

NJ ELECTRONIC TEST OBSERVER REMINDERS

CHANGES ARE NOTED IN **YELLOW EFFECTIVE 1/1/2022**

- **All forms** must be *emailed or faxed* at the conclusion of your Web Testing event.
- All students must sign on the printed 1250 (printed by Test evaluator)
- Training Roster must be sent with 1250 and material in this packet (printed by Instructor) - **NO LONGER NEEDED AS OF 1/1/2022**
- After sending information, please make sure that you confirm receipt of material with a D&S NJ representative before destroying any material.
- ALL DOCUMENTS NEED TO BE RECEIVED IN THE D&S OFFICE NO LESS THAN 24 HOURS FROM THE EVENT
- NO test will be scored without the required documentation.

***A COVER SHEET HAS BEEN ENCLOSED IN THIS PACKET THAT YOU CAN USE FOR SENDING MATERIAL BACK TO D&S :)**

EMAIL: hdmastereast@hdmaster.com (Attn: NJ Team)

FAX: 419-422-8328 (Attn: NJ Team)

PHONE: 877-851-2355

NEW JERSEY WEB TESTING MATERIAL
COVER SHEET

DATE:

FROM:

TEST SITE NAME:

TEST DATE:

ATTN: NJ TEST TEAM

FAX: 419-422-8328

EMAIL: HDMASTEREAST@HDMASTER.COM

NOTES FROM TEST EVALUATOR:

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

CANDIDATE PRINTED NAME

TEMPERATURE _____
PULSE _____ RESP _____
WEIGHT _____
INTAKE _____ % and _____ cc/ml
OUTPUT _____ cc/ml BP _____ / _____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

TO BE READ TO YOUR TESTING GROUP

INSTRUCTIONS SHEET - FORM 1600

NOTE TO TEST EVALUATOR:

- ❖ Please read to each of the candidates/students performing the duties as the resident during the skill test.
- ❖ Please remind candidates/students that any electronic devices are prohibited in the testing room.
- ❖ The resident/actor must be a minimum of 16 years of age to participate as a resident/actor.
- ❖ The resident/actor is required to wear a tank top, sleeveless shirt or loose fitting short sleeve shirt that can be pulled up over the shoulders, pants with loose fitting legs so that the pant leg can be pushed up to the knee in case the stocking skill is chosen and shoes with non-skid soles.

MANDATORY INSTRUCTIONS TO BE READ AND SIGNED BY EACH RESIDENT/ACTOR USED:

1. Please listen carefully as I read these instructions to you regarding your duties as an elderly weak resident.
2. Understand that you will be exposed to any of the skills listed in the candidate bulletin except peri care.
3. You will be asked to play the role of a weak dependent elderly resident. You will act coherent and will follow directions given by the test candidate/student.
4. Please respond to the test candidate/student only when spoken to. Do not initiate or encourage socialization or any talking with or use any body language with the test candidate during the skill test demonstration.
5. Be aware that you are unable to assist or direct the test candidate in anyway including using any physical or non-verbal cues. You must only listen to and cooperate with the instructions given by the test candidate/student throughout the skill demonstrations. Your job as the resident/actor is to remain TEST NEUTRAL with all your physical actions and verbal interactions so that nothing you do influences the outcome of the skill test for the test candidate. Do not NOT hinder or help! Good verbal interactions to use as a resident/actor include test neutral statements such as “Whatever you think is best” or “You are the expert.” Using these types of responses will place the decisions and direction the skill demonstrations take appropriately on the test candidate.
6. Listen closely between each skill task as I read the skill task scenario to the test candidate/student and set up the skill according to the directions for that skill which are listed on the skill actor set up cards. Please remember that this is a State Certification Exam. Any assistance you might want to provide to the candidate/student is strictly prohibited.
7. Remember that this is a State Certification Exam and if you provide any assistance to a test candidate both your skill test and the skill test of the candidate you have helped will not be scored and you and the test candidate will be directed to leave the testing premises. You and the test candidate will be reported to the New Jersey Department of Health and you may jeopardize your ability to take future skills test. Please bear that in mind and do not offer any assistance other than playing a NEUTRAL role as the weak elderly resident.
8. If ask a direct question pertaining to a skill task your reply should be “what ever you think is best.”
9. During the exam the candidate may be asked to perform a skill task that does not require your participation as an actor. During that time please sit quietly in the relaxation area while those skill tasks are in process.
10. Below is a listing of skills that are potential skills included in the actor list:
 - ❖ Ambulation with gait belt
 - ❖ Placing bedpan
 - ❖ Dressing
 - ❖ Foot care of one foot
 - ❖ Applying elastic stocking
 - ❖ Feeding a dependent resident
 - ❖ Making occupied bed
 - ❖ Mouth care
 - ❖ Nail care
 - ❖ Partial bed bath
 - ❖ Positioning on side
 - ❖ Range of motion knee & ankle---Range of motion one shoulder
 - ❖ Transfer bed to wheelchair
 - ❖ Radial pulse
 - ❖ Respirations
 - ❖ Weighing

The above paragraphs were read to me by the RN Test Evaluator and I understand that I am only to act as a neutral, weak, elderly resident actor and I agree that if I deviate from this obligation my testing rights will be withdrawn as well as the testing rights of the candidate testing. **I agree to these terms when I sign my name on the 1250 (sign in sheet).**

NOTE TO EVALUATOR

EACH STUDENT MUST READ THIS FORM- THEY WILL AGREE TO THESE TERMS WHEN SIGNING IN ON THE 1250 FORM.

TO BE COMPLETED ONLY IF THERE IS AN ISSUE WITH THE TESTING SITE AND/OR ITS EQUIPMENT

D & S Diversified Technologies

dba HEADMASTER

333 Oakland Avenue, Findlay, OH 45840

Toll Free 877-201-0758 — Fax 419-422-8328

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT NEW JERSEY

TEST SITE REQUIRED EQUIPMENT LIST

FACILITY NAME: _____ SITE # _____ DATE _____
FACILITY ADDRESS: _____ CITY _____ ZIP _____
CONTACT PERSON: _____ PHONE #: _____

****TEST SITES MUST INCLUDE ALL OF THE MATERIALS NECESSARY TO PROPERLY ADMINISTER ANY OF THE RANDOMLY SELECTED SKILL TESTS.**

EQUIPMENT REQUIREMENTS:

- _____ Bedpan
- _____ Long-term care bed with side rails, Working bed brakes
- _____ Privacy curtain (Must be overhead rail, pull type with a minimum 4' of rail)
- _____ Laundry hamper
- _____ Bedside stand and over bed stand
- _____ Wheelchair with working brakes and footrest
- _____ Standard scale or analog scale
- _____ Hand washing sink with running water, liquid soap, and paper towels (Preferably in same in same room.
- _____ Wash basin
- _____ Bedpan output measurement container/graduate
- _____ Wastebasket
- _____ Call light—does not have to be a working call light
- _____ Gait belt/transfer belt
- _____ Food tray, plate, silverware, drinking glass/cup
- _____ Linens including: pillows x5, bed linens, blankets and pillow cases
- _____ Towels and washcloths
- _____ Isolation gowns and gloves (latex and non latex)
- _____ Patient gowns and incontinence pad
- _____ Oversized shirt or blouse for dressing skill
- _____ Dentures and denture container
- _____ Toothbrushes or toothettes, toothpaste and mouth care cleaning solution
- _____ Anti-embolic/elastic stocking
- _____ Wall Clock and digital timer
- _____ Orange sticks, emery boards and lotion
- _____ Pump soap for bathing skill and peri care
- _____ Mannequin (peri area)
- _____ Walker

RECOMMENDATIONS: _____

COMPLETED BY: _____ DATE: _____