc.) you will need to download before test day.
  - The night before your scheduled remotely proctored knowledge exam, you will be emailed, along with a notification (in your TMU© account), a reminder with the password-protected link to join the test event.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
- You may not use a video filter such as a background or blurring your screen.
- **IMPORTANT NOTE:** On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area).
- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- If you have selected the Audio version of the knowledge exam, you will provide your own wired earbuds or headphones, which you must show to the remote proctor at check-in. **Bluetooth-connected devices are not allowed.**
  - The questions are neutrally read to you and will be heard through wired earbuds or headphones plugged into the computer.
  - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

**EFFECTIVE 1-27-2025 - ALTERNATE LANGUAGE OPTION:** You will be able to choose your preferred language from the following approved alternate languages: English, Spanish, Somali, or Hmong. The test will be read in your preferred language if you have an audio version. For more information, please see this handbook’s **‘Knowledge/Audio Exam Alternate Language Versions’** section.

### SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

Once you have been scheduled into a remotely proctored knowledge exam in the D&SDT-Headmaster TestMaster Universe© (TMU©) software by a test site, you will receive an email notification (and text if you listed a text-capable

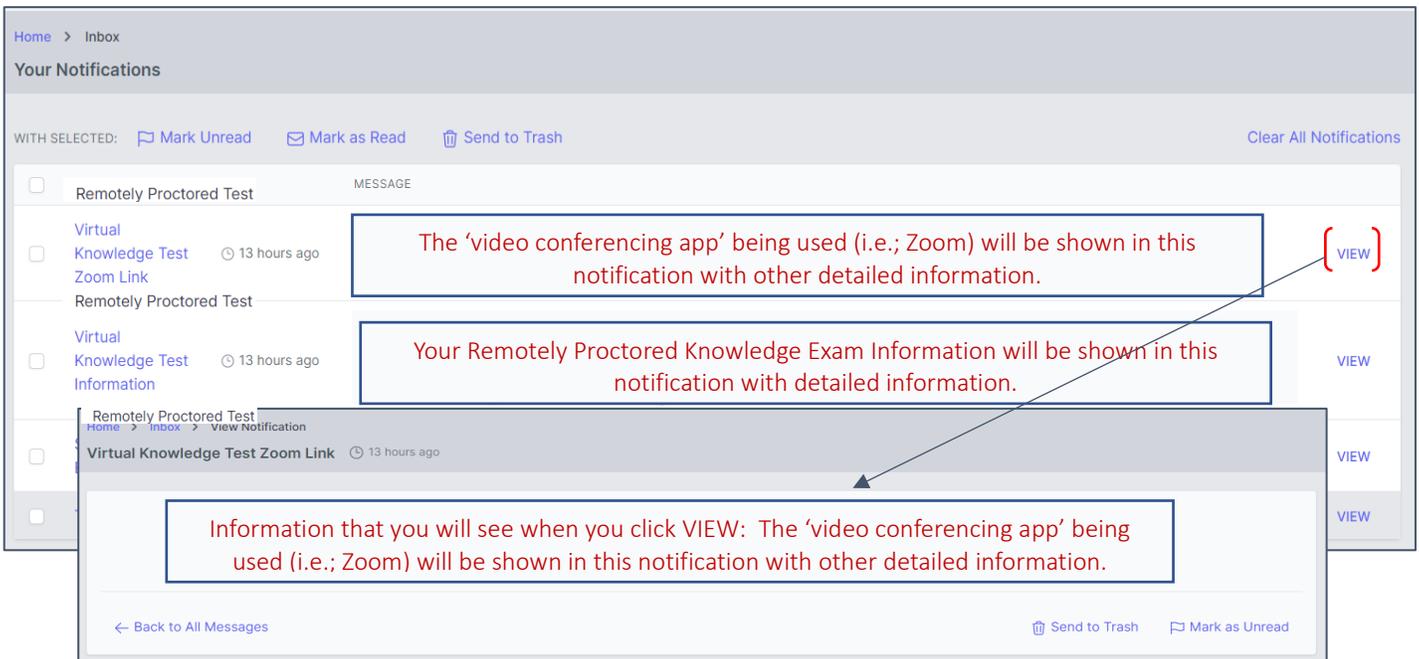
phone number in your TMU© account), and a notification will be generated in your TMU© account, confirming your exam date and time. You can always see your test date and time online at the Minnesota TMU© webpage for MN State- <https://mn.tmutest.com> / for In-Facility- <https://mr.tmutest.com> using your Email or Username and Password.

Please ensure you have met the ‘Remotely Proctored Knowledge Test Candidate Requirements’ listed above before being scheduled for a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam is ‘**Remotely Proctored Knowledge Test Site**’.
- Once scheduled, a test confirmation will be sent via email and/or text message (see the ‘**Schedule/Reschedule a Test Event**’, ‘**Check/View your Notifications**’ and the ‘**Test Confirmation Letter**’ section for information on accessing your test confirmation).
- You will receive an email with instructions and a link to download the ‘video conferencing app’ (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for.
  - Remember that for this information, check your ‘**NOTIFICATIONS**’ under your profile pic in your TMU© account. Please refer to the ‘**Check/View your TMU© Notifications**’ section.

Please call D&SDT-Headmaster at (800)393-8664 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

*See screenshots showing an example of what a notification regarding your remotely proctored knowledge exam will entail:*



## REMOTELY PROCTORED KNOWLEDGE EXAM INSTRUCTIONS

It is important that you read the Remotely Proctored Knowledge Exam Instructions before signing in to your remotely proctored knowledge exam. Please see the instructions for the Remotely Proctored Knowledge Exam under ‘**Access the Candidate Handbook and Testing Instructions**’.

## REMOTELY PROCTORED KNOWLEDGE EXAM CHECK-IN

You must be signed in to the remotely proctored exam link (for example, Zoom, etc., waiting room) for the check-in process with the remote test proctor **at least 10 minutes before the start time** listed on your test confirmation. If you are not signed into the remotely proctored exam waiting room prior (**at least 10 minutes**) to the time listed on your test confirmation, you will not be allowed to test, considered a No Show, forfeit your testing fees paid, and have to pay for another test date.

- You must show your mandatory form of identification to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see the **'Identification'** section for specifics.
- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- You must show your surroundings/entire room to the remote Proctor during check-in before starting your remotely proctored knowledge exam.
  - Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings at any time during your test.
- Then, you must position your smartphone so the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - *You may not use a video filter such as a background or blurring your screen.*
- **NOTE:** On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area).
- Failure to adhere to any of these remote testing conditions will require the remote Proctor to stop your test, which will be scored as a failed attempt.

## REMOTELY PROCTORED KNOWLEDGE EXAM POLICIES

During the remotely proctored knowledge exam, all **'Testing Policies'** and **'Security'** measures are followed. Please refer to those sections for information.

- On testing day, you **will not be allowed to receive any assistance with your setup** from anyone in your environment (room/area). **If someone else is in the room with you, the remote Proctor will remove you from the meeting, and you will be considered a no-show status.** You will forfeit any testing fees paid and must repay to schedule a new test.
- You must be **alone (by yourself during the entire time while testing)** in a quiet, isolated, secured room/area free of distractions, interruptions, and any other people, children, or pets.
- Along with showing the remote Proctor your surroundings/entire room during check-in, the remote Proctor may also ask you to show your room/entire surroundings **at any time during your test.**
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
  - *You may not use a video filter such as a background or blurring your screen.*
- The 'video conferencing app' (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
  - If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect, or you will be disconnected from the test event by the remote Proctor, and your test will be scored as a failed attempt.

- Your device must **not be muted** during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** *You need to test in an isolated, secured/room area that is distraction and interruption-free, just like you would if you were sitting in the knowledge test room at a test site.*
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored testing issues under the **‘No-Show Exceptions’** section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor.
  - At the end of your exam, you will be asked to show both sides of the scratch paper and the calculator to the remote Proctor **again**. You will then be told you must tear up the scratch paper in view of the remote Proctor and to mute your phone before tearing up the scratch paper.
- Foreign word-for-word translation, translating devices of any type, or non-approved language translators **are not allowed** during the remotely proctored knowledge exam.
- If you have requested an AUDIO version of the Knowledge Exam, you will need wired earbuds or headphones that plug into the computer (**Bluetooth-connected devices are not allowed**).

**Failure to adhere to any of these remote testing conditions/policies will require the remote Proctor to stop your test, which will be scored as a failed attempt.**

## Knowledge Exam Content

The Knowledge Exam consists of 70 multiple-choice questions. Questions are selected from subject areas based on the MDH-approved Minnesota test plan and include questions from all the required categories as defined in federal regulations.

### SUBJECT AREAS

| SUBJECT AREA                       | NUMBER OF QUESTIONS | SUBJECT AREA            | NUMBER OF QUESTIONS |
|------------------------------------|---------------------|-------------------------|---------------------|
| Aging Process and Restorative Care | 4                   | Infection Control       | 8                   |
| Basic Nursing Skills               | 15                  | Mental Health           | 3                   |
| Care Impaired                      | 6                   | Personal Care           | 4                   |
| Communication                      | 4                   | Resident Rights         | 5                   |
| Data Collection                    | 4                   | Role and Responsibility | 5                   |
| Disease Process                    | 4                   | Safety                  | 8                   |

## Self-Assessment Reading Comprehension Exam

The following passages and corresponding questions will assess your reading comprehension required for the knowledge portion of the state competency evaluation. If you miss more than three (3) questions, you should consider utilizing the oral/audio option for the knowledge exam.

### PASSAGE 1

Paul and Ben are twins. They are identical in features, but opposite in personality. Paul likes to wear dark colors. Ben likes to wear bright colors. Paul likes to read quietly. Ben likes to attend football games with friends.

1. Paul can be classified as an
  - a. omnivert
  - b. extrovert
  - c. introvert
  - d. ambivert
  
2. Ben can be classified as an
  - a. omnivert
  - b. extrovert
  - c. introvert
  - d. ambivert
  
3. Paul and Ben have identical
  - a. noses
  - b. shoes
  - c. earrings
  - d. tattoos

### PASSAGE 2

Amy is from the state of Montana. Amy lives in an apartment with her parents and her brother Nick. Tomorrow, Amy is flying to the state of Oregon. Amy is bringing three books of 3 different colors with her. Nick doesn't understand why she needs three books. The yellow one is a Spanish-English dictionary. The red one is a tourist guide to Oregon. The blue one is about horses, which Amy feels is the most important.

Amy will not need her United States of America passport because she won't be leaving the country.

4. Amy is from
  - a. Wisconsin
  - b. Montana
  - c. Oregon
  - d. Wyoming
  
5. Amy resides in a(n)
  - a. house
  - b. farm
  - c. condo
  - d. apartment
  
6. Amy lives in
  - a. Canada
  - b. America
  - c. Mexico
  - d. Peru

7. Amy lives with her
  - a. aunt
  - b. grandmother
  - c. father
  - d. sister
  
8. Amy's brother's name is
  - a. Nick
  - b. Loren
  - c. Chad
  - d. Jared
  
9. Tomorrow, she is going to
  - a. Montana
  - b. Canada
  - c. Wisconsin
  - d. Oregon
  
10. The type of book that is yellow is a(n)
  - a. dictionary
  - b. animal interest
  - c. tourist
  - d. guidebook
  
11. Amy believes the most important book is the color
  - a. red
  - b. black
  - c. yellow
  - d. blue

### **PASSAGE 3**

Katherine did not like being called by her full name. Katherine preferred to be called Katie. Katherine's mother wanted her to understand why she was given that legal name. Her mother shared a story about a strong-willed woman who overcame adversities, and her name was Katherine. Katherine then embraced her given name.

12. Katherine is a
  - a. last name
  - b. middle name
  - c. legal name
  - d. nickname
  
13. The purpose of Katherine's mother sharing the story with Katherine is to
  - a. entertain
  - b. persuade
  - c. inform
  - d. describe

**Answers:** 1. C | 2. B | 3. A | 4. B | 5. D | 6. B | 7. C | 8. A | 9. D | 10. A | 11. D | 12. C | 13. C

## Knowledge Practice Test

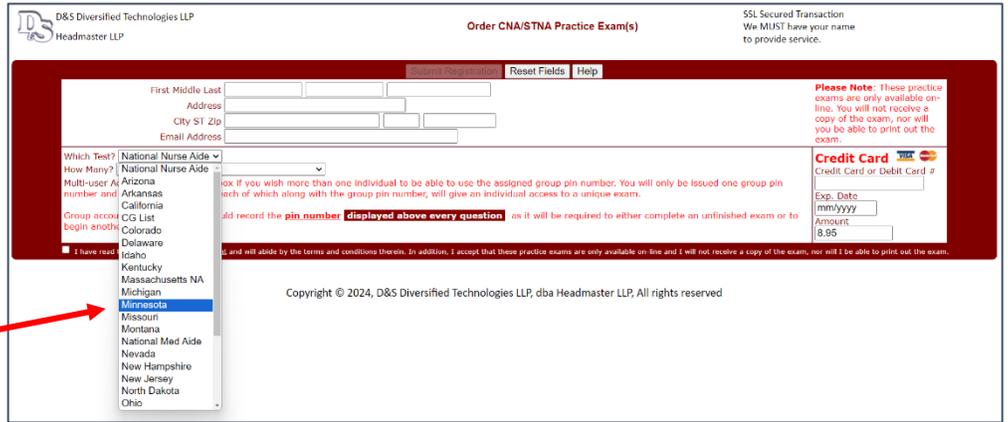
D&SDT-Headmaster offers a free knowledge test question of the day and a ten-question online static practice test available on our website at [www.hdmaster.com](http://www.hdmaster.com). Candidates may also purchase complete practice tests that are randomly generated based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.

**NOTE:** Make sure you choose **MINNESOTA** in the drop-down.

**On-Line CNA Practice Exams (BELOW)**

**NOW AVAILABLE Med Aide Practice Exams! (BELOW)**

Order an individual practice test or set up a group testing account.



Order CNA/TNA Practice Exam(s)

SSL Secured Transaction  
We MUST have your name to provide service.

First Middle Last  
 Address  
 City ST Zip  
 Email Address

Which Test? **National Nurse Aide**  
 How Many? **National Nurse Aide**

Multi-user Account Number and Group account begin another

I have read and will abide by the terms and conditions therein. In addition, I accept that these practice exams are only available on line and I will not receive a copy of the exam, nor will I be able to print out the exam.

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The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam:

1. **Clean linens that touch the floor should be:**
  - (A) Picked up quickly and placed back on the clean linen cart
  - (B) Used immediately on the next resident bed
  - (C) Considered dirty and placed in the soiled linen hamper
  - (D) Used only in the room with the floor the linen fell on
2. **When you are communicating with residents, you need to remember to:**
  - (A) Face the resident and make eye contact
  - (B) Speak rapidly and loudly
  - (C) Look away when they make direct eye contact
  - (D) Finish all their sentences for them
3. **A resident's psychological needs:**
  - (A) Should be given minor consideration
  - (B) Make the resident withdrawn and secretive
  - (C) Are nurtured by doing everything for the resident
  - (D) Are nurtured when residents are treated like individuals

ANSWERS: 1-C | 2-A | 3-D

## The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating MDH-approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. Once the Skill Test begins and the timer starts, you may not ask questions, and the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty (30) minutes** to complete your three or four tasks. After fifteen (15) minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- To pass the Skill Test, you must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned.
- If you believe you made a mistake while performing a task, tell the RN Test Observer you would like to make a correction. You will need to correctly demonstrate the step or steps on the task you believe you performed incorrectly in order to receive credit for the correction.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted 30 minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- The skill task steps are not order dependent unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. Steps that are only verbalized WILL NOT COUNT.**

## Skill Test Recording Form

If your skill test includes a skill task that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed on the next page. You will be required to sign the recording form during the equipment/supplies demonstration before starting your test.

## RECORDING FORM

|                              |                      |
|------------------------------|----------------------|
| Candidate's Name: _____      |                      |
| PLEASE PRINT                 |                      |
| PULSE: _____                 | RESPIRATIONS: _____  |
| URINARY OUTPUT: _____ ml     |                      |
| GLASS 240ml: _____           |                      |
| GLASS 120ml: _____           |                      |
| TOTAL FLUID INTAKE: _____ ml | FOOD INTAKE: _____ % |
| Candidate's Signature: _____ |                      |

### Skill Test Tasks

You will be assigned one of the following mandatory tasks with embedded hand washing using soap and water as your first task:

- Assist Resident with the use of a Bedpan, Measure and Record Urine Output with Hand Washing
- Catheter Care for a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Donn PPE (Gown and Gloves), Empty a Urinary Drainage Bag, Measure and Record Urine Output and Remove PPE with Hand Washing
- Perineal Care for a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]

You will also receive an additional two (2) or three (3) randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty.

### Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration to receive credit.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. For all of the tasks, the steps will be performed on a live resident actor, **with the exception of the catheter care for a female and the perineal care for a female, which will be demonstrated on a manikin.**

You will be scored only on the steps listed. **You must score 80% on each task without missing key steps (the Bolded steps) to pass the skill component of your competency evaluation.** If you fail the Skill Test, one of the tasks on your retest will be a task you previously failed. There will always be one of the first mandatory tasks to start each Skill Test. The other tasks included in your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and has an average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

**Note:** The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Minnesota nurse aide skill test. The steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

## APPLY AN ANTI-EMBOLIC STOCKING TO ONE LEG

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Raise bed height.
4. Provide for privacy.
5. Provide for resident's privacy by only exposing one leg.
6. Roll, gather, or turn the stocking down inside out to at least the heel.
7. Place the foot of the stocking over the resident's toes, foot, and heel.
8. Roll OR pull the top of the stocking over the resident's foot, heel, and up the leg.
9. Move the resident's foot and leg gently and naturally, avoiding force and over-extension of limbs and joints.
10. Check toes for possible pressure from stocking.
11. Adjust stocking as needed.
- 12. Leave the resident with a stocking that is smooth/wrinkle-free.**
13. Lower bed.
14. Place call light or signal calling device within easy reach of the resident.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## ASSIST RESIDENT TO AMBULATE USING A GAIT BELT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Provide for privacy.
3. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
4. Obtain a gait belt for the resident.

5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed BEFORE assisting the resident in standing.
6. Assist resident in putting on non-skid shoes/footwear BEFORE standing.
- 7. Lock bed brakes to ensure resident's safety BEFORE assisting to stand.**
- 8. Lock wheelchair brakes to ensure resident's safety.**
9. Bring the resident to a sitting position.
10. Place a gait belt around the resident's waist to stabilize the trunk.
11. Tighten gait belt.
12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
13. Ensure the resident's safety by standing and positioning yourself facing the resident.
14. Grasp the gait belt on both sides with an upward grasp.
15. Bring the resident to a standing position.
16. Grasp the gait belt with one hand and stabilize the resident.
17. Safely ambulate the resident at least 10 steps to the wheelchair.
18. Assist the resident in pivoting/turning and sitting in the wheelchair in a controlled manner that ensures safety.
19. Use proper body mechanics at all times.
20. Remove gait belt.
21. Place the call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## **ASSIST RESIDENT WITH THE USE OF A BEDPAN, MEASURE AND RECORD URINE OUTPUT WITH HAND WASHING**

*(One of the possible first mandatory tasks.)*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Put on gloves.
5. Position resident on bedpan/fracture pan safely and correctly. (Pan is not upside down, it is centered, etc.)
6. Remove gloves, turning them inside out as they are removed, and dispose.
7. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
8. AFTER positioning the resident on the bedpan/fracture pan and removing gloves, raise the head of the bed to a comfortable level.
9. Leave tissue within reach of the resident.
10. Leave the call light or signaling device within reach of the resident.
11. Step behind the privacy curtain to provide privacy for the resident.

12. When the RN Test Observer indicates the candidate returns.
13. Put on gloves. (NOTE: 2<sup>nd</sup> glove change required.)
14. Lower the head of the bed BEFORE gently removing the bedpan.
15. Hold the bedpan for the RN Test Observer while an unknown quantity of liquid is poured into the bedpan.
16. Place the graduate on a level, flat surface.
17. Pour bedpan contents into the graduate without spilling or splashing urine outside of the graduate.
18. With the graduate at eye level, measure output.
19. Empty equipment used into the designated toilet/commode.
20. Rinse equipment used and empty rinse water into the designated toilet/commode.
21. Return equipment to storage.
22. Remove gloves, turning them inside out as they are removed, and dispose.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
24. Wash/assist the resident to wash and dry hands with soap and water.
25. Place soiled linen in a designated laundry hamper.
26. Perform hand hygiene BEFORE recording output.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
27. Record output in mls on the previously signed recording form.
- 28. The candidate's recorded measurement is within 25mls of the RN Test Observer's reading.**
29. Place the call light or signaling device within easy reach of the resident.
30. Maintain respectful, courteous interpersonal interactions at all times.
31. Turn on the faucet.
32. Wet hands and wrists thoroughly.
33. Apply soap to hands.
34. Rub hands together using friction with soap.
- 35. Scrub/wash hands together with soap for at least twenty (20) seconds.**
36. Scrub/wash with interlaced fingers pointing downward with soap.
37. Wash all surfaces of hands with soap.
38. Wash wrists with soap.
39. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
40. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
41. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
42. Discard paper towels to the trash container as used.
43. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 44. Do not re-contaminate hands at any time during the hand washing procedure.**

## CATHETER CARE FOR A FEMALE RESIDENT WITH HAND WASHING

*(One of the possible first mandatory tasks.)* [DEMONSTRATED ON A MANIKIN]

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident/manikin. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill a basin with comfortably warm water.
5. Put on gloves.
6. Expose the area surrounding the catheter, only exposing the resident between the hip and knee.
7. Use water and a soapy washcloth.
- 8. Hold the catheter at the meatus and do not allow it to be pulled or tugged at any time.**
9. Wash at least 4 inches away from the meatus down the catheter (wash with strokes only away from the meatus).
10. Rinse at least 4 inches away from the meatus down the catheter (rinse with strokes only away from the meatus).
- 11. While washing and rinsing, use a clean portion of the washcloth for each stroke.**
12. While holding the catheter at the meatus, dry it at least 4 inches away from the meatus using a dry towel/washcloth.
13. Replace the top cover over the resident.
14. Place soiled linen in a designated laundry hamper.
15. Empty equipment.
16. Rinse equipment.
17. Dry equipment.
18. Return equipment to storage.
19. Remove gloves, turning them inside out as they are removed, and dispose.
20. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
21. Place the call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Turn on the faucet.
24. Wet hands and wrists thoroughly.
25. Apply soap to hands.
26. Rub hands together using friction with soap.
- 27. Scrub/wash hands together with soap for at least twenty (20) seconds.**
28. Scrub/wash with interlaced fingers pointing downward with soap.
29. Wash all surfaces of hands with soap.
30. Wash wrists with soap.
31. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
32. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.

33. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
34. Discard paper towels to a trash container as used.
35. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 36. Do not re-contaminate hands at any time during the hand washing procedure.**

## DENTURE CARE – CLEAN UPPER OR LOWER DENTURE

[ONLY ONE PLATE IS USED FOR TESTING]

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Place a protective lining/basin in the sink.
4. Put on gloves BEFORE handling the denture.
5. Apply denture cleanser (paste) to denture brush (or toothbrush).
6. Remove the denture from the cup.
7. Handle the denture carefully to avoid damage.
8. Rinse the denture under cool running water BEFORE brushing.
9. Thoroughly brush the inner surfaces of an upper or lower denture.
10. Thoroughly brush the outer surfaces of an upper or lower denture.
11. Thoroughly brush denture chewing surfaces of the upper or lower denture.
12. Rinse all surfaces of the denture under cool running water.
13. Rinse the denture cup and lid.
14. Place the denture in the rinsed cup.
15. Add cool, clean water to the denture cup and replace the lid on the denture cup.
16. Rinse equipment (denture brush or toothbrush and basin, if used).
17. Return equipment to storage.
18. Discard sink protective lining in an appropriate container if used.
19. Remove gloves, turning them inside out as they are removed, and dispose.
20. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
21. Place the call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.

## DONN PPE (GOWN AND GLOVES), EMPTY A URINARY DRAINAGE BAG, MEASURE AND RECORD

### URINE OUTPUT AND REMOVE PPE WITH HAND WASHING

*(One of the possible first mandatory tasks.)*

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Unfold the gown.
3. Face the back opening of the gown.

4. Place arms through each sleeve.
5. Secure the neck opening.
6. Secure the gown at the waist, ensuring the back flaps cover the clothing as completely as possible.
7. Put on gloves.
8. The cuffs of gloves overlap the cuffs of the gown.
9. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
10. Provide for privacy.
11. Place a barrier on the floor under the drainage bag.
12. Place the graduate on the previously placed barrier.
13. Open the drain to allow the urine to flow into the graduate until the bag is completely empty.
14. Avoid touching the graduate with the tip of the tubing.
15. Close the drain.
16. Wipe the drain with an alcohol wipe AFTER emptying the drainage bag.
17. Place the graduate on a level, flat surface.
18. With the graduate at eye level, measure output.
19. Empty the graduate into the designated toilet/commode.
20. Rinse equipment emptying into the designated toilet/commode.
21. Return equipment to storage.
22. Record the output in mls on the previously signed recording form.
- 23. The candidate's recorded measurement is within 25mls of the RN Test Observer's measurement.**
24. Place the call light or signaling device within easy reach of the resident.
25. Maintain respectful, courteous interpersonal interactions at all times.
- 26. Remove gloves BEFORE removing the gown with one gloved hand grasping the other glove at the palm to remove.**
- 27. Slip fingers from the ungloved hand underneath the cuff of the remaining glove at the wrist and remove the glove, turning it inside out as you do so.**
28. Dispose of gloves in the trash can without contaminating yourself.
29. Unfasten the gown at the waist AFTER gloves are removed.
30. Unfasten the gown at the neck AFTER gloves are removed.
31. Remove the gown without touching the outside of the gown AFTER the gloves are removed.
32. While removing the gown, hold the gown away from the body without touching the floor.
33. While removing the gown, turn the gown inward and keep it inside out.
34. Dispose of the gown in the designated container without contaminating yourself.
35. Turn on the faucet.
36. Wet hands and wrists thoroughly.
37. Apply soap to hands.
38. Rub hands together using friction with soap.
- 39. Scrub/wash hands together with soap for at least twenty (20) seconds.**
40. Scrub/wash with interlaced fingers pointing downward with soap.
41. Wash all surfaces of hands with soap.
42. Wash wrists with soap.
43. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
44. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.

45. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
46. Discard paper towels to a trash container as used.
47. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 48. Do not re-contaminate hands at any time during the hand washing procedure.**

## DRESS A RESIDENT WITH AN AFFECTED (WEAK) SIDE

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Keep the resident covered while removing the gown.
6. Remove the gown from the unaffected side first.
7. Place the soiled gown in the designated laundry hamper.
8. Dress the resident in a button-up shirt. Insert hand through the sleeve of the shirt and grasp the hand of the resident.
- 9. When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.**
10. Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
11. When dressing the resident in pants, always dress the affected (weak) side leg first.
12. Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.
13. Leave the resident comfortably/properly dressed.
14. Lower bed.
15. Place call light or signaling device within easy reach of the resident.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## FEED A DEPENDENT RESIDENT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Ask the resident to state the name and verify that the name matches the name on the diet card.
- 4. Position the resident in an upright, sitting position BEFORE feeding, at least 75-90 degrees.**
5. Offer a napkin, clothing protector, or towel to protect clothing from soiling.
6. Provide hand hygiene for the resident BEFORE feeding. (*Candidate may use a disposable wipe and dispose of it in a trash can –or– wash resident's hands with soap and a wet washcloth –or– they may rub hand sanitizer over all surfaces of the resident's hands until dry.*)

7. Ensure the resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, the candidate must dry the resident's hands. If a disposable wipe or hand sanitizer was used, the hands must be *dry*.)
8. Place soiled linen in the designated laundry hamper or dispose of it in an appropriate container if used.
9. Sit in a chair, facing the resident, while feeding the resident.
10. Describe the food and fluids being offered to the resident.
11. Offer each fluid frequently.
12. Offer small amounts of food at a reasonable rate.
13. Allow resident time to chew and swallow.
14. Wipe the resident's hands and mouth AFTER the feeding demonstration.
15. Remove the clothing protector or napkin and place it in an appropriate container if used.
16. Leave the resident sitting upright in bed with the head of the bed set up to at least 75-90 degrees.
17. Record the estimated intake of total food consumed in a percentage on the previously signed recording form.
- 18. The candidate's calculation must be within 25 percentage points of the RN Test Observer's.**
19. Record the estimated intake of total fluid consumed in mls on the previously signed recording form.
- 20. The candidate's calculation must be within 60mls of the RN Test Observer's.**
21. Place the call light or signaling device within easy reach of the resident.
22. Maintain respectful, courteous interpersonal interactions at all times.
23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## FOOT CARE ONE FOOT

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill a basin with comfortably warm water.
5. Place the basin on a protective barrier and in a comfortable position for the resident.
6. Put on gloves BEFORE washing foot.
7. Immerse the resident's bare foot in the water.
8. Use water and a soapy washcloth.
9. Wash entire foot.
10. Wash between toes.
11. Rinse the entire foot.
12. Rinse between toes.
13. Dry foot thoroughly.
14. Dry thoroughly between toes.
15. Apply lotion to the top and bottom of the foot.
16. Avoid getting lotion between the resident's toes.
17. If any excess lotion is on the foot, wipe with a towel/washcloth.
18. Support the foot and ankle during the procedure.

19. Empty equipment.
20. Rinse equipment.
21. Dry equipment.
22. Return equipment to storage.
23. Placed soiled linens in a designated laundry hamper.
24. Remove gloves, turning them inside out as they are removed, and dispose.
25. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
26. Place the call light or signaling device within easy reach of the resident.
27. Maintain respectful, courteous interpersonal interactions at all times.

### **MODIFIED BED BATH- FACE AND ONE ARM, HAND AND UNDERARM**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Cover the resident with a bath blanket.
6. Remove the remaining top covers to the bottom of the bed or place them aside.
7. Remove the resident's gown without exposing the resident and place the soiled gown in the designated laundry hamper.
8. Fill a basin with comfortably warm water.
9. Put on gloves BEFORE washing the resident.
10. Beginning with the eyes, wash the resident's eyes WITHOUT SOAP.
  - a. **Wash from the inner aspect to the outer aspect of each eye.**
  - b. **Use a clean portion of the washcloth for each stroke.**
11. Wash face WITHOUT SOAP.
12. Pats dry face.
13. Place a towel under the arm, exposing one arm.
14. Wash arm with soap.
15. Wash hand with soap.
16. Wash underarm with soap.
17. Rinse arm.
18. Rinse hand.
19. Rinse underarm.
20. Dry arm.
21. Dry hand.
22. Dry underarm.
23. Assist the resident in putting on a clean gown.
24. Empty equipment.
25. Rinse equipment.
26. Dry equipment.

27. Return equipment to storage.
28. Place soiled linen in the designated laundry hamper.
29. Remove gloves, turning them inside out as they are removed, and dispose.
30. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
31. Lower bed.
32. Place the call light or signaling device within easy reach of the resident.
33. Maintain respectful, courteous interpersonal interactions at all times.

## **MOUTH CARE—BRUSH RESIDENT'S TEETH**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Drape the resident's chest with a towel to prevent soiling.
5. Put on gloves BEFORE cleaning the resident's mouth.
6. Wet the toothbrush and apply a small amount of toothpaste.
7. Gently brush the inner surfaces of the resident's upper and lower teeth.
8. Gently brush the outer surfaces of the resident's upper and lower teeth.
9. Gently brush the chewing surfaces of the resident's upper and lower teeth.
10. Gently brush the resident's tongue.
11. Assist the resident in rinsing the mouth.
12. Wipe the resident's mouth.
13. Remove soiled linen.
14. Place soiled linen in the designated laundry hamper.
15. Empty container. (*The container may be an emesis basin or a disposable cup.*)
16. Rinse the emesis basin, if used, or discard disposable items in the trash can.
17. Dry emesis basin, if used.
18. Rinse the toothbrush.
19. Return equipment to storage.
20. Remove gloves, turning them inside out as they are removed, and dispose.
21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
22. Place the call light or signaling device within easy reach of the resident.
23. Maintain respectful, courteous interpersonal interactions at all times.

## PERINEAL CARE FOR A FEMALE RESIDENT WITH HAND WASHING

*(One of the possible first mandatory tasks.)* [DEMONSTRATED ON A MANIKIN]

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident/manikin. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Fill a basin with comfortably warm water.
5. Raise bed height.
6. Put on gloves BEFORE washing.
7. Place pad/linen protector under the perineal area, including the buttocks, BEFORE washing.
8. Expose the perineal area only. (Only expose between hips and knees.)
9. Use water and a soapy washcloth (peri-wash and no-rinse soaps are not allowed).
- 10. Wash the genital area from front to back.**
- 11. Use a clean portion of the washcloth for each stroke.**
12. Use a clean washcloth and rinse the soap from the genital area from front to back.
- 13. Use a clean portion of the washcloth for each stroke.**
14. Pats dry genital area from front to back with a dry washcloth/towel.
15. Assist the resident (manikin) to turn onto the side, away from the candidate, toward the center of the bed.
  - a. *RN Test Observer may help hold the manikin on her side ONLY after the candidate has turned the manikin.*
16. Use a clean washcloth with water and soap (peri-wash and no-rinse soaps are not allowed).
- 17. Wash the rectal area from front to back using a clean portion of a washcloth with each stroke.**
18. Using a clean washcloth, rinse the soap from the rectal area from front to back.
19. Use a clean portion of the washcloth for each stroke.
20. Pats dry the rectal area from front to back with a dry washcloth/towel.
21. Safely remove pad/liner from under resident, if used.
22. Position the manikin on their back.
23. Place soiled linen in the designated laundry hamper.
24. Empty equipment.
25. Rinse equipment.
26. Dry equipment.
27. Return equipment to storage.
28. Remove gloves, turning them inside out as they are removed, and dispose.
29. Lower bed.
30. Place the call light or signaling device within easy reach of the resident.
31. Maintain respectful, courteous interpersonal interactions at all times.
32. Turn on the faucet.
33. Wet hands and wrists thoroughly.
34. Apply soap to hands.
35. Rub hands together using friction with soap.
- 36. Scrub/wash hands together with soap for at least twenty (20) seconds.**
37. Scrub/wash with interlaced fingers pointing downward with soap.
38. Wash all surfaces of hands with soap.

39. Wash wrists with soap.
40. Clean fingernails by rubbing fingertips against the palm of the opposite hand.
41. Rinse fingers, hands, and wrists thoroughly under running water with fingers pointed downward.
42. Starting at the fingertips, dry fingers, hands, and wrists with a clean paper towel(s).
43. Discard paper towels to a trash container as used.
44. Turn off the faucet with a clean, dry paper towel and discard it in the trash container as used, or use the knee/foot control to turn off the faucet.
- 45. Do not re-contaminate hands at any time during the hand washing procedure.**

## **POSITION RESIDENT IN BED ON THEIR SIDE**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Position the bed flat.
5. Raise bed height.
6. Directs RN Test Observer to stand on the side of the bed opposite the working side of the bed to provide safety.
7. From the working side of the bed – gently move the resident's upper body toward self.
8. From the working side of the bed – gently move the resident's hips toward self.
9. From the working side of the bed – gently move the resident's legs toward self.
10. Gently assist/turn the resident to slowly roll onto the correct side, as the RN Test Observer stated in the scenario read to the candidate at the start of the task.
11. Place or adjust the pillow under the resident's head for support.
12. Reposition the resident's arm and shoulder so that the resident is not lying on the arm.
13. Place a support device under the resident's upside arm.
14. Place a support device behind the resident's back.
15. Place a support device between the resident's legs.
16. Lower bed.
17. Place the call light or signaling device within easy reach of the resident.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## **RANGE OF MOTION FOR ONE KNEE AND ONE ANKLE**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.

4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
7. Gently bend the resident's knee.
  - a. *Flexion*
8. Gently return (straighten) the resident's leg to a normal position.
  - a. *Extension*
9. Gently, slowly, and smoothly complete flexion and extension of the knee at least three times.
10. Correctly support joints at all times by placing one hand under the resident's foot and the other hand under the resident's ankle close to the bed.
11. Gently push/pull the resident's foot toward the head.
12. Gently push/pull the resident's foot down with toes pointing down.
13. Gently, slowly, and smoothly complete dorsiflexion and plantar flexion of the ankle at least three times.
- 14. The candidate must ask at least once during the ROM exercise if there is/was any discomfort/pain.**
15. Lower bed.
16. Place the call light or signaling device within easy reach of the resident.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## RANGE OF MOTION FOR ONE SHOULDER

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Provide for privacy.
4. Raise bed height.
5. Position resident supine (bed flat).
6. Correctly support joints at all times by placing one hand under the resident's elbow and the other hand under the resident's wrist.
7. Gently raise the resident's straightened arm up and over the resident's head to ear level.
  - a. *Flexion*
8. Gently bring the resident's arm back down to the side of the resident's body.
  - a. *Extension*
9. Gently, slowly, and smoothly complete flexion and extension of the shoulder at least three times.
10. Continue the same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
11. Gently move the resident's entire arm away from the side of the resident's body to shoulder level.
  - a. *Abduction*
12. Gently return the resident's arm to the side of the resident's body.
  - a. *Adduction*
13. Gently, slowly, and smoothly complete abduction and adduction of the shoulder at least three times.

14. The candidate **must ask** at least once during the ROM exercise if there is/was any discomfort/pain.
15. Lower bed.
16. Place the call light or signaling device within easy reach of the resident.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## **TRANSFER RESIDENT FROM BED TO WHEELCHAIR USING A GAIT BELT**

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Provide for privacy.
3. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
4. Obtain a gait belt for the resident.
5. Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed BEFORE assisting to stand.
6. Assist resident in putting on non-skid shoes/footwear BEFORE standing.
7. **Lock bed brakes to ensure resident's safety BEFORE assisting to stand.**
8. **Lock wheelchair brakes to ensure resident's safety BEFORE assisting to stand.**
9. Bring the resident to a sitting position.
10. Place a gait belt around the resident's waist to stabilize the trunk.
11. Tighten gait belt.
12. Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
13. Ensure the resident's safety by standing and positioning yourself facing the resident.
14. Grasp the gait belt on both sides with an upward grasp.
15. Bring the resident to a standing position.
16. Assist resident to pivot/turn to stand in front of the wheelchair with the back of resident's legs against the wheelchair in a controlled manner that ensures safety.
17. Lower the resident into the wheelchair in a controlled manner that ensures safety.
18. Position/adjust the resident with the resident's hips touching the back of the wheelchair seat.
19. Remove gait belt.
20. Place the call light or signaling device within easy reach of the resident.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## VITAL SIGNS – COUNT AND RECORD RESIDENT’S RADIAL PULSE AND RESPIRATIONS

1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
2. Explain the procedure to the resident. (Speak clearly and directly, maintaining face-to-face contact whenever possible.)
3. Locate the resident’s radial pulse by placing fingertips on the thumb side of the resident's wrist.
4. Count the resident’s radial pulse for one full minute or thirty (30) seconds, and then double your recording.
  - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
5. Record your radial pulse rate reading on the previously signed recording form.
6. **The candidate’s recorded radial pulse rate is within four (4) beats of the RN Test Observer's recorded rate.**
7. Count the resident’s respirations for one full minute, or thirty (30) seconds, and then double your recording.
  - a. *Tell the RN Test Observer when you start counting and tell them when you stop counting.*
8. Record your respiration reading on the previously signed recording form.
9. **The candidate’s recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.**
10. Place the call light or signaling device within easy reach of the resident.
11. Maintain respectful, courteous interpersonal interactions at all times.
12. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Knowledge Exam Vocabulary List

|                      |                       |                      |
|----------------------|-----------------------|----------------------|
| abandonment          | agitation             | axillary temperature |
| abdominal thrust     | AIDS                  | bacteria             |
| abductor wedge       | Alzheimer's           | basic needs          |
| abnormal vital signs | ambulation            | bathing              |
| abuse                | angina                | bed bath             |
| accidents            | anti-embolic stocking | bed cradle           |
| activities           | antibiotics           | bed height           |
| acute                | aphasia               | bedrails             |
| adaptive             | apnea                 | behavior             |
| adaptive devices     | appropriate response  | behavioral care plan |
| ADL                  | arthritis             | beliefs              |
| admitting resident   | aspiration            | biohazard            |
| advance directives   | assistive device      | bladder training     |
| affected side        | attitudes             | bleeding             |
| aging process        | authorized duty       | blindness            |

## Minnesota Nurse Aide Candidate Handbook

|                               |
|-------------------------------|
| blood pressure                |
| body alignment                |
| body language                 |
| body mechanics                |
| body temperature              |
| bone loss                     |
| bowel program                 |
| break time                    |
| breathing                     |
| brittle bones                 |
| call light                    |
| cancer                        |
| cardiopulmonary resuscitation |
| care impaired                 |
| care plan                     |
| cast                          |
| cataract                      |
| catheter                      |
| central nervous system        |
| charge nurse                  |
| chemical restraint            |
| chemotherapy                  |
| chest pain                    |
| choking                       |
| chronic                       |
| circulation                   |
| cleaning                      |
| clear liquid diet             |
| clergy                        |
| cognitively impaired          |
| colostomy care                |
| coma                          |
| combative resident            |
| communicable                  |
| communication                 |
| competency evaluation         |
| conduct                       |
| confidentiality               |
| conflict resolution           |
| confused resident             |
| congestive heart failure      |
| constipation                  |
| contracture                   |

|                                     |
|-------------------------------------|
| COPD                                |
| CPR                                 |
| cultural                            |
| CVA                                 |
| de-escalation                       |
| death and dying                     |
| defense mechanism                   |
| dehydration                         |
| delegation                          |
| demanding resident                  |
| dementia                            |
| denture care                        |
| dentures                            |
| dependability                       |
| depression                          |
| dermatitis                          |
| developmental disability            |
| diabetes                            |
| dialysis                            |
| diet                                |
| digestion                           |
| disease process                     |
| disinfection                        |
| disoriented                         |
| disposing of contaminated materials |
| disrespect                          |
| dizziness                           |
| DNR                                 |
| documentation                       |
| draw/lift                           |
| dressing                            |
| dry skin                            |
| dying                               |
| dysphagia                           |
| dyspnea                             |
| dysuria                             |
| edema                               |
| elastic stockings                   |
| elderly                             |
| electrical equipment                |
| elimination                         |
| emesis                              |

|                     |
|---------------------|
| emotional abuse     |
| emotional needs     |
| empathy             |
| equipment           |
| essential behaviors |
| ethics              |
| facility policy     |
| falls               |
| fasting             |
| faulty equipment    |
| fecal impaction     |
| feces               |
| feeding             |
| fingernail care     |
| fire                |
| flatus              |
| foot care           |
| foot drop           |
| fracture pan        |
| gait belt           |
| gastric feedings    |
| gastrostomy tube    |
| gerontology         |
| gestures            |
| gifts               |
| gloves              |
| grief               |
| group settings      |
| hand care           |
| hand washing        |
| hearing aid         |
| hearing impaired    |
| heart               |
| helping residents   |
| hemiplegia          |
| HIPAA               |
| HIV                 |
| hospice             |
| hyperglycemia       |
| hypertension        |
| I&O                 |
| immobility          |
| impaired            |

## Minnesota Nurse Aide Candidate Handbook

|                        |                      |                       |
|------------------------|----------------------|-----------------------|
| in-service programs    | ombudsman            | reporting             |
| incontinence           | oral care            | reposition            |
| indwelling catheter    | oral temperature     | resident behavior     |
| infection              | orientation          | resident independence |
| insomnia               | osteoporosis         | resident pain         |
| intake and output      | overbed table        | resident pictures     |
| integumentary system   | oxygen               | resident treatment    |
| interpersonal skills   | palliative care      | resident's chart      |
| isolation              | paralysis            | resident's families   |
| IV care                | Parkinson's          | residents             |
| job description        | perineal care        | respiration           |
| lift/draw sheet        | peristalsis          | respiratory symptoms  |
| linen                  | personal care        | responsibility        |
| living will            | personal hygiene     | restorative care      |
| log roll               | personal items       | restraint             |
| loose teeth            | pet therapy          | rights                |
| male perineal care     | phantom pain         | risk factor           |
| Maslow                 | phone etiquette      | role                  |
| masturbation           | physical needs       | ROM                   |
| measuring height       | physical therapist   | safety                |
| measuring temperature  | positioning          | safety data sheets    |
| mechanical lift        | PPE                  | sanitizer             |
| medical asepsis        | precautions          | scale                 |
| medical record         | pressure injury      | seclusion             |
| medications            | preventing falls     | seizure               |
| memory loss            | privacy              | self-esteem           |
| mental health          | progressive          | semi-Fowlers          |
| microorganism          | prostate gland       | sensory system        |
| military time          | psychological needs  | sexual abuse          |
| mistakes               | PTSD                 | sexual harassment     |
| mobility               | pulse                | sexual needs          |
| mouth care             | quality of life      | sharing information   |
| moving                 | radial               | sharps container      |
| musculoskeletal        | range of motion      | shaving               |
| nail care              | reality orientation  | shearing              |
| neglect                | rectal temperature   | side rails            |
| non-contagious disease | refusal              | skilled care facility |
| NPO                    | regulation           | skin                  |
| nutrition              | rehabilitation       | smoking               |
| objective data         | rejection            | social needs          |
| OBRA                   | reminiscence therapy | soiled linen          |
| obsessive-compulsive   | reminiscing          | spills                |
| occupied bed           | renewal              | spiritual needs       |

## Minnesota Nurse Aide Candidate Handbook

|                       |
|-----------------------|
| standard precautions  |
| state survey          |
| stereotypes           |
| stethoscope           |
| stress                |
| stroke                |
| subjective data       |
| sundowning            |
| supplemental feedings |
| suprapubic            |
| survey                |
| swelling              |
| TED hose              |
| temperature           |

|                      |
|----------------------|
| terminal illness     |
| threatening resident |
| tips                 |
| transfers            |
| transporting         |
| tub bath             |
| tubing               |
| twice daily          |
| tympanic             |
| unconscious          |
| uniform              |
| unsteady             |
| urinary              |
| UTI                  |

|                      |
|----------------------|
| validation           |
| vision change        |
| vital signs          |
| vocabulary           |
| vomit                |
| Vulnerable Adult Act |
| wandering resident   |
| water faucets        |
| weakness             |
| weight               |
| well-being           |
| wheelchair safety    |
| withdrawn resident   |

