REMINDER!!

- **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)
- 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: _____

_____

_____

_____

WEBETEST MANDATORY DEMOGRAPHIC UPDATE FORM

TEST SITE #:_____ PACKET #:_____ DATE: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

Name: _____

Address: _____ Apt/Unit#:_____

City: _____ State: _____ Zip Code: _____

Email Address:_____

Phone number: _____

_____
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 _____

_____
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ONLY ONE SHEET PER STUDENT

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TEMPERATURE _____
PULSE _____RESP_____
WEIGHT_____
INTAKE_____% and _____cc/ml
OUTPUT_____cc/ml BP _____/_____
CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

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ONLY ONE SHEET PER STUDENT

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PULSE _____RESP_____
WEIGHT_____
INTAKE_____% and _____cc/ml
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CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

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ONLY ONE SHEET PER STUDENT

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PULSE _____RESP_____
WEIGHT_____
INTAKE_____% and _____cc/ml
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CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

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PULSE _____RESP_____
WEIGHT_____
INTAKE_____% and _____cc/ml
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CONTAINER #1 _____
CONTAINER #2 _____
CONTAINER #3 _____
TOTAL CONSUMED _____

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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 _____

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CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

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CANDIDATE PRINTED NAME

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PULSE _____RESP_____

WEIGHT_____

INTAKE_____% and _____cc/ml

OUTPUT_____cc/ml BP _____/_____

CONTAINER #1 _____

CONTAINER #2 _____

CONTAINER #3 _____

TOTAL CONSUMED _____

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CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

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CANDIDATE PRINTED NAME

TEMPERATURE _____

PULSE _____RESP_____

WEIGHT_____

INTAKE_____% and _____cc/ml

OUTPUT_____cc/ml BP _____/_____

CONTAINER #1 _____

CONTAINER #2 _____

CONTAINER #3 _____

TOTAL CONSUMED _____

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CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

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CANDIDATE PRINTED NAME

TEMPERATURE _____

PULSE _____RESP_____

WEIGHT_____

INTAKE_____% and _____cc/ml

OUTPUT_____cc/ml BP _____/_____

CONTAINER #1 _____

CONTAINER #2 _____

CONTAINER #3 _____

TOTAL CONSUMED _____

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CANDIDATE SIGNATURE
ONLY ONE SHEET PER STUDENT

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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

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 must 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	❖ Mouth care	❖ Transfer bed to wheelchair
❖ Placing bedpan	❖ Nail care	❖ Radial pulse
❖ Dressing	❖ Partial bed bath	❖ Respirations
❖ Foot care of one foot	❖ Positioning on side	❖ Weighing
❖ Applying elastic stocking	❖ Range of motion knee &	
❖ Feeding a dependent resident	ankle---Range of motion one	
❖ Making occupied bed	shoulder	

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.

NOTE TO EVALUATOR
EACH STUDENT MUST READ THIS FORM THEN SIGN
ACCORDINGLY ON THE SIGN OFF SHEET

WEB FORMAT: CANDIDATE/RESIDENT
SIGN OFF SHEET - FORM 1600

1

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

2

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

3

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

4

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

5

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

6

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

7

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

8

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

9

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

_____

10

_____
Resident/Actor Printed Name   Date   Phone Number

_____
Resident/Actor Signature

_____
RN Test Evaluator Signature   Date

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 _____
TESTING SITE TYPE: ___FLEXIBLE (In Facility) ___FIXED (Regional) _____ BOTH
CONTACT PERSON: _____ PHONE #:_____
PROGRAM COORDINATOR:_____ 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: _____