



**ILLINOIS NURSE ASSISTANT/AIDE
TRAINING COMPETENCY
EVALUATION PROGRAM**

***ILLINOIS NURSE ASSISTANT/
HOME HEALTH AIDE
COMPETENCY EXAM
APPLICATION GUIDELINES***

FOR

***ILLINOIS NURSE ASSISTANT/AIDE PROGRAM
COORDINATORS/INSTRUCTORS***

**SIUC Nurse Aide Testing Program
and
Illinois Department of Public Health**

2009

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COMPLYING WITH CRIMINAL BACKGROUND CHECK REQUIREMENTS

Community College and Facility Based Nurse Aide Training Programs:

The Health Care Worker Background Check Act was amended in February 1998 and stipulated that:

- a) An educational entity, other than a secondary school, conducting a nurse aide training program must initiate a Uniform Conviction Information Act (UCIA) criminal history records check in accordance with the requirements of the Health Care Worker Background Check Act prior to entry of an individual into the training program.**
- b) For the purpose of this section, "INITIATE" means the obtaining of the authorization for a record check from a student. The educational entity shall transmit all necessary information and fees to the Illinois State Police within 10 working days after the receipt of the authorization. Authorization shall be requested on the first day of class.**

SIUC Nurse Aide Testing will report background check results initiated through SIUC Nurse Aide Testing to IDPH with the individual's test results. The background check report must be from the Illinois State Police and have the individual's social security number written on the background report next to the individual's name.

High School Based Nurse Aide Training Programs and IDPH Assigned Codes:

Secondary students are not required to have a criminal background check conducted at the time of testing. However, when an applicant applies to work in a long-term care facility in Illinois with duties that involve direct care for residents, the employer will check the status of the applicant's Uniform Conviction Information Act (UCIA) criminal history record check on the Nurse Assistant Registry. If a UCIA criminal history record check has not been conducted within the last 12 months, the facility must obtain a UCIA criminal history check for that applicant regardless of age. It is recommended that high school based programs conduct a criminal background check at the same time they apply to take the Illinois Nurse Aide Competency Exam. Please review the pink Criminal Background Check Application guidelines for procedures for submitting criminal background checks.

COMPETENCY EXAM APPLICATION GUIDELINES

The purpose of this handbook is to assist Nurse Assistant Training Program Coordinators/Instructors with the submission of application materials for the Illinois Nurse Assistant Competency Evaluation.

IMPORTANT REMINDERS:

- 1. All nurse aide competency exam applications MUST be submitted by an IDPH approved training program using a dual-colored blue/maroon competency exam application form with a \$60.00 fee. The application must be accompanied by a typed program completion cover letter on letterhead that has been signed by the instructor or program coordinator (no substitutions), along with a typed alphabetized applicant roster. The roster must be separate from the cover letter.**
- 2. When multiple test sites or multiple test dates are needed for students a separate test site roster and cover letter MUST be completed for each test site or test date (see appendix A & B). The roster must be a separate document from the cover letter. Failure to prepare separate cover letter and roster for each test site or test date will result in the entire test materials packet being returned to sender for correction.**
- 3. Verification of training completion at an approved Illinois Nurse Aide Training Program must be submitted with all competency exam applications (a typed cover letter on program letterhead and a typed alphabetized roster of eligible applicants, see appendix A & B). Applications may not be mailed prior to the program completion date.**
- 4. Only the approved training program instructor or designated training program coordinator may sign the official letter with roster indicating that students have completed the Nurse Aide Training Program. Administrators or other personnel shall not sign in place of the instructor/coordinator.**
- 5. Training programs must check the SIUC Nurse Aide Testing website at www.nurseaidetesting.com to verify the chosen test site is tentatively scheduled for a NATCEP Competency Exam for that month. Scheduling your students at a test site that is not scheduled for testing will result in your students being delayed for testing.**
- 6. Applications must be completed using a Number 2 (soft lead) Pencil.**

7. The ovals below the written information on the applications must be filled in accurately and completely. Failure to do so will result in the entire test materials packet being returned to sender for correction.
8. Instructors must check the application forms and fee payment for accuracy before mailing. (*Incomplete applications and altered money orders will be returned to the program for correction*).
9. Paper clip the payment to application forms.
10. Do not fold applications.
11. Effective October 1, 2008, all Illinois Criminal Background Check Reports not initiated by SIUC must be mailed directly to the Health Care Worker Registry. On or before the first day of class the instructor/coordinator must write the student's social security number on the background check results and mail those results to: Illinois Department of Public Health, Health Care Worker Registry, 525 W Jefferson St., Fourth Floor, Springfield, IL 62761
12. Requests and documentation for special needs testing must be submitted at least 30 days prior to the desired testing date (see appendix E).
13. Test application and Criminal Background Check (CBC) application materials must be ordered using the Fax reorder form in appendix C. All information must be completed on the order form.

NURSE AIDE PROGRAM RESPONSIBILITIES

The instructor/program coordinator is responsible for ensuring that the application process is made as easy as possible for the student. If you need telephone assistance in filling out the application, please call 618-453-4368.

Maintain Adequate Supply of Application Materials

It is the responsibility of the Illinois Certified Nurse Aide Training Programs to provide nurse aide competency exam application forms only to individuals who have completed that training program. The training program should not provide applications to individuals who did not complete their training program. Each program coordinator should maintain a supply of application materials that include dual-colored blue/maroon application forms, test schedules and instructor/coordinator guidelines for completing the Nurse Aide Competency Exam.

Additional material may be obtained, on request, from the SIUC Nurse Aide Testing center by FAXING your requests to the nurse aide testing office. The Fax Number is (618) 453-4300. Requests for additional material MUST be made on the fax re-order forms provided and must include all required information including the training program's name and assigned program number (See Appendix C for the re-order form). The maximum number of applications that can be ordered at one time is 200.

NOTE: All first time applicants MUST submit their applications through the nurse aide training program if their training occurred LESS than 24 months ago. If training occurred MORE than 24 months ago, the test application must be approved by the Illinois Department of Public Health BEFORE being submitted for testing. The correct fee to accompany the dual-colored blue/maroon application is \$60.00 for a first time applicant; this fee **does not** include a criminal background check. If an applicant has previously received a fail or no show result from a previous Illinois Nurse Aide Exam he/she may submit the application form. An applicant who is re-applying or re-scheduling pays a reduced examination fee if the application is resubmitted within one year of the previous examination date. **After one year has elapsed**, the applicant must pay a first time application fee of \$60.00.

Determine Eligibility of Students

Students are eligible to apply for the written exam only after they have successfully completed an approved Illinois basic nursing assistant training program and have had a non-fingerprint criminal background check initiated. Training programs are approved by the Illinois Department of Public Health. **Students must be eligible to test (i.e. program completed) at the time the applications are submitted. Do not submit applications of students who have not completed training.** Instructors must not submit applications for anyone who did not complete their approved nurse assistant training program. Students may apply for the nurse assistant test individually **ONLY** if they have previously failed or no-showed the Illinois Nurse Aide Competency Exam or have their test application approved by the Illinois Department of Public Health PRIOR to submitting for testing. Individual requests that are first time applicants who do not meet the above specified requirements will be returned to the applicant. It is the nurse assistant training program's responsibility to assist their students with the completion of the dual-colored blue/maroon nurse aide competency exam application form after successful completion of the training program and submit the application for the student with the proper typed cover letter and typed alphabetized applicant roster. If the training program completed by the student is no longer active, the student must contact the Illinois Department of Public Health at 217-785-5133 to obtain the required nurse aide competency exam application materials.

Assist Students in Completing Application Forms

Program instructors/coordinators must familiarize themselves with the nurse aide competency exam/CBC application materials and guidelines. Program instructors/coordinators must be able to:

- a. provide verbal instructions to the students for correctly completing the competency exam/CBC application materials in a group activity.
- b. identify the correct application information required. (i.e. test site number, program number, program completion date, instructor code, etc.).
- c. verify that the program has been successfully completed and all application materials and payment are correct prior to mailing the application.
- d. verify that all required application materials and fees are correct and submit the application for the students along with the appropriate typed cover letter and typed alphabetized applicant roster.

The nurse aide competency exam application and CBC application completion should be done as a supervised group activity. During the assigned time, the program instructor/coordinator should distribute the application to the students and provide verbal instructions and assistance for the completion of the applications (see page 15 for verbal instructions). The program instructor/coordinator should remain with the students helping them complete the process accurately. The program instructor/coordinator must verify all coded application information for completeness and accuracy prior to submitting the applications to SIUC Nurse Aide Testing. **Errors in the completion of the application forms will result in the application materials being returned to the program, creating delays in processing the forms and scheduling the test date. All information must be coded correctly on the application form.** The only time an applicant may submit the applications themselves is if he/she failed or no-showed the Illinois Nurse Aide Competency Exam previously. A new application form and the information required to complete the application will be included along with the applicant's test result letter.

Special testing conditions must be pre-approved by IDPH prior to being submitted to the SIUC Nurse Aide Testing Office. Individuals who wish to sit for the Illinois Nurse Aide Competency Exam based on special conditions such as equivalent training, Fundamentals of Nursing (nursing training), foreign LPN or RN diploma or military training must be instructed to contact the Illinois Department of Public Health at 217-785-5133 to obtain testing application instructions and application materials.

Collect Appropriate Examination Fees

Program instructors/coordinators must ensure that the correct fee is collected from each student. **All fees submitted with the testing applications must be in the form of a Money Order payable to Southern Illinois University at Carbondale (SIUC), a certified check, or a check from the sponsoring agency, with the student's name shown on the front of the money order or check. No personal checks will be accepted. Money orders or checks that have been altered cannot be accepted and will result in all application materials being returned to the sender.**

It is very important that the program instructor/coordinator ensures that correct unaltered fees accompany all application forms. **Forms that are accompanied by incorrect fees will result in the entire testing application packet being returned to the sender resulting in a delay in the application packet processing.**

Students should be reminded that under no condition should fees be made payable to individuals at an examination center. All fees submitted with application forms must be payable to SIUC and paper clipped to the completed application form.

Fee Schedule

First Time Applicant:

Blue/Maroon application (Does not include background check) \$60.00

Re-apply :

Failed test previously (within one year of fail result) \$30.00

Re-schedule:

No Show at a test (within one year of missing the exam) \$20.00

Re-test Only:

On registry but has not worked in 2 years \$60.00

Non-Fingerprint CBC:

Needs an Illinois Criminal Background Check initiated \$15.00

All fees sent to Nurse Aide Testing must be in the form of a Money Order payable to Southern Illinois University at Carbondale (SIUC), certified check, or check from the sponsoring agency. NO PERSONAL CHECKS will be accepted.

Submitting the Application

After completing the Application Form, check to make sure it is complete and accurate.

NOTE: The Nurse Assistant Competency Exam application form is an optical scan document, if the information on the application is coded incorrectly, the data scanned into the computer will be incorrect, this is especially critical for social security numbers, names, mailing addresses, test site locations, exam dates, etc. Applicant social security number data submitted to the IDPH with the test results will be based on the information provided on the criminal background check application form if the background check was initiated through SIUC.

Proof of successful completion of an approved Illinois Nurse Aide Training program, in the form of a typed cover letter and a typed alphabetized applicant roster must be provided with all application submissions (see Appendix A & B).

Proof of training program completion submitted by an individual include:

The only acceptable proof of training for nurse assistants submitting applications as an individual is a Nurse Assistant Competency Evaluation result letter, or an Illinois Department of Public Health stamped and approved application form. **Applications submitted by individuals that do not meet one of the conditions stated above will be returned to the individual for proper submission.**

Proof of training program completion submitted as a group include:

SUBMITTING COMPETENCY EXAM APPLICATIONS IN WHICH CRIMINAL BACKGROUND CHECKS WERE INITIATED THROUGH SIUC NURSE AIDE TESTING

The amended Health Care Worker Background Check Act requires that the results of the criminal history record be attached to the competency exam application form. If the check was initiated through Nurse Aide Testing at SIUC, then the background check results are already on file. What is required is an application verification letter on typed letterhead (Appendix A), a typed roster of the applicants including last name, first name, middle name, social security number, exam fee being paid for each applicant, the date the applicant is applying for testing and the program number of the training program the applicant completed (Appendix A), a money order payable to SIUC, and the dual-colored blue/maroon competency exam application form completed in pencil.

If the applicants are applying to different test site locations or for different test dates, a separate cover letter and roster must be completed showing the applicants for each test site or test date.

Failure to separate the applications with individual cover letters and rosters for each test site or test date will result in ALL of the test application materials being returned to the sender for correction.

SUBMITTING COMPETENCY EXAM APPLICATIONS IN WHICH CRIMINAL BACKGROUND CHECKS WERE INITIATED BY AN AGENCY OTHER THAN BY SIUC NURSE AIDE TESTING.

Effective October 1, 2008, all Illinois Criminal Background Check Reports **NOT** initiated by SIU must be mailed directly to the Health Care Worker Registry. On or before the first day of class the instructor/coordinator must write the student's social security number on the background check results and mail those results to:

**Illinois Department of Public Health
Health Care Worker Registry
525 W Jefferson St., Fourth Floor
Springfield, IL 62761**

An application verification letter typed on letterhead, along with a typed roster of the applicants applying to test, including last name, first name, middle name, social security number, exam fee being paid for each applicant, the date the applicant is applying for testing, the program number of the training program the applicant completed, the background check result, and the date the result was completed must be provided as indicated in Appendix B. **The amended Health Care Worker Background Check Act requires that the results of the criminal history record be attached to the competency exam application form.** If the check was initiated through an agency other than Nurse Aide Testing at SIUC then background check results must be **paper clipped** to each application. In addition to the background check, a money order payable to SIUC, and the dual-colored blue/maroon nurse aide competency exam application form completed in pencil must be clipped together (see assembling the applications for mailing).

Note: If a student has a fingerprint background check, you may accept it. Expiration dates do not apply to fingerprint background checks. This same process applies to fingerprint checks. Include a copy to be attached to the student's application form.

If the applicants are applying to different test site locations or for different test dates, a separate roster must be completed showing the applicants for each test site or test date and each roster must be paper clipped to the application materials for those individuals applying for that test site or test date.

Failure to separate the applications with individual cover letters and rosters for each test site or test date will result in ALL test application materials being returned to the sender for correction.

Assemble Application Materials for Mailing

Before mailing, assemble the application materials in the following manner:

- a. All applications submitted must have a typed program completion verification cover letter on submitting agency letterhead and a typed alphabetized roster of eligible applicants (see Appendix A if background check was initiated through SIUC or Appendix B if background checks initiated through an agency other than SIUC). If applicants are going to multiple test sites or testing on different test dates, a cover letter and roster must be completed for each test site or test date and attached to the associated applications.

First time applications submitted by individuals will be returned to the individual if the application is not approved by the Illinois Department of Public Health or does not have the program approval attached.

- b. Money order or facility check made payable to SIUC, **paper clipped** to the each application form or group of applications that the payment is for.

NOTE: If background checks were completed by an agency other than SIUC then a copy of the background check result must also be clipped to each application.

- c. First-time applications must be sorted by test site.
- d. Applications to **retake** the written exam.
- e. Applications to **reschedule** the written exam.

NOTE: Please use only paper clips to attach individual fees and background check reports to the corresponding applications. All applications must be sorted by test site/test date with a separate roster.

Each test site schedules the test according to the needs of the majority of students and availability of the rooms. Not every test site offers the test every month, the days and times may change. Please contact your testing center to determine the date, time, building and room location scheduled for that month. Student notification letters will have official date, time and location for that month's test and will be received by the applicant about one week prior to the scheduled testing date.

***** DO NOT SEND FEES AND APPLICATIONS SEPARATELY *****

Mailing the Application Package

After the application forms have been turned in and checked to verify that all information has been provided and coded correctly, check that the proper program completion verification of an approved Illinois Nurse Aide Training Program is enclosed with the completed applications. Acceptable proof of training includes:

1. **A typed program completion verification letter from the nurse aide training program instructor/ coordinator on letterhead and a typed alphabetized student roster.**
2. **A copy of a Fail or No Show letter from a previous nurse aide test.**
3. **Test application pre-approved by the Illinois Department of Public Health.**

Also enclosed with the completed application must be a money order made payable to SIUC for the appropriate amount (see Appendix D for a schedule of testing fees), and a copy of an Illinois State Police Criminal Background Check report if the background check was not initiated through SIUC Nurse Aide Testing Project. If the individual does not have a current Illinois State Police Criminal Background Check report, they must initiate a background check when they submit the application to test

(see Instructions For Completing The Illinois Criminal Background Check Application Form [Red Form]).

It is very important that the **Postmark Deadline** date be observed when mailing the application package. **Failure to have the application package stamped by the U.S postal service on or before the postmark deadline will result in the applications being processed for the next available examination date (the earliest date after the one requested).** Private, facility or institution postage meter dates will not be considered for post mark due dates, only the U.S. Postal Service meter date will be accepted. Copies of the scheduled testing dates and postmark deadline dates are mailed with each request for applications. It is the program coordinator's responsibility to ensure that correct postage is placed on the envelope so that it will be delivered on time. **Late deliveries, due to inadequate postage or mail delays are not the responsibility of SIUC.** The latest postmark date will be used if multiple postage dates are stamped on the package.

***** DO NOT FOLD OR STAPLE THE APPLICATION *****

Before mailing any applications verify that. . .

- all information on the application forms has been provided and coded correctly.
- a Money Order, Facility Check, or Certified Check for the correct amount, payable to SIUC is enclosed (no personal checks or altered checks/money orders).
- proper verification of nurse assistant training program completion has been enclosed for all applicants.
- documentation of an Illinois State Police Criminal Background Check Report has been provided for each application or an application to initiate an Illinois State Police Criminal Background Check is enclosed.
- documentation requesting any special needs testing conditions have been enclosed

MAIL APPLICATIONS TO: NURSE AIDE TESTING
SOUTHERN ILLINOIS UNIVERSITY
MAILCODE 4340
CARBONDALE, IL 62901-4340

NOTE: ANY INCORRECT OR MISSING TESTING APPLICATION MATERIALS WILL RESULT IN THE ENTIRE TESTING APPLICATION PACKET BEING RETURNED TO THE SENDER FOR CORRECTION. CHECK CAREFULLY TO ENSURE THAT ALL REQUIRED INFORMATION AND MATERIALS ARE CORRECT AND ENCLOSED

BEFORE MAILING THE TESTING APPLICATION PACKET TO AVOID DELAYS IN PROCESSING AND SCHEDULING OF THE APPLICANT'S EXAM.

Applying to Retake an Exam

A student who does not pass the exam has the option of two (2) retakes. After failing the exam three times, the student must complete an approved training program again. Student(s) wishing to retake the competency exam must complete a new application form and pay the re-application fee of \$30. Testing fees are outlined in **Appendix D**. Applications for retakes may be submitted with the other applications or individually. **AN APPLICANT MAY APPLY TO RE-TAKE THE NURSE AIDE COMPETENCY EVALUATION AT A REDUCED PRICE (\$30) WITHIN ONE YEAR OF THE LAST APPLICATION DATE. IF ONE YEAR HAS ELAPSED, THE STUDENT WILL BE REQUIRED TO PAY THE FIRST TIME APPLICANT FEE OF \$60.00.** If a student who is applying to re-take the exam, had special needs accommodations approved and provided at the previous exam and wishes to have those accommodations provided at the next exam, the applicant must include a letter indicating the specific special needs accommodations being requested with the re-application materials.

Applying to Reschedule an Exam

A student who missed the exam may re-apply by completing a new application form and paying the rescheduling fee of \$20. **AN APPLICANT MAY RE-APPLY FOR THE NURSE AIDE COMPETENCY EVALUATION AS A NO-SHOW AT A REDUCED PRICE (\$20) WITHIN ONE YEAR OF THE LAST APPLICATION DATE. IF ONE YEAR HAS ELAPSED, THE STUDENT WILL BE REQUIRED TO PAY THE FIRST TIME APPLICANT FEE OF \$60.00.** If a student who is re-applying to take the exam, had special needs accommodations approved and provided at the previous exam and wishes to have those accommodations provided at the next exam the applicant must include a letter indicating the specific special needs accommodations being requested with the re-application materials.

Requesting Special Needs Testing Conditions

Illinois Nurse Aide Competency Exam centers will provide special needs testing to applicants who qualify. To request a special needs exam, the Nurse Assistant (NA) training program instructor/coordinator must prepare a letter of request (**Example in Appendix E**) and submit it along with the official documentation of the special need disability requiring alternative testing conditions that specifically states the accommodation(s) that are being requested for the stated disability. The request must be submitted with the completed application form, proof of training program completion, copy of criminal background check report, and appropriate testing fee.

Special needs disability documentation must be from a person who has the background and training to make a determination of the special needs required (i.e. school's special needs counselor, resource services coordinator, medical professional/specialist, etc.). Examples of acceptable special testing

needs/conditions documentation would include: a student's IEP (Individualized Education Plan), documentation of special needs services received from an educational institution, or documentation of physical disabilities such as vision or hearing problems. Special needs testing requests must be typed on official letterhead and signed and dated by the professional submitting the documentation, and must specifically state what the special needs disability is and what accommodations are required. Special needs requests would include oral exams (electronic media - tape or CD), reader (live person), extended time, separate testing area, enlarged type, etc.

Nurse Aide instructors are not considered to have had the training to determine special needs testing. Applicants may not refer themselves for special needs testing. Special needs testing requests and documentation must be sent to SIUC Nurse Assistant Testing office for approval of special needs testing conditions. Applicants will not be scheduled for special needs testing until approval from the SIUC Nurse Aide Testing project is granted. Submitting the requests as early as possible will help assure that proper accommodations are arranged for the testing time requested. The applicant will be notified of the status of the special needs testing request as soon as possible.

There is no additional charge for approved special needs accommodations. Special needs requests, completed application form, proof of training program completion, copy of criminal background report and appropriate testing fee must be sent to the nurse aide testing address shown below.

NOTE: English as a second language is not recognized as a special needs disability by the Illinois Department of Public Health and does not qualify the individual for special needs accommodations. Individuals who are working in primarily English speaking facilities are expected to be able to read and speak English fluently, and are required to take the Illinois Nurse Aide Competency Exam in English.

Please submit special needs requests and special needs disability documentation to the SIU Nurse Aide Testing Project as early as possible to:

NURSE AIDE TESTING
SOUTHERN ILLINOIS UNIVERSITY
MAILCODE 4340
CARBONDALE, IL 62901-4340
ATTENTION: SPECIAL NEEDS REQUEST

Oral Exams

Oral exams are given by audiotape or CD unless the candidate's special needs prevent this mode of testing. Testing centers frequently handle oral exams in an individual manner. Specific information will be provided by the test site coordinator. There is no additional charge for an approved oral exam or other special needs accommodations.

Reader Exams

Reader exams are given by a live individual only if the special needs documentation indicates this as the required mode of exam delivery. Testing centers frequently handle reader exams in an individual manner. Specific information will be arranged and provided by the test site coordinator. There is no additional charge for an approved reader exam or other special needs accommodations.

Other than English Exams

Other than English exams are available ONLY to those persons working in facilities where 50% or more of the residents speak the requested language. Approval of these facilities is through the Illinois Department of Public Health. The fee for a translated exam is \$100.00. (\$60.00 + \$40.00) Testing in languages other than English is offered on a limited basis. Please contact SIUC; Nurse Aide Testing for more information.

NURSE AIDE COMPETENCY EXAM GROUP APPLICATION COMPLETION PROCEDURES

NURSE AIDE COMPETENCY EXAM APPLICATION VERBAL INSTRUCTIONS

INSTRUCTORS MUST READ THE FOLLOWING INSTRUCTIONS TO YOUR STUDENTS, PAUSING BETWEEN SECTIONS UNTIL ALL STUDENTS HAVE COMPLETED ONE SECTION BEFORE MOVING TO THE NEXT SECTION. AFTER COMPLETING THE APPLICATION PROCESS, PLEASE CONTINUE TO READ PAGES 18-20 TO THE STUDENTS.

Begin completing the Application Form on side one. Be sure that you are using a **No. 2 lead** pencil to complete the form. The letters beside each section title correspond to the different parts on the Application Form. This is a scan form that will be read by a computer. It is extremely important that it is coded correctly. Incorrect coding will result in the wrong data being provided for your nurse aide testing application. Please make sure that the ovaled letter or number that you darken in matches the letter or number you have printed above it.

The first section is:

A. Name and Mailing Address

This is the only area that does not have to be coded. Stay within the designated areas for name and address. Print your full name and current mailing address.

The next section is:

B. Social Security Number

In the spaces provided, write your social security number. Darken the corresponding oval under each digit.

The next section is:

C. Written Test Date

Darken the oval beside the desired month of testing and the ovals for the last two digits of the year in which you will take the written exam.

The next section is:

D. Name

In the first section, print your last name.

In the second section, print your first name.

In the third section, print your middle name.

Begin in the first space of each section! Do not skip any spaces between letters; only leave a blank space if you have more than one name, for example Mary Jo or Smith-Jones.

Now code the information by filling in (darkening) the corresponding oval under each letter, do not mark blank ovals.

The next section is:

E. Date of Program Completion

Darken the oval beside month of the program completion date; then write the day and the last two digits of the year. Darken the corresponding ovals under the day and year. **Be sure to put a zero ("0") before a single digit.**

The next section is:

F. Program Code

Your instructor or program coordinator will give this code to you. In the spaces provided, write the 4 digit program code. Darken the corresponding oval under each digit. Fill in "0" on the LEFT for codes less than four digits, (e.g. 14 would be coded 0014).

The next section is:

G. Written Exam Center Code

Your instructor or program coordinator will give this code to you. In the spaces provided, write the code for the center at which you will take your written exam. Darken the corresponding oval under each digit. **Written Exam Center Codes always start with a 5.**

NOTE TO INSTRUCTOR: *Appendix F of this document shows written exam center codes for Illinois.*

The next section is:

H. Instructor Code

NOTE TO INSTRUCTOR: *If you do not want students to have access to your instructor code, you must complete this section after student has completed their part of the application.*

Your instructor or program coordinator will give this code to you. In the spaces provided, write the 4 digit instructor code. Darken the corresponding oval under each digit. Fill in "0" on the LEFT for codes less than four digits, (e.g. 1 would be coded 0001, 14 would be coded 0014, 241 would be coded 0241, etc.)

The next section is:

I. Mailing Address

Print your complete street address and apartment number in the spaces provided. Darken the letter or number in the corresponding ovals. **Be sure to begin in the first space of each section and leave a blank space after numbers or between words. Stay within the designated area.** If there is not enough spaces to enter the entire address, abbreviate non essential words such as Road (Rd), Street (St), or East (E).

The next section is:

J. City

In the spaces provided, print the name of the city in which you receive your mail. Begin in the first space and leave a blank space between words. Darken the corresponding ovals under each letter.

The next section is:

K. State

In the spaces provided, print the abbreviation of the state in which you receive your mail. Darken the corresponding ovals under each letter.

The next section is:

L. Zip Code

Write your five-digit zip code in the spaces provided. Darken the ovals that correspond to each digit.

The next section is:

M. Telephone Number

In the spaces provided, write the telephone number at which you can be reached during the day. Darken the ovals that correspond to each digit.

When you have completed coding the telephone number in box M, please go back and double check that you have coded the correct letters or numbers in each section.

NOTE: Instructors/Program Coordinators, it is the nurse assistant training program's responsibility to correctly submit the applications for any students who complete your training program within the first 24 months immediately following completion. If the student wishes to test more than 24 months after having completing your program, the student must contact the Illinois Department of Public Health at 217-785-5133 for approval and the test application. You must also submit the appropriate typed cover letter and typed alphabetized roster as shown in Appendix A & B. Do NOT allow students to send in the applications themselves unless they have previously failed or no-showed the Illinois Nurse Aide Competency Exam. Any applications submitted by individuals or that are not in accordance to the guidelines as indicated in this manual will result in the applications being returned to the submitter for correction and will result in a delay in testing.

PREPARING FOR THE COMPETENCY EXAM

Study Information

The written evaluation will consist of 85 multiple-choice questions. You will have 90 minutes (1 ½ hours) to complete the exam.

NOTE: THERE ARE 10 SAMPLE TEST QUESTIONS IN THE APPLICATION GUIDELINES (see Appendix G), THERE IS ALSO AN ON LINE PRACTICE EXAM AVAILABLE AT NO CHARGE.

Please visit our website at www.nurseaidetesting.com where you may practice for the exam utilizing an 85 question sample examination. You may also check your exam schedule directly by visiting this website. Confirmation letters will be mailed approximately 10 days prior to your examination. Information regarding your schedule is not available prior to the first week of the month of the scheduled test.

Testing Confirmation Letter

Approximately 10 days before the scheduled testing date, testing candidates will receive a testing confirmation letter that contains the final testing information for their scheduled test. This information will include:

Test Site Name (college/school)
Testing Location (building/room)
Testing Time (date/time)

This confirmation letter is for the candidate's information only and is not required for entry to the exam. If a candidate's name appears on the testing roster he/she will be allowed to test provided he/she shows the required identification documents (photo I.D. with current photograph and signature). **The Nurse Aide Testing Office is not responsible for non-delivery of confirmation letters by the postal service**, if a candidate thinks he/she is scheduled to test, but has not received a confirmation letter 5 days prior to the scheduled testing date, the individual can go on line at www.nurseaidetesting.com and click exam schedule status or call the Nurse Aide Testing Office at 618-453-4368 to verify registration for the scheduled to test. ***It is the student's responsibility to verify if they are scheduled for the exam.***

Admission to the Exam Center

Candidate Identification

To be admitted to the examination center, your name must be on the test roster and you must present a photo identification that contains a current photograph and your signature (e.g., driver's license, a school or college photo I.D. or a passport may be accepted). A valid photo I.D. may be obtained from the Secretary of State's Office (Driver's License Center) in your city if you have no other form of photo identification. **No candidate (student) will be admitted to the examination without a valid Photo I.D. Please take two #2 lead pencils with you to the test site.**

Punctuality

Approximately one week prior to the exam date you will receive a test confirmation letter that will provide the specific date, time and location that you are scheduled to test. If you have not received a confirmation letter by the Monday prior to the scheduled test date and you think that you are registered for that month's testing, you can verify that you are scheduled to test by going on line or calling 618-453-4368.

On the day of the examination, you should arrive at the examination center at least 15 minutes before the time listed in your notification letter. The doors to the examination room will be closed at the start of the exam; examinees that arrive **after** the start of the exam **will not** be admitted to the room nor be allowed to test during this testing period. Applicants may re-apply for another test and pay the \$20 re-scheduling fee.

EXAMINATION RESULTS

Distribution of Results

Approximately two weeks after taking the written examination, each student will be sent results of the test. The letter will indicate results of the exam as well as results of the criminal background check if the background check was initiated through SIUC Nurse Aide Testing Office. The result letter is to notify the candidate of his/her test results only, and is **NOT** an official document as to his/her status on the Illinois Health Care Worker Registry. Employers are **NOT** to accept this result letter as verification of an individual's eligibility to work as a Nurse Aide in the state of Illinois. **DO NOT call the Nurse Aide Testing Office for your exam results. Due to the Privacy Act, we are unable to provide any exam results information by phone, fax or email.** You may check your exam results online by visiting www.idph.state.il.us/nar.

Verifying Results

Approximately two weeks after the test, candidates test results will be posted on the Illinois Health Care Worker Registry. Employers are required by state law to verify a candidate's eligibility to work as a nurse assistant in the state of Illinois by visiting the Illinois Health Care Worker Registry at www.idph.state.il.us/nar. Employers are **NOT** to accept a copy of the test result letter as proof of a candidate's status on the Illinois Health Care Worker Registry. A candidate who wishes to verify their status on the registry may call the Illinois Health Care Worker Registry at 217-785-5133 or go to the Illinois Health Care Worker Registry web site at www.idph.state.il.us/nar.

NOTE: Due to the privacy act, the Nurse Aide Testing Office cannot provide test result and background check information over the phone, fax or email transmission.

Requesting a Test to be Re-Scored

If you think there was an error in scoring your test, you may request that the test be scored again. Requests for verifying results must be made within **six weeks** of the receipt of the results. Requests for verifying results **must** be made in writing and **must** provide the following:

- a. the date on which the test was taken.

- b. the testing center at which the test was taken.
- c. test taker's complete name, address, and social security number (as they appeared on the application form).
- d. a **money order** of \$10.00 made payable to SIUC. The money order must show the individual's name. **No personal checks will be accepted.** Request for verifying exam results must be mailed to the following address:

**NURSE AIDE TESTING
SOUTHERN ILLINOIS UNIVERSITY
MAILCODE 4340
CARBONDALE, IL 62901
ATTENTION: SCORE VERIFICATION**

After the verification is completed, if it is found that an error was made in reporting the results, the error will be corrected and the fee will be reimbursed.

Requests for a duplicate result letter may be made by following the above procedures accompanied by a \$7.00 money order payable to SIUC for processing and postage.

Complaints

Complaints about the testing process, the testing center, or the conditions under which the test was administered, must be detailed in a letter and mailed to the address above. **Complaints affecting the scoring of an exam should be mailed no later than three days after the exam was taken.**

APPENDICES

Sample Nurse Aide Application Verification Letter
For Background Checks Initiated Through SIUC

(LETTERHEAD)

Current Date

Nurse Aide Testing
SIUC Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator,

Attached are typed alphabetized rosters of applicants who have completed the following approved Illinois Nurse Aide Training Program (**name of training program**), NA (**training program number**) on (**program completion date**) as indicated on the attached applicant rosters. These applicants are eligible to take the Nurse Aide Competency Test on the date indicated on the applicant roster.

All attached applicants have had a criminal history record check initiated through Nurse Aide Testing at SIUC.

The applications have been separated by test site location with a separate roster for the students applying to each test site or test date and sorted by type of application (1st time, retake, or reschedule) as indicated on page 9 of the application guidelines. I have enclosed (**total # of applications**) application forms and fees in the amount of (**total dollar amount**). If you have questions, please contact me at (**contact person's phone number**)

Sincerely,

(Signature of Instructor/Coordinator) **NO ADMINISTRATORS OR OTHER
PERSONNEL SHALL SIGN IN PLACE OF
THE INSTRUCTOR/COORDINATOR**

Instructor/Coordinator's typed or printed name
Instructor/Coordinator's official title

(SEE NEXT PAGE FOR ROSTER)

NOTE: A separate cover letter must be done for each different program completion date.

Appendix A (cont.)

Sample Nurse Aide Exam Applicant Rosters

**NURSE AIDE EXAM APPLICANT ROSTER FOR APPLICANTS WITH
CRIMINAL BACKGROUND CHECKS INITIATED THROUGH SIUC**

The following students wish to sit for the Illinois Nurse Aide Competency Exam at **(Test Site Name)** on **(Scheduled Test Date)**.

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security #</u>	<u>Exam Fee</u>	<u>Exam Date</u>	<u>Exam Program Number</u>
Anybody	William	P	000-00-0000	\$30.00	05/03	0123
Doe	Jane	A	123-45-6789	\$20.00	05/03	0123
Public	Sally	Q	999-99-9999	\$60.00	05/03	0123
Somebody	John	D	987-65-4321	\$60.00	05/03	0123

NOTE: IF SENDING TO MULTIPLE TEST SITES, THE CORRESPONDING ROSTER MUST BE ON ITS OWN SHEET OF PAPER SO THE ROSTER MAY FOLLOW APPLICATION FORMS TO TEST SITE DOCUMENTATION.

NOTE: All rosters must follow the specified format as shown above. Failure to supply the roster as outlined will result in the return of ALL applications to be corrected. A separate roster must be completed for each separate test site or test date.

Sample Nurse Aide Application Verification Letter
For Background Checks Not Initiated Through SIUC

(LETTERHEAD)

Current Date

Nurse Aide Testing
SIUC Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator,

Attached are typed alphabetized rosters of applicants who have completed the following approved Illinois Nurse Aide Training Program **(name of training program)** NA **(program number)** on **(program completion date)** as indicated on the attached applicant roster. These applicants are eligible to take the Nurse Aide Competency Test on the date indicated on the applicant roster.

The results of the criminal history record check is attached to the student's competency test application and listed on the applicant roster along with the date the check was conducted.

The applications have been separated by test site location with a separate roster for the students applying to each test site or test date and sorted by type of application (1st time, retake, or reschedule) as indicated on page 9 of the application guidelines. I have enclosed **(total # of applications)** application forms and fees in the amount of **(total dollar amount)**. If you have questions, please contact me at **(contact person's phone number)**

Sincerely,

(Signature of Instructor/Coordinator) **NO ADMINISTRATORS OR OTHER
PERSONNEL SHALL SIGN IN PLACE OF
THE INSTRUCTOR/COORDINATOR**

Instructor/Coordinator's typed or printed name
Instructor/Coordinator's official title

(SEE NEXT PAGE FOR ROSTER)

NOTE: A separate cover letter must be done for each different program completion date and test site.

Appendix B (cont.)

Sample Nurse Aide Exam Applicant Rosters

**NURSE AIDE EXAM APPLICANT ROSTER FOR APPLICANTS WITH
CRIMINAL BACKGROUND CHECKS INITIATED THROUGH OTHER THAN SIUC**

The following students wish to sit for the Illinois Nurse Aide Competency Exam at **(Test Site Name)** on **(Scheduled Test Date)**.

<u>Last Name</u>	<u>First Name</u>	<u>Middle Initial</u>	<u>Social Security #</u>	<u>Exam Fee</u>	<u>Exam Date</u>	<u>Program Number</u>	<u>CBC Result</u>	<u>CBC Date</u>
Anybody	William	P	000-00-0000	\$30.00	05/03	0123	P	03/18/03
Doe	Jane	A	123-45-6789	\$20.00	05/03	0123	C	07/23/02
Everybody	William	P	000-00-0001	\$30.00	05/03	0123	NR	01/18/03
Public	Sally	Q	999-99-9999	\$60.00	05/03	0123	MH	02/16/03
Somebody	John	D	987-65-4321	\$60.00	05/03	0123	NRR	04/18/03

NOTE: P=Pending (ISP doing hand search), C=Conviction, NR=No Record, MH=Multi-Hit, NRR=No Result Received

NOTE: All rosters must follow the specified format as shown above. Failure to supply the roster as outlined will result in the return of ALL applications to be corrected. A separate roster must be completed for each separate test site or test date.

Reorder Form

Appendix C

Nurse Aide Competency Evaluation Application Materials Request

FAX TO: 618-453-4300

MAIL TO: Nurse Aide Testing
Mailcode 4340
Southern Illinois University
Carbondale, IL 62901-4340

Please use this form for replenishing your supply of applications, guidelines, postmark dates, etc. Please complete all requested information. All information requested must be completed and legible (typed or printed). Incomplete or illegible orders will not be processed.

Make copies of the application re-order form for future use.

FROM:

Training Program Name _____ Prog. # _____

Address _____

City _____ State _____ Zip _____

Date Requested: _____ Date Needed _____

Contact Person: _____ Phone: _____

MATERIALS REQUESTED

NUMBER REQUESTED

Application Forms (Blue/Maroon) - Max 200

Coordinator/Instructors Guidelines (Blue) - Max 5

Postmark Dates – Max 1

Web Site Brochures – Max None

Other Testing Materials (_____)

Appendix D

Examination Fee Schedule

The current fees are:

\$60.00 first time applicants.

\$30.00 retake of the written exam. (Failed exam previously)
One year from previous test date to re-apply at \$30 re-take fee.

Other Fees

\$20.00 reschedule written exam. (No-show: applicant did not attend a scheduled exam.) One year from previous test date to re-schedule at \$20 no-show fee.

\$40.00 additional charge for translated exam.

\$10.00 manual scoring of the exam. (This fee will be refunded if the remarking shows that the original results were incorrect.)

\$ 7.00 duplicate result letter request must be made in writing.

\$60.00 re-test only, on registry but has not worked in 2 years (code 9996)

Note: All fees paid must be in the form of a money order, certified checks, or institutional checks payable to Southern Illinois University Carbondale (SIUC). Money orders for individual students must show the student's name.

Refund and Credit

Partial refunds will be granted to individuals who submit a refund request in writing to the Nurse Aide Testing Office prior to the scheduled test date. **Twenty dollars (\$20.00) of the application fee will be withheld from any refund for processing and handling.**

No refund will be made to an applicant who paid a reschedule fee of \$20.00 after the application has been processed.

No student will be assigned to an examination center in place of another student who is unable to take the exam on the scheduled date.

No refunds will be made for \$20.00 or less.

Training programs must assure their fees match the roster, cover letter, and application materials.

Appendix E

Sample Letter for Requesting Special Needs Test

NOTE: *This letter must be on official letterhead from the school, facility, or professional's office*

Letterhead

Current Date

Nurse Aide Testing
SIU Mail Code 4340
Southern Illinois University
Carbondale, IL 62901-4340

Dear Test Coordinator:

Because of a (**state the individual's specific documented disability/special need**), I wish to request that a special needs exam be provided for the students listed below which will provide (**state the specific special testing conditions being requested**). He/she is eligible to take the exam and wishes to be tested on (**state the desired test date**).

Name

Social Security Number

I have enclosed the student's application form, exam fee, Illinois State Police criminal background report and the verification of their learning disability in the form of an (**IEP, letter from special needs professional, medical document, etc.**) which explains the condition which prevents the above named candidate from taking a written exam. Please contact (**contact person's name**) regarding this special needs request at (**contact phone#, fax #, or e-mail address**) if you require additional information.

Sincerely yours,

(Requestor's Name)
(Requestor's Title)

Test site names and codes

Blackhawk –East
Kewanee code 5031
Blackhawk West
Moline code 5032

Chicago City Colleges

Richard Daley College
code 5081
Truman College
code 5082
Olive Harvey College
code 5083
Wilbur Wright College
code 5085
Malcolm X College
code 5086
Kennedy King College
code 5087

Carl Sandburg College
Galesburg code 5180

College of DuPage
Glen Ellyn code 5020

College of Lake County
Grayslake code 5320

Danville Area Community
Coll. Danville code 5070

Elgin Community College
Elgin code 5090

Frontier Community Coll.
Fairfield code 5293

Heartland Comm.College
Bloomington code 5400

Highland Comm.College
Freeport code 5190

Illinois Central College
E. Peoria code 5140

Illinois Valley College
Oglesby code 5130

John A Logan Coll.
Carterville code 5300

John Wood Comm. Coll.
Quincy code 5390

Joliet Junior College
Joliet code 5250

Kankakee Community
Coll. Kankakee code 5200

Kaskaskia College
Centralia code 5010

Kishwaukee College
Malta code 5230

Lake Land College
Mattoon code 5170

Lewis and Clark Coll.
Godfrey code 5360

Lincoln Land Community
Springfield code 5260

Lincoln Trail College
Robinson code 5294

Livingston Area Voc.
Center, Pontiac
code 5401

McHenry County College
Crystal Lake code 5280

Moraine Valley Coll.
Palos Hills code 5240

Morton College

Appendix F

Cicero code 5270

Oakton Comm. Coll.
Des Plaines-Skokie
code 5350

Olney Central College
Olney code 5291

Parkland College
Champaign code 5050

Prairie State College
Chicago Heights
code 5150

Rend Lake College
Ina code 5210

Richland Comm. Coll.
Decatur code 5370

Rock Valley College
Rockford code 5110

Sauk Valley College
Dixon code 5060

Shawnee Comm. College
Ullin code 5310

South Suburban College
South Holland
code 5100

Southeastern Illinois Coll.
Harrisburg code 5330

Southwestern Ill. College
Belleville code 5220

Spoon River College
Canton code 5340

William Rainey Harper
College, Palatine
code 5120

Triton College
River Grove code 5040

Waubonsee College
Sugar Grove (Aurora)
code 5160

Appendix G

**Nurse Aide Competency Evaluation
Sample Test Questions**

1. Active range of motion exercises are prescribed to prevent:
 - A. loss of joint motion.
 - B. arthritis.
 - C. contractures.
 - D. skin breakdown.

2. Understanding how germs and disease are spread helps the nurse assistant to effectively use:
 - A. emergency procedures.
 - B. universal precautions.
 - C. CPR.
 - D. safety devices.

3. When transporting and moving residents a nurse assistant best protects himself or herself from injury by using:
 - A. good body mechanics.
 - B. helpers.
 - C. extra equipment.
 - D. a co-worker's advice.

4. When a nurse assistant obtains a blood pressure reading of 160/110; what is the best action?
 - A. Record the reading as usual
 - B. Call the family
 - C. Call the doctor
 - D. Report the reading to the supervisor

5. A nurse assistant counts 7 respirations for 30 seconds and record the respirations as:

- A. 7.
- B. 12.
- C. 14.
- D. 21.

Appendix G (cont.)

6. Spending time talking with residents is a good way:
- A. for the nurse assistant to rest.
 - B. to provide social interaction.
 - C. for residents to understand the nurse assistant's problems.
 - D. to avoid having the supervisor find you.
7. A nurse assistant wears gloves when collecting a specimen to:
- A. avoid getting dirty.
 - B. look professional.
 - C. protect nurse assistant.
 - D. protect the resident from the nurse assistant's bare hands.
8. In the resident's room, privacy for the resident may be provided by:
- A. drawing curtains around bed.
 - B. turning off lights.
 - C. placing a "do not disturb" sign on the door.
 - D. keeping the resident fully dressed.
9. When a resident has trouble hearing, the nurse assistant may communicate best by:
- A. explaining everything twice.
 - B. facing the resident while talking.
 - C. using gestures to communicate.
 - D. asking family members to communicate.
10. Which of the terms best explains desirable charting observations made by a nurse assistant?
- A. Creative
 - B. Approximate
 - C. Imaginative
 - D. Descriptive

Answers to Sample Questions

- | | |
|------|-------|
| 1. A | 6. B |
| 2. B | 7. C |
| 3. A | 8. A |
| 4. D | 9. B |
| 5. C | 10. D |