# NURSE AIDE & PERSONAL CARE ASSISTANT EXAMINATION
## CANDIDATE INFORMATION BULLETIN

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Please refer to our website to check for the most updated information at [www.psiexams.com](http://www.psiexams.com)
EXAMINATIONS BY PSI SERVICES LLC

This Candidate Information Bulletin provides you with information pertaining to obtaining certification as a nurse aide/personal care assistant in the State of New Jersey.

The New Jersey Department of Health has contracted with PSI Services LLC (PSI) to conduct the examination testing. PSI provides examinations through a network of computer examination sites in New Jersey.

For information on official regulations and guidelines; NA/PCA certification and recertification process; and/or Criminal History Background Checks, please contact:

New Jersey Department of Health
PO Box 360
Trenton, NJ 08625-0360
(866) 561-5914 * Fax: (609) 633-9087
http://www.nj.gov/health/

WAIVER ELIGIBILITY

You are eligible to apply for a waiver of the nurse aide training course and to take an examination for certification as a nurse aide/personal care assistant in New Jersey if you qualify under one of the following exceptions. Please note: If you were initially certified in New Jersey and your certificate has expired, please refer to Expired with Education or Expired without Education. Waivers are valid for only one year after issue date and provide one chance to take and pass the skills examination and one chance to take and pass the written examination. If you do not use the waiver before it expires or if you fail any portion of the exam, you MUST complete a ninety (90) hour state-approved nurse aide training program.

Please be aware that the Department cannot guarantee that an individual will be eligible for a waiver under one of the following exceptions. Department staff may request additional information necessary to process the waiver.

Student/Graduate Nurse

- **Student Nurse** - An individual who has successfully completed a course in the Fundamentals of Nursing within one year prior to application to take the examination.
- **Graduate Nurse** - An individual who has graduated from an accredited school of nursing and is waiting to take the state nursing boards or an individual who has graduated from a foreign school of nursing and is currently licensed as a registered professional nurse (RN) (not a midwife) in that country.

Reciprocity

An individual who is currently certified as a nurse aide in another state and is listed on that state’s nurse aide registry and is not listed on any state’s nurse aide abuse registry, and has not had his/her certificate revoked in any state. If you apply for reciprocity to another state based on your New Jersey certification and your New Jersey certification has expired, you cannot apply for reciprocity back to New Jersey. You must refer to expired certification.

IMPORTANT NOTICE:
Please check [www.psiexams.com](http://www.psiexams.com) for a list of states not eligible for Reciprocity.

Military Nurse Aide

A person who has had training and experience as a nurse aide in a military service that is equivalent to that of a nurse aide.

Expired with Education

A nurse aide who was initially certified in New Jersey less than five (5) years ago and whose certificate has expired. Must now successfully complete the skills evaluation and the written or oral examination. If the skills or the written (or oral) exam is failed, the candidate must retrain and retest under eligibility Expired with Education.

Expired Nurse Aide Without Education

A nurse aide who was initially certified in New Jersey more than five (5) years ago and whose certificate has expired. Must now successfully complete the Nurse Aide in Long-Term Care Facilities Training and Competency Evaluation Program (course, skills, and written or oral exam).

New Nurse Aide

An individual who has never been certified as a nurse aide (NA) in New Jersey and has successfully completed the ninety (90) hour state-approved nurse aide in long-term care facilities training course.

New Personal Care Assistant

An individual who has never been certified as a personal care assistant (PCA) in New Jersey, and who has successfully completed the eighty-five (85) hour state-approved assisted living facilities training course.

COMPLETING THE APPLICATION

After successful completion of the training program, you must complete an examination application. Once you submit your completed application to PSI, including the fee for both parts of the Examination, your training program instructor will schedule you for the Skills Evaluation.

If your application is incomplete or incorrect, you will receive a notification from PSI, explaining why your examination application has been returned. This letter will instruct you on what you need to provide and where to send the information needed to process your application.

You have two (2) years from the date you complete the training program to take and pass both the Skills and Written/oral examinations. However, once you start the examination process (Skills), you will have one (1) year from your first examination attempt to pass both examinations. If you are not able to pass all necessary examinations, you will be required to re-start the entire process.
EXAMINATIONS

Certification consists of passing two parts of the examination: the Skills Evaluation and the Written (or Oral) Examination. You must take the Skills Evaluation first. Once you have successfully completed the Skills Evaluation, you are eligible to take the Written (or Oral) Examination.

The first time you test, you must include payment for both the Skills Evaluation and the Written (or Oral) Examination.

SKILLS EVALUATION
At the Skills Evaluation you will be asked to perform randomly selected nurse aide or personal care assistant skills. A Nurse Aide Evaluator will rate you on your performance of these skills. You must pass all skills to pass the Skills Evaluation and to be eligible to take the Written (or Oral) Examination. The Skills Evaluation part of the examination will take place at a long-term care facility or at another approved Skills Evaluation site. See full description on page 7 of this Candidate Information Bulletin.

Please note: if you have a waiver from the state whereby you only need to take the Written Examination, you will have only one attempt to pass. If you do not pass on the first attempt, you will need to complete the state-approved training program.

WRITTEN (OR ORAL) EXAMINATION
Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. You may also use the mouse. You will receive your results immediately after the examination is finished.

The Written Examination for nurse aides or personal care assistants contains multiple-choice questions written in English.

For the nurse aide examination, an oral version in English or Spanish may be taken in place of the Written Examination if you have difficulty reading English. A Spanish oral version is NOT available for the personal care assistant examination.

During the Oral Examination you are provided with earphones. You will listen to each question, repeated two (2) times, after which you will select an answer from the choices given.

Please note: if you have a waiver from the state whereby you only need to take the Written Examination, you will have only one attempt to pass. If you do not pass on the first attempt, you will need to complete the state-approved training program.

CRIMINAL BACKGROUND INVESTIGATION (CBI)

All applicants for certification as a nurse aide/personal care assistant in New Jersey MUST complete a CBI application and a fingerprint appointment. Failure to complete these two requirements will result in disqualification from certification.

CAUTION: Filing a false CBI application results in disqualification from certification for a period of at least two years.

All applicants will be afforded a reasonable amount of time to challenge the accuracy of any criminal history reported to the Department before any final action is taken. Applicants have the right to review the criminal history documents as part of the challenge process. The Department will provide a written summary of any criminal history information to the applicant before taking any action. Also, the Department is prohibited by law from sharing criminal history information with any party other than the applicant, and fingerprint results cannot be shared with your employer or other licensing boards.

This is a summary of your rights under Federal law. If you would like more information, a document is available to explain your rights. Please call us at 866-561-5914 or email us at CIU@doh.nj.gov.”

If you are enrolled in a New Jersey Nurse Aide Training Program, you will obtain the required CBI application and fingerprint appointment forms from your instructor. If you are an applicant for reciprocity, you will receive the required forms as part of your reciprocity application packet. If you are an applicant for admission through a waiver process, you will receive the required forms from the Department of Health after your request for a waiver is received. Follow all instructions carefully. Failure to follow the instructions on both the CBI Application and on the Fingerprint Appointment Form may delay both processes and result in the denial of your certification.

IDENTIFICATION REQUIREMENT
Identification must be presented at the time of printing. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria; Photo, Name, Address (home/employer), Date of Birth and is issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are:

1) Valid U.S. State Photo Driver’s License/ Non Driver’s License
2) U.S. Passport
3) USCIS Permanent Resident ID Card (issued after 5/10/2010)
4) USCIS Employment Authorization Card (issued after 10/31/2010)
You must take the Skills Evaluation first. Once you have successfully passed the Skills Evaluation, you are eligible to take the Written (or Oral) Examination. You will receive notification of the Skills Evaluation score within 10 days from your test date. If you fail the Skills Evaluation examination, you must retake and pass before scheduling for the Written (or Oral) examination.

- If you fail the Skills Evaluation three (3) times, you MUST retrain at a state-approved training program before retaking the Skills Evaluation. You will then have one (1) year from that date to successfully complete the Skills Evaluation.

- If you fail the Written (or Oral) Examination three (3) times, you MUST retrain at a state-approved training program before retaking the Written (or Oral) Examination. If you are re-taking an examination you will pay at the time of scheduling.

Payment of fees may be made by credit card (Visa, MasterCard, American Express or Discover), money order, cashier’s check, or company check. Money orders or checks should be made payable to PSI. Print your name on your check or money order to ensure that your fees are properly assigned. CASH AND PERSONAL CHECKS ARE NOT ACCEPTED. If you mail the application please allow 2 weeks to process your registration.

<table>
<thead>
<tr>
<th>EXAMINATION/RECIROCITY FEES</th>
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<tbody>
<tr>
<td>Examination</td>
</tr>
<tr>
<td>Skills Evaluation and Written Exam</td>
</tr>
<tr>
<td>Skills Evaluation and English Oral Exam</td>
</tr>
<tr>
<td>Skills Evaluation and Spanish Oral Exam</td>
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<td>Skills Evaluation Only (Re-take Exam)</td>
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<td>Written Exam Only (Re-take Exam)</td>
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<td>English Oral Exam Only (Re-take Exam)</td>
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<td>Spanish Oral Exam Only (Re-take Exam)</td>
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<tr>
<td>Reciprocity</td>
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NOTE: EXAMINATION AND RECIROCITY APPLICATION FEES COVER THE COST OF PROCESSING THE DOCUMENTATION. THESE FEES ARE NOT TRANSFERABLE OR REFUNDABLE IF THE APPLICATION IS DENIED.

SCHEDULING AN APPOINTMENT TO TAKE THE EXAMINATION

Once you have passed the skills evaluation, you are responsible for contacting PSI to schedule an appointment to take the written (or oral) examination. PSI will make every effort to schedule the examination at a site and time that is most convenient for you. You may schedule an examination via the Internet 24 hours a day at www.psiexams.com.

To schedule with a PSI registrar, call Monday through Friday between 7:30 am and 10:00 pm, and Saturday-Sunday between 9:00 am and 5:30 pm, Eastern Time. If space is available in the examination site of your choice, you may schedule an examination 1 day prior to the examination date of your choice, up to 7:00 p.m. ET. Please be prepared to offer alternate examination appointment choices.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your cancellation notice is received 2 days prior to the scheduled examination date. For example, for a Monday appointment, the cancellation notice would need to be received on the previous Saturday. You may call PSI at (800) 733-9267 or use the website.

Note: A voice mail message is not an acceptable form of cancellation. Please use the PSI Website or call PSI to speak directly to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if you:

- Do not cancel your appointment 2 days before the scheduled examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification when you arrive for the examination.

RETYING A FAILED EXAMINATION

It is not possible to make a new examination appointment on the same day you have taken an examination; this is due to processing and reporting scores. A candidate who tests unsuccessfully on a Wednesday can call the next day, Thursday, and retest as soon as Friday, depending upon space availability. You may schedule online at www.psiexams.com.

SPECIAL EXAMINATION ARRANGEMENTS

All examination sites are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate’s needs. Applicants with disabilities or those who would otherwise have difficulty taking the examination must fill out the form at the end of this Candidate Information Bulletin and fax to PSI (702) 932-2666.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (800) 733-9267. Every effort will be made to reschedule your
examination at a convenient time as soon as possible. You may also check our website at www.psiexams.com.

SOCIAL SECURITY NUMBER CONFIDENTIALITY

PSI will use your social security number only as an identification number in maintaining your records and reporting your examination scores to the state. A Federal law requires state agencies to collect and record the social security numbers of all licensees of the professions licensed by the state.

EXAMINATION SITE LOCATIONS

The following directions are generated from the most current mapping services available. However, new road construction and highway modifications may result in some discrepancies. If you are not familiar with the specific area of the testing site, please consult a reliable map prior to your test date.

BRICK
260 CHAMBERS BRIDGE ROAD, UNIT #1A
BRICK, NJ 08723
TAKE ON I-95 S TOWARD NEW JERSEY TURNPIKE SOUTH/Newark (US-46). TAKE EXIT #11/GARDEN STATE PARKWAY (US-9)/WOODBRIDGE ONTO GARDEN STATE PKY S TOWARD GARDEN STATE PARKWAY SOUTH/RT-440. CONTINUE ON DRISCOLL BRG. CONTINUE ON GARDEN STATE PKY S. TAKE EXIT #91/LAKEWOOD/BRICK TWP. ONTO LANES MILL RD/QUAKER BRIDGE RD/QUAKER BRIDGE RD. SOUTH/RT-440. CONTINUE ON DRISCOLL BRG. CONTINUE ON GARDEN STATE PKY S TOWARD GARDEN STATE PARKWAY.

CHERRY HILL
950 N. KINGS HWY, SUITE 301
CHERRY HILL, NJ 08034

HAMILTON SQUARE AREA
IBIS PLAZA SOUTH
3525 QUAKERBRIDGE ROAD, SUITE 1000
HAMILTON TOWNSHIP, NJ 08619
FROM I-95 S, TAKE EXIT #9/NEW BRUNSWICK (US-1)/EAST BRUNSWICK ONTO RT-18 N TOWARD NEW BRUNSWICK (US-1)/PRINCETON/TRENTON/TOWER CENTER BLVD. TAKE RAMP ONTO US-1 TOWARD TRENTON. TAKE RAMP ON CR-533 S TOWARD PROVINCE LINE RD/QUAKER BRIDGE RD/QUAKER BRIDGE RD.

NEW BRUNSWICK - GEORGES ROAD
825 GEORGES ROAD, SUITE 2A
NORTH BRUNSWICK, NJ 08902

NEW PROVIDENCE
MURRAY HILL OFFICE CENTER
571 CENTRAL AVENUE, SUITE 117
NEW PROVIDENCE, NJ 07094
FROM: ROUTE 78 WESTBOUND. TAKE EXIT 43 ONTO DIAMOND HILL ROAD. AT THE SECOND STOPLIGHT, TURN RIGHT ONTO MOUNTAIN AVENUE. TURN LEFT AT THIRD LIGHT, SOUTH STREET. TURN LEFT AT THE NEXT TRAFFIC LIGHT ONTO CENTRAL AVENUE. THE MURRAY HILL OFFICE CENTER, 571 CENTRAL AVENUE, WILL BE ON YOUR RIGHT.

FROM: ROUTE 78 EASTBOUND. TAKE EXIT 44 TO TRAFFIC LIGHT. TURN LEFT ONTO GLENSIDE AVENUE PROCEED TO THE NEXT LEFT TURN UNDER ROUTE 78 TOWARD NEW PROVIDENCE, AS THE ROAD BECOMES SOUTH STREET. CONTINUE TO THE SECOND LIGHT AND TURN LEFT ONTO CENTRAL AVE. THE MURRAY HILL OFFICE CENTER, 571 CENTRAL AVENUE, WILL BE ON YOUR RIGHT.

FROM: NEW JERSEY TURNPIKE. TAKE EXIT 14, STAY TO THE LEFT THROUGH THE TOLL. FOLLOW SIGNS FOR ROUTE 78 - EXPRESS WESTBOUND. FOLLOW SAME AS ABOVE FOR ROUTE 78 WESTBOUND. FROM: GARDEN STATE PARKWAY SOUTH. TAKE EXIT 142 AND FOLLOW THE SIGNS FOR ROUTE 78 WEST. FOLLOW SAME AS ABOVE FOR ROUTE 78 WESTBOUND.

NORTH BRUNSWICK
THE SHOPPES AT NORTH BRUNSWICK
980 SHOPPES BLVD, 2ND FLOOR
NORTH BRUNSWICK, NJ 08902
TAKE THE NEW JERSEY TURNPIKE LEFT EXIT ONTO I-95 S TOWARD TURNPIKE SOUTH. TAKE EXIT #9/NW NEW BRUNSWICK (US-1)/EAST BRUNSWICK ONTO RT-18 N TOWARD NEW BRUNSWICK. TAKE RAMP ONTO US-1 TOWARD TRENTON. TAKE RAMP TOWARD RT-130/171 N. STAY RIGHT TOWARD 171. TURN LEFT AT TRAFFIC LIGHT AND STAY IN THE MIDDLE LANE. AFTER 2ND TRAFFIC LIGHT, TURN RIGHT INTO THE SHOPPING CENTER. THE SITE IS LOCATED IN THE REMAX BLDG., NEAR TALBOTS.

LINWOOD
222 NEW ROAD, SUITE 301
LINWOOD, NJ 08221

FROM THE SOUTH, TAKE THE GARDEN STATE PKY NORTH TO EXIT #29 SOMERS POINT. THIS WILL PUT YOU ON NEW RD (US-9). AFTER DRIVING NORTH FOR A LITTLE MORE THAN 4 MILES, YOU WILL FIRST SEE A GULF STATION. NUMBER 222 NEW RD (CENTRAL PARK EAST) IS JUST PAST THE GULF STATION (0.1 MILES) AND ON THE SAME SIDE. TURN RIGHT INTO THE PROFESSIONAL PARK AT THE FLOWER BED WITH THE 222 SIGN IN IT. USE THE FIRST PARKING LOT ON YOUR RIGHT, AND LOOK FOR THE LARGE PSI SIGN NEXT TO OUR FRONT DOOR (SUITE 301).

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you should arrive 30 minutes before your appointment. This extra time is for sign-in, and identification. If you arrive late, you may not be admitted to the examination site and you will forfeit your examination registration fee.

REQUIRED IDENTIFICATION

You must provide 2 forms of identification. One must be a VALID form of government-issued identification (Driver’s License, State ID, Passport) which bears your signature and has your photograph. The second ID must have your signature and preprinted legal name.

IMPORTANT NOTICE FOR ALL CANDIDATES

Due to many complaints from the buildings’ tenants, PSI (and the properties which house the PSI test centers) cannot accommodate any individuals other than the person who is being tested.

PSI understands that test candidates are often comforted by having guests accompany them to their exams. It may also be necessary for a guest to drive the candidate to the test center. However, incidents from previous guests have prompted warnings from Property Management. For this reason, PSI has adopted the following policy concerning guests.

“Person(s) accompanying a test candidate may not wait in the test center, inside the building or on the building’s property. This applies to guests of any nature, including drivers, children, friends, family, colleagues or instructors.”

There are facilities nearby such as shopping malls, stores or restaurants where guests may go while the candidate takes a test. Please take the time to visit those locations instead of waiting in or around the building.

Also of note, many candidates have been arriving hours before their scheduled exam time. This is not necessary. Please plan to arrive no earlier than 30 minutes before the start-time of your exam. This will provide plenty of time for check-in.

Thank you for your understanding and for your cooperation.

SECURITY PROCEDURES

The following security procedures will apply during the examination:

- Candidates may take only approved items into the examination room.
- All personal belongings of candidates, with the exception of close-fitting jackets or sweatshirts, should be placed in the secure storage provided at each site prior to entering the examination room. Personal belongings include, but are not limited to, the following items:
  - Electronic devices of any type, including cellular / mobile phones, recording devices, electronic watches, cameras,_pagers, laptop computers, tablet computers (e.g., iPads), music players (e.g., iPods), smart watches, radios, or electronic games.
  - Bulky or loose clothing or coats that could be used to conceal recording devices or notes, including coats, shawls, hooded clothing, heavy jackets, or overcoats.
  - Hats or headgear not worn for religious reasons or as religious apparel, including hats, baseball caps, or visors.
  - Other personal items, including purses, notebooks, reference or reading material, briefcases, backpacks, wallets, pens, pencils, other writing devices, food, drinks, and good luck items.
- Person(s) accompanying an examination candidate may not wait in the examination center, inside the building or on the building’s property. This applies to guests of any nature, including drivers, children, friends, family, colleagues or instructors.
- No smoking, eating, or drinking is allowed in the examination center.
- During the check in process, all candidates will be asked if they possess any prohibited items. Candidates may also be asked to empty their pockets and turn them out for the proctor to ensure they are empty. The proctor may also ask candidates to lift up the ends of their sleeves and the bottoms of their pant legs to ensure that notes or recording devices are not being hidden there.
- Proctors will also carefully inspect eyeglass frames, tacks, or any other apparel that could be used to harbor a recording device. Proctors will ask to inspect any such items in candidates’ pockets.

WWW.PSIEXAMS.COM
If prohibited items are found during check-in, candidates shall put them in the provided secure storage or return these items to their vehicle. PSI will not be responsible for the security of any personal belongings or prohibited items.

Any candidate possessing prohibited items in the examination room shall immediately have his or her test results invalidated, and PSI shall notify the examination sponsor of the occurrence.

Any candidate seen giving or receiving assistance on an examination, found with unauthorized materials, or who violates any security regulations will be asked to surrender all examination materials and to leave the examination center. All such instances will be reported to the examination sponsor.

Copying or communicating examination content is violation of a candidate’s contract with PSI, and federal and state law. Either may result in the disqualification of examination results and may lead to legal action.

Once candidates have been seated and the examination begins, they may leave the examination room only to use the restroom, and only after obtaining permission from the proctor. Candidate will not receive extra time to complete the examination.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

IMPORTANT: After you have entered your responses, you will later be able to return to any question(s) and change your response, provided the examination time has not run out.

EXAMINATION REVIEW

PSI, in cooperation with the NJDOH, will be consistently evaluating the examinations being administered to ensure that the examinations accurately measure competency in the required knowledge areas. While taking the examination, examinees will have the opportunity to provide comments on any questions, by using the comments key on the keyboard. These comments will be analyzed by PSI examination development staff. PSI does not respond to individuals regarding these comments, all substantive comments are reviewed. 

This is the only review of examination materials available to candidates.

WRITTEN SCORE REPORTING

Your Examination result will be given to you immediately following completion of the examination.

The following summary describes the score reporting process for the Written Examination:

- **On paper**: an official score report will be printed at the examination site.
- If you **pass**, you will immediately receive a successful notification.
- If you **do not pass**, you will receive a diagnostic report indicating your strengths and weaknesses by examination type with the score report.

If you **pass** the Written (or Oral) Examination and have met all NJDOH requirements, including the CBI requirement, you will receive a nurse aide certificate at the test site on the day of your examination.

If you **pass** the Written (or Oral) Examination and have **NOT** completed the CBI process, your photograph will be taken and you can notify PSI upon successful completion of the CBI process.

The certificate is valid for twenty-four (24) months from the date you pass the Written (or Oral) Examination. Please see the re-certification process section in this Candidate Information Bulletin.

DUPLICATE SCORE REPORTS

You may request a duplicate score report after your examination by emailing scorereport@psionline.com or by calling 800-733-9267.
TIPS FOR PREPARING FOR YOUR CERTIFICATION EXAMINATION

The following suggestions will help you prepare for your examination:

- Only consider the actual information given in the question, do not read into the question by considering any possibilities or exceptions.
- Planned preparation increases your likelihood of passing.
- Start with a current copy of this Candidate Information Bulletin and use the examination content outline as the basis of your study.
- Read study materials that cover all the topics in the content outline.
- Take notes on what you study. Putting information in writing helps you commit it to memory and it is also an excellent business practice.
- Discuss new terms or concepts as frequently as you can with colleagues. This will test your understanding and reinforce ideas.
- Your studies will be most effective if you study frequently, for periods of about 45 to 60 minutes. Concentration tends to wander when you study for longer periods of time.

DESCRIPTION OF EXAMINATIONS

NEW JERSEY CERTIFIED NURSE AIDE WRITTEN (OR ORAL) EXAMINATION

<table>
<thead>
<tr>
<th># of Items</th>
<th>Passing Score</th>
<th>Time Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>75%</td>
<td>90 Minutes</td>
</tr>
</tbody>
</table>

CONTENT OUTLINES

Use the outline as a guide for pre-examination review course material. The outlines list the topics that are on the examination and the number of questions for each topic. Do not schedule your examination until you are familiar with the topics in the outline.

<table>
<thead>
<tr>
<th>Topic</th>
<th># of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>4</td>
</tr>
<tr>
<td>Communication</td>
<td>5</td>
</tr>
<tr>
<td>Infection Control</td>
<td>4</td>
</tr>
<tr>
<td>Resident Rights</td>
<td>3</td>
</tr>
<tr>
<td>Data Collection</td>
<td>4</td>
</tr>
<tr>
<td>Basic Nursing Skills</td>
<td>11</td>
</tr>
<tr>
<td>Role / Responsibility</td>
<td>5</td>
</tr>
<tr>
<td>Disease Process</td>
<td>4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>3</td>
</tr>
<tr>
<td>Personal Care</td>
<td>7</td>
</tr>
<tr>
<td>Care Impaired</td>
<td>4</td>
</tr>
<tr>
<td>Aging Process/Restorative Care</td>
<td>5</td>
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NEW JERSEY PERSONAL CARE ASSISTANT EXAMINATION

<table>
<thead>
<tr>
<th># of Items</th>
<th>Passing Score</th>
<th>Time Allowed</th>
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</thead>
<tbody>
<tr>
<td>60</td>
<td>75%</td>
<td>90 Minutes</td>
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</tbody>
</table>

CONTENT OUTLINES

Use the outline as a guide for pre-examination review course material. The outlines list the topics that are on the examination and the number of questions for each topic. Do not schedule your examination until you are familiar with the topics in the outline.

<table>
<thead>
<tr>
<th>Topic</th>
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<tbody>
<tr>
<td>Safety</td>
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<td>Communication</td>
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<tr>
<td>Infection Control</td>
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<td>Data Collection</td>
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<td>Basic Nursing Skills</td>
<td>8</td>
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<td>Role / Responsibility</td>
<td>4</td>
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<tr>
<td>Disease Process</td>
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<tr>
<td>Mental Health</td>
<td>3</td>
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<td>Personal Care</td>
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SKILLS EVALUATION

The purpose of the Skill Test is to evaluate your performance on a subset of the nurse aide care tasks that you learned during your training program. You will find a complete list of skill tasks printed later in this skill test handbook. Hand washing will be one of the tasks you will need to perform. Four (4) additional tasks will be randomly selected from the list for you to perform on your skill test. The steps that are listed in this handbook are the scored steps for each skill. You must have a score of 80% on each task without missing any key steps (the bolded steps) to pass the skill portion of the New Jersey nurse aide certification test. If you fail a single task you will have to take another skill test with five tasks on it, one of which will be the one you failed. If you fail two or more tasks you will have to take another complete skill test.

What to Expect

- Each of the five scenarios associated with your five assigned tasks will be read to you immediately before you do each task.
You will be demonstrating your five tasks using your candidate “partner” as your resident. If you or your partner provides inappropriate assistance to each other during your skill test neither of your tests will be scored and you will both have a skill test failure recorded and will have used one of your three skill test attempts. You both will have to re-apply for another testing slot.

- Listen carefully to all instructions given by the RN Test Evaluator. You may request to have any of the five scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin because you may not ask questions once the skill test begins.
- You must correctly perform all five (5) tasks in order to pass the skill test.
- If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task that you believe you performed incorrectly during that skill. You may repeat any step or steps you believe you have performed incorrectly but, must be done during that skill. Once the skill test has begun, the RN Test Evaluator may not answer any questions.

Every step must actually be performed and demonstrated during testing to receive credit. The only exception is after completing the first task of hand washing; hand washing may be verbalized at the appropriate time for the remaining four (4) skill tasks.

**Skill 1—Hand washing**
1. Introduces him/her self to the resident by name.
2. Turns on water.
3. Thoroughly wets hands and wrist.
4. Applies liquid soap to hands.
5. **Washes all surfaces of wrist, hands and fingers with liquid soap.**
6. **Rubs hands together for 15 seconds using friction.**
7. Using friction, rubs fingers together while pointing downward.
8. Cleans under finger nails.
9. Rinses hands thoroughly under running water with fingers pointed downward.
10. Dries hands on clean paper towel(s).
11. Turns off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
12. Discards paper towels to trash container as used.
13. Does not re-contaminate hands at any time during the procedure.
14. Raises head of bed to comfortable level.
15. Leaves tissue within reach of resident. Leaves call light at all times.
16. Identifies hands should be washed.
17. Leaves call light within reach of resident. Leaves call light within reach of resident.
18. Provides privacy - pulls curtain.
19. Positions resident on bedpan using correct technique.
20. Bedpan is in proper orientation under the resident.
22. Remains comfortable, courteous interpersonal interactions at all times.
23. Introduces him/her self to the resident by name.
24. Turns on water.
25. Provides privacy - pulls curtain.
26. Positions resident on bedpan using correct technique.
27. Explains the procedure.
28. Remains comfortable, courteous interpersonal interactions at all times.

**Skill 2—Ambulation with a Gait Belt**
1. Explain procedure to be performed to the resident and obtain a gait belt.
2. Lock bed brakes to ensure resident’s safety.
3. Lower bed so that the resident’s feet will be flat on floor when sitting on the edge of bed.
4. Brings resident to sitting position and assist resident to put on shoes.
5. Places gait belt around waist and tightens gait belt.
6. Stands in front of and faces the resident, grasping the gait belt on each side of the resident with and unhand grip.
7. Stabilizes the resident for safety.
8. Brings resident to standing position, using proper body mechanics. Grasps gait belt with one hand, using under hand grip.
9. Stabilizes resident with other hand by holding forearm, shoulder, or using other appropriate method to stabilize resident.
10. Ambulates the resident 10 steps and returns resident to chair. Assist resident to ambulate back to bed and sit in a controlled manner that insures safety.
11. Removes gait belt. Assist resident to lay in bed in a position of comfort and safety.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light
14. Identifies hands should be washed.

**Skill 3—Placing Bedpan**
1. Explains the procedure.
2. Places bed flat.
3. Puts on gloves.
4. Provides privacy - pulls curtain.
5. Positions resident on bedpan using correct technique.
6. Bedpan is in proper orientation under the resident.
7. Removes gloves turning inside out and disposes of gloves in an appropriate container.
8. Identifies that hands should be washed.
9. Raises head of bed to comfortable level.
10. Candidate leaves hand wipes within resident's reach. Candidate instructs resident to clean hands when finished.
11. Leaves tissue within reach of resident. Leaves call light within reach of resident.
12. Candidate moves to area of the room away from the bed.
13. Candidate returns when RN test Evaluator or resident indicates.
14. Candidate puts on gloves.
15. **Candidate positions resident flat in bed**
16. Candidate gently removes bedpan.
   a. RN is ready and pours some fluid into bedpan as it is removed.
17. Candidate empties bedpan fluid into toilet. Rinses bedpan. Replaces bedpan to dirty supply area.
18. Removes gloves turning inside out. Discards gloves in an appropriate container.
19. Identifies that hands should be washed.
20. **Maintains respectful, courteous interpersonal interactions at all times.**
21. Leaves call light or signaling device within reach of the resident.

**Skill 4—Denture Care**
1. Candidate puts on gloves.
2. Lined sink (towel, washcloth or paper towels) with a protective lining OR fills sink with water to prevent damage to the dentures in case they are dropped.
3. Carefully removes dentures from cup. Handles dentures carefully to avoid damage.
4. Rinse dentures under tepid running water.
5. Applies toothpaste to tooth brush.
6. Thoroughly brushes the inner, outer and chewing surfaces of upper and/or lower dentures.
8. Carefully replaces dentures in rinsed cup. Adds tepid clean water to denture cup.
10. Drains sink. Discards protective lining in an appropriate container.
11. Removes gloves properly turning inside out. Disposes of gloves in an appropriate container.
12. Identifies that hands should be washed.

Skill 5—Dressing Resident
1. Explains the procedure to the resident.
2. Provides privacy. (pulls curtain)
3. Candidate asks resident what they would like to wear.
4. Keeps resident covered while removing gown.
5. Removes gown from unaffected side first.
6. Places used gown in laundry hamper.
7. When dressing the resident in a shirt or blouse, the candidate inserts their hand through the sleeve of the Shirt or blouse and grasps the hand of the resident, dressing from the weak side first.
8. Leaves the resident comfortably and properly dressed.
9. Identifies that hands should be washed.
10. Maintains respectful, courteous interpersonal interactions at all times.
11. Leaves call light or signaling device within easy reach of the resident.

Skill 6—Foot Care One Foot
1. Explains procedure
2. Provides for privacy, pulls curtain
3. Fills foot basin with warm water that is comfortable and safe for the resident.
   a. If bath thermometer is used RN Observer checks that water temperature is between 95 - 110 degrees F
4. Candidate places basin in a comfortable position for the resident. Basin is placed on a protective barrier.
5. Candidate puts on gloves before washing foot. Bare foot is placed into the water.
6. Soap is applied to wash cloth. Candidate lifts foot out of water and washes entire foot.
7. Candidate clearly washes between the resident's toes. Candidate rinses entire foot.
8. Candidate clearly rinses between resident's toes. Dries entire foot thoroughly.
9. Candidate clearly dries between toes. Candidate warms lotion by rubbing it between hands. Candidate massages lotion onto top and bottom of foot. Wipes off any excess lotion with a towel. If no excess lotion mark this step successfully completed
10. Supports foot and ankle throughout the demonstration. Empties basin. Rinses basin.
11. Dries basin. Returns basin to dirty storage area. Places dirty linen in hamper or equivalent.
12. Removes gloves turning inside out. Disposes of gloves in appropriate container.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Candidate identifies that hands should be washed.
15. Leaves call light within easy reach of resident.

Skill 7—Applying an Elastic Stocking
1. Explains procedure to resident.
2. Provides for resident's privacy; pulls privacy curtain.
3. Resident is placed in supine position.
4. Provides for resident's privacy by only exposing one leg.
5. Rolls, gathers or turns stocking down inside out at least to the heel. Places stocking over the toes, foot and heel. Rolls or pulls stocking up leg. Checks toes for possible pressure from stocking and adjusts as needed.
6. Leaves resident with a stocking that is smooth and wrinkle free.
7. Leaves resident with a stocking that is properly placed.
8. Covers exposed leg.
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signal calling device within easy reach of the resident.
11. Identifies that hands should be washed.

Skill 8—Measures and Records Urinary Output (on I/O recording sheet)
1. Candidate puts on clean gloves.
2. Candidate pours urine content from bedpan into measuring container without spilling.
3. Content is measured at eye level on flat surface
4. After measuring empties measuring container fluid into toilet. Rinses measuring container with water
5. Pours measuring container's rinse water into toilet. Pours bedpan's rinse water into toilet.
6. Rinses bedpan with water. Pours bedpan's rinse water into toilet. Returns equipment to designated dirty area.
7. Removes gloves properly turning inside out. Disposes of gloves in appropriate container. Washes hands.
8. Records reading from measuring container on provided I/O pad in cc/ml. (This must be performed in order to receive credit. Verbalizing will not be accepted.)
9. Reading must be within plus or minus 25 ml/cc of correct urine amount.

Skill 9—Feeding a Dependent Resident
1. Explains procedure to the resident.
2. Looks at diet card and verbally identifies that the resident has received the correct tray.
3. Positions the resident in an upright position, at 45-90 degrees.
4. Places tray so that it can be seen by the resident. Washes resident's hands with wipes before beginning feeding.
5. Sits down facing the resident while feeding the resident or assumes other posture so candidate is at eye level with the resident.
6. Describes the foods being offered to the resident. Asks which food the resident would like first.
7. Offers fluid frequently. Offers small amounts of food at a reasonable rate.
8. Allows resident time to chew and swallow. Wipes resident's hands and face during meal as needed.
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signaling device within easy reach of the resident.
11. Identifies that hands should be washed.
Skill 10—Donning and Removing Gown and Gloves
1. Picks up gown and unfolds. Candidate faces the back opening of the gown.
2. Candidate doesn't shake gown during unfolding. Candidate places arms through each sleeve.
3. Candidate secures the neck opening. Candidate secures the waist, making sure that the back flaps completely cover clothing.
4. Candidate puts on gloves. Gloves overlap gown sleeves at the wrist.
   a. RN tells the candidate to remove the gown and gloves.
5. Removes gloves turning inside out and folding one glove inside the other. Candidate does not touch outside of gloves with bare hand at any time.
6. Dispose of the gloves, without contaminating self, in appropriate container.
7. Unfastens gown at the neck. Unfastens gown at the waist.
   a. Takes off gown and places it on the bed, being careful not to contaminate self with soiled gown.
   b. Removes gown while keeping resident covered.
8. Identifies that hands should be washed.

Skill 11—Making an Occupied Bed
1. Explains procedure. Provides for privacy pulls curtain.
2. Places clean linen on a clean surface. (Bedside stand, chair, or overbed table)
3. Lowers head of bed before asking resident to move/turn.
4. Ensures that resident remains covered while linens are changed. Loosens top and bottom bed linens.
5. Raises side rail(s) opposite working side of bed. Asks resident to turn toward raised side rail.
6. Rolls or fan folds soiled linen, soiled side in, to the center of the bed. Places clean bottom sheet on mattress.
7. Secures two corners. Rolls or fan folds clean linen up to resident's back.
8. Asks the resident to roll over the bottom linen. Removes soiled linen without shaking.
9. Avoids touching linen to uniform. Disposes of soiled linen in hamper or equivalent.
10. Pulls through and smooths out the clean bottom linen. Secures the other two corners.
11. Places clean top linen over covered resident. Removes used top linen keeping resident unexposed at all times.
12. Tucks in clean top linen at the foot of bed. Tucks in clean blanket or bedspread at the foot of bed. Provides room for feet to move.
13. Applies clean pillowcase to resident's pillow. Does not contaminate linen and/or clothing.
14. Gently lifts resident's head while replacing the pillow. Returns side rail(s) to lowered position.
15. Maintains respectful, courteous interpersonal interactions at all times.
16. Leaves call light or signaling device within easy reach of the resident.
17. Identifies that hands should be washed.

Skill 12—Mouth Care
1. Explains procedure to the resident. Provides privacy, pulls privacy curtain.
2. Resident is placed in upright sitting position. (45-90 degrees) And gathers supplies.
3. Candidate puts on clean gloves. Drapes the chest with towel to prevent soiling.
   a. Takes resident's mouth and chin, and applies topical anesthetic if needed.
   b. Uses a clean portion of washcloth to wipe and rinse saliva from under the tongue, teeth, and gums.
   c. Brushes the inner and outer surfaces of all upper and lower teeth using gentle motions. Brushes tongue using gentle motions.
   d. Brushes the inner and outer surfaces of all upper and lower teeth using gentle motions. Brushes tongue using gentle motions.
   e. Brushes the inner and outer surfaces of all upper and lower teeth using gentle motions. Brushes tongue using gentle motions.
4. Candidate moistens toothbrush. Applies toothpaste to toothbrush.
5. Brushes the inner and outer surfaces of all upper and lower teeth using gentle motions. Brushes tongue using gentle motions.
6. Candidate places toothbrush on a clean towel or in a clean container to maintain clean technique throughout demonstration.
7. Holds emesis basin under resident's chin as resident rinses mouth. Wipes/dries resident's mouth/chin.
9. Places soiled linen in hamper or equivalent. Turns gloves inside out as they are removed.
10. Disposes of gloves in the appropriate container.
11. Candidate identifies hands should be washed
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.

Skill 13—Nail Care One Hand
1. Explains procedure to the resident.
2. Candidate asks resident to check basin water temperature for safety and comfort OR may use bath thermometer.
3. Candidate places basin in a comfortable position for resident. Candidate soaks resident's nails.
4. Candidate puts on clean gloves. Candidate gently cleans under each nail with orange stick.
5. Wipes orange stick on towel after cleaning under each nail. Dries fingernails/hand area with towel.
6. Lightly files each fingernail as needed. Disposes of orange stick and emery board in the appropriate container.
7. Empties basin. Rinses basin. Dries basin. Returns basin to designated dirty area.
9. Identifies that hands should be washed.
10. Leaves call light or signaling device within easy reach of the resident.

Skill 14—Partial Bed Bath-Face, Arm, Hand and Underarm
1. Explains procedure to the resident. Pulls privacy curtain. Removes gown while keeping resident covered.
2. Puts on clean gloves. Fills basin with comfortably warm water OR may use a bath thermometer.
3. Brushes the inner and outer surfaces of all upper and lower teeth using gentle motions. Brushes tongue using gentle motions.
4. Uses a clean portion of wash cloth with each stroke. Completes washing rest of face. Dries face.
5. Exposes only one arm. Places towel under arm. Uses soap.
9. Assists resident to put on a clean gown.
10. Rinses basin. Dries basin. Returns basin to designated dirty area.
11. Removes soiled linen in appropriate container.
12. Disposes of gloves turning inside out. Disposes of gloves in appropriate container.
13. Identifies that hands should be washed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within reach of the resident.

**Skill 15—Perineal Care for a Female**
1. **Explains procedure to the resident.** (Mannequin) Provides privacy - pulls curtain.
2. Candidate prepares water and asks resident (mannequin) to check water temperature for safety and comfort OR may use a bath thermometer.
4. **Resident is comfortably positioned on back.** Keeps resident covered at all times during procedure.
5. **Exposes perineum only.** Applies soap to wet washcloth. Separates labia. Uses water and soapy washcloth.
6. **Cleans each side of labia from front to back using a clean portion of the wash cloth with each wash stroke.**
7. Rinses each side of labia from front to back using a clean portion of the wash cloth with each rinse stroke.
8. **Pat dries the area moving from front to back.** Covers the exposed area with sheet.
9. **Assists resident to turn onto side away from the candidate.** With a clean portion of wash cloth, cleans the rectal area. Uses water, washcloth and soap. Cleans rectal area from front to back. Uses a clean portion of the wash cloth with each wash stroke.
10. Rinses rectal area from front to back. Uses a clean portion of the wash cloth with each rinse stroke. Pat dries the area moving from front to back with towel.
11. **Positions resident (mannequin) on her back.** Replaces top sheet over resident.
14. Identifies that hands should be washed.
15. Places call light or signaling device within reach of resident.

**Skill 16—Position Resident on Side**
1. **Explains procedure to resident.** Pulls curtain; provides for resident's privacy.
2. **Positions bed flat.** Raises side rail on side of bed toward which the resident will be turned.
3. **Assists resident to roll onto side toward raised side rail.** Candidate checks to be sure resident's head is supported by a pillow.
4. **Checks to be sure resident is not lying on his/her downside arm.** Places support device under the resident's upper arm. Places support device behind resident's back. Places support device between knees with top knee flexed. Check for knee and ankle support.
5. **Maintains respectful, courteous interpersonal interactions at all times.**
6. Leaves call light or signaling device within easy reach of the resident.
7. Identifies that hands should be washed.

**Skill 17—Range of Motion Knee & Ankle**
1. **Explains procedure to the resident.** Provides privacy - pulls curtain. Positions resident supine.
2. **Correctly supports joints by placing one hand under the knee and the other hand under the ankle.**
3. **Candidate tells resident to let them know if they have any pain or discomfort at any time during exercise.**
4. **Bends the resident's knee toward the resident's trunk and returns to normal position. Flexion and extension of knee. Candidate performs flexion and extension of the knee at least three times.**
5. **Correctly supports under resident's foot and ankle while performing range of motion for the foot and ankle.**
6. **Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes down. Plantar flexion. Candidate performs foot and ankle exercise at least three times.**
7. **Does not force any joint beyond the point of free movement.**
8. **Supports joints and limbs while performing flexion/extension and plantar flexion/dorsiflexion, discontinuing exercise if resident verbalizes that they are in/having pain.**
9. Places call light or signaling device within easy reach of the resident.
10. **Candidate identifies that hands are washed.**

**Skill 18—Range of Motion One Shoulder**
1. **Explains procedure to the resident.** Pulls curtain; provides for resident's privacy.
2. **Candidate must ask resident if s(he) is experiencing any pain or discomfort during exercise.**
3. **Correctly supports resident's joint by placing one hand under the elbow and the other hand under wrist.** Raises the resident's arm up and over the resident's head. (flexion) Brings the resident's arm back down to the resident's side. (extension) Completes flexion and extension of shoulder at least three times.
4. **Moves the resident's entire arm out away from the body.** (abduction) Returns arm to side of the resident's body. (adduction) Completes abduction and adduction of the shoulder at least three times.
5. **Does not cause discomfort or pain at anytime during ROM.**
6. **Continually supports the limb, moving joints smoothly and gently throughout the exercise.**
7. **Leaves resident in a comfortable position.**
8. **Candidate identifies hands should be washed.**
9. **Maintains respectful, courteous interpersonal interactions at all times.**
10. **Places call light or signaling device within easy reach of the resident.**

**Skill 19—Transfer from Bed to Wheelchair**
1. **Explains procedure to resident.** Provides for resident's privacy.
2. **Insures resident safety by locking bed wheel brakes.**
3. **Bed is raised/lowered to a safe level with resident feet flat on floor.**
4. **Positions wheelchair at head or foot of bed.** Before assisting resident to stand foot rests are folded up or removed.
5. **Candidate locks wheelchair brakes.**
6. Candidate ensures resident is wearing shoes. Resident is assisted to a seated position on the edge of the bed with feet flat on floor. Applies transfer belt around resident's waist.
7. Before candidate assists resident to stand candidate provides instruction and pre-arranged signal to stand
8. Assists resident to stand using proper technique. Assists resident to turn and stand in front of wheelchair with back of legs against wheelchair.
9. Positions resident safely in wheelchair ensuring resident's hips are touching back of wheelchair seat.
10. Candidate removes transfer belt. Positions resident's feet carefully on foot rests.
11. Candidate leaves call light within reach of resident.
12. Identifies that hands should be washed.

### Skill 20—Vital Signs -Radial Pulse (on I/O recording sheet)

1. Explains procedure to resident. Provides for resident's privacy; pulls curtain.
2. Locates the radial pulse by placing tips of fingers on the thumb side of the resident's wrist.
3. Counts pulse for 60 seconds.
4. Leave call light within easy reach of the resident.
5. Identifies that hands should be washed.
6. Candidate records count on the provided recording sheet. (This must be performed in order to receive credit. Verbalizing will not be accepted.)
7. **Candidate's recorded pulse rate is no more than plus or minus 4 beats of the correct pulse rate.**
8. Maintains respectful, courteous interpersonal interactions at all times.

### Skill 21-Vital Signs-Respirations (on I/O recording sheet)

1. Explains procedure to resident. Provides for resident's privacy; pulls curtain.
2. Candidate counts respirations for 60 seconds.
3. Leaves call light within reach of resident.
4. Identifies that hands should be washed.
5. Candidate records count on the provided recording sheet. (This must be performed in order to receive credit. Verbalizing will not be accepted.)
6. **The candidate's recorded respiratory rate is plus or minus 2 breaths of the correct rate.**
7. Maintains respectful, courteous interpersonal interactions at all times.

### Skill 22—Weighing an Ambulatory Resident (on I/O recording sheet)

1. Explains procedure to resident. Candidate ensures that resident has shoes on before walking to scale.
2. Candidate balances (zeros) scale.
3. Candidate assists resident to step on scale. Candidate ensures that resident is centered on scale.
4. Candidate ensures that resident is not holding on to anything that would alter weight reading. (Resident's arms at his/her sides.)
5. Candidate adjusts weights until scale is in balance.
6. Assists resident to step off the scale. Assists or directs resident back to bed or chair.
7. Candidate records weight on provided recording pad. (This must be performed in order to receive credit. Verbalizing will not be accepted.)
8. **Candidate's recorded weight varies no more than plus or minus 2 lb. from the correct weight.**
9. Maintains respectful, courteous interpersonal interactions at all times.
10. Leaves call light or signal calling device within easy reach of the resident.
11. Identifies hands should be washed.

### RECERTIFICATION

In order to be eligible for recertification, you must have been employed providing nursing services for pay for at least seven (7) hours within the twenty four (24) months before the expiration date listed on your certificate. The fee for recertification is $30. You will receive a renewal reminder approximately sixty (60) days in advance of your certification expiration date. Do not wait until the expiration date to recertify. Complete your Renewal Form immediately and make sure that the form is completed and signed by your health care facility employer. Each time you are due to renew your certification as a nurse aide or personal care assistant, NJDOH is required to update your criminal history background check (CBI).

Please note that the certification must be renewed prior to the expiration date listed on the card. Otherwise, the certification is immediately expired and no longer valid for employment purposes.

Choose a recertification location from the list provided on the Renewal Form. On the day of Recertification you MUST bring to the test site the following:
- $30 recertification fee (this is the only fee accepted at the test site).
- Two (2) forms of identification. One must be a VALID form of government-issued identification (Driver's License, State ID, Passport) which bears your signature and has your photograph. The second ID must have your signature and preprinted legal name.
- Your Renewal Form (completed and signed by your current or previous employer).

At the recertification location, your photo will be taken and your recertification documents will be reviewed for accuracy and completeness. If your recertification documents are complete, your certification will be updated on the Registry and you will receive a new certificate. A duplicate certificate is $30.

The Department of Health (referred to as Department) is required to update your criminal history background check (CBI) each time you are due to renew your certification as a nurse aide or personal care assistant. There is no need to complete a new CBI application. You will receive a notice about updating your criminal history background check from the Department approximately four (4) months before your certification expiration date.

**If the Department is able to identify that you have been successfully fingerprinted** for a nurse aide or personal care assistant certification using the electronic fingerprinting system, the Department will request that the previous image
If you are renewing your certification, there is nothing you need to do. You should receive your renewal authorization letter no later than sixty (60) days before your certification is due to expire.

If the Department cannot identify a previous successful fingerprint image for your nurse aide or personal care assistant certification, you will receive a form and a notice to make a fingerprint appointment approximately 120 days before your certification expiration date. You must make and keep a fingerprint appointment before your certification expiration date. It is advisable to obtain an appointment at least sixty (60) days before your certification is due to expire. THERE IS NO CHARGE FOR PROCESSING YOUR FINGERPRINT APPOINTMENT FORM. If you fail to submit a new set of fingerprints, your certification will not be renewed. Attempts to obtain a certification after the expiration date will need to comply with the provisions for persons with expired certifications.

Once the Department determines that there are no new disqualifying convictions they will notify PSI electronically that you can complete the renewal process and will send you written notice that the CBI process is complete. Once you receive that notice you must take your Renewal Form, the $30 renewal fee, and photo identification to a PSI Test Site to obtain your new certificate. Remember to have your Renewal Form signed by your employer.

EXPIRED CERTIFICATE

If your certification has already expired and your initial certification date is more than five (5) years ago, you must request a waiver from the DOH and successfully complete the following:

- A ninety (90) hour state-approved nurse aide training program or an eighty-five (85) hour state approved personal care assistant training program,
- The Skills Evaluation, and
- The Written (or Oral) Examination.

If your certification has already expired and your initial certification date is less than five (5) years ago, you may request a waiver, and must successfully complete both the Skills Evaluation and the Written Examination before the five (5) year anniversary of your initial certification. If you fail either the Skills Examination or the Written (or Oral) Examination, you must retrain before retesting.

REVOKED CERTIFICATE

A certificate issued to a nurse aide or personal care assistant in accordance with state rules shall be revoked in the following cases:

- Conviction for resident abuse, resident neglect, resident mistreatment or misappropriation (theft) of resident property.
- Conviction (including a guilty plea, a plea of no contest or nolo contendere, or a finding of guilt by a judge or jury) to a crime or offense which: 1) Is a disqualifying offense pursuant to N.J.S.A 26:2H-83(a); or 2) Relates adversely to the ability to provide resident care pursuant to N.J.A.C. 8:39-43 and 9.3.

- Sale, purchase, or alteration of a certificate; use of fraudulent means to secure a certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination.

PSI SITE RECERTIFICATION SCHEDULE

Recertification will be offered on a walk-in basis at any of the 10 NJ test sites on Mondays ONLY from 10am-4pm. We also offer recertification on Wednesdays from 10am-4pm at the Hamilton Township, Paramus and Cherry Hill sites ONLY. Evening hours for recertification will be offered at our Paramus site on Wednesdays until 7pm and at our Parsippany site on Thursdays from 4pm-7pm. Please see a listing of the sites in this Candidate Information Bulletin.

ABUSE FINDINGS

Upon receipt of a substantiated allegation of resident neglect, resident abuse, and/or misappropriation (theft) of resident property, you will be mailed a Notice of Informal Conference. This letter will include a statement that there are substantiated findings of neglect, abuse and/or misappropriation of resident property and will include instructions for you to attend a scheduled conference, in person, at the offices of the NJ Department of Health, as well as the following information.

You have a right to bring witnesses and any written evidence that you want to the informal conference. You may represent yourself, or you may have an attorney represent you at your own expense. At the conclusion of the informal conference, a determination will be made as to whether to dismiss the case against you or to proceed to a full court hearing at the NJ Office of Administrative Law. The Department will notify you of that decision in writing within ten (10) days of the conference.

If your case is not dismissed, you will receive a Notice of Right to Hearing. If you do not request a hearing within thirty (30) days of the date of the Notice of Right to Hearing letter, or if a hearing results in a specific finding of abuse, neglect and/or misappropriation of resident property, as applicable, that finding will be placed next to your name on the New Jersey Nurse Aide Registry permanently, unless the finding was made in error or you are found not guilty in a court of law. You will not be permitted to work again as a nurse aide or as a personal care assistant in any licensed New Jersey health care facility. You will be notified in writing of this decision and you will be advised that you have a right to appeal the finding. This statement will be maintained on the New Jersey Nurse Aide Registry.
CHANGE OF ADDRESS, NAME, AND/OR EMPLOYER

If you have changed your address, name, and/or employer, you must inform the Nurse Aide Registry and the NJDOH CBI Unit. To notify the Registry of a change, use the form on the following page.

If you have a change of name, you must mail proof of that change (e.g., marriage certificate, divorce decree, or other legal document), along with the form on the following page. No additional documentation is necessary to make an address change.

To inform NJDOH CBI Unit of an address, name, and/or employer change, please use the toll-free number, (866) 561-5914, if you are calling from out of state. If you are calling from within New Jersey, please call (609) 292-4303.
Use this form to inform the Registry of your change of address, name, and/or employer. Please print or type all information on this form. Be sure to provide all information, or your request cannot be filled.

- **ADDRESS CHANGE** - Complete Sections A & B
- **NAME CHANGE** - Complete Sections A & B: You must attach a copy of an official document (marriage certificate or other court order) verifying your name change.
- **EMPLOYER CHANGE** - Complete Sections A, B & C: You must complete Section C also.

A. PRINT YOUR NEW ADDRESS, NEW NAME, OR NEW EMPLOYER’S INFORMATION BELOW.

Name: ________________________________________________________________________________________
Address: ______________________________________________________________________________________
City: _____________________________ State: ____________ Zip Code: __________________________
Telephone: ____________________________________________________________________________________
Social Security# __________________________ Certification # __________________________

B. PRINT YOUR OLD ADDRESS, OLD NAME, OR OLD EMPLOYER’S INFORMATION BELOW.

Name: ________________________________________________________________________________________
Address: ______________________________________________________________________________________
City: _____________________________ State: ____________ Zip Code: __________________________
Telephone: ____________________________________________________________________________________

C. IF YOU ARE NOTIFYING THE REGISTRY WITH NEW EMPLOYER INFORMATION, YOU MUST ALSO FILL IN THIS SECTION.

Name: ________________________________________________________________________________________
Address: ______________________________________________________________________________________
City: _____________________________ State: ____________ Zip Code: __________________________
Telephone: ____________________________________________________________________________________

YOUR SIGNATURE: ____________________________________________________ DATE: ______________________
NEW JERSEY NURSE AIDE & PERSONAL CARE ASSISTANT
RE-TAKE REGISTRATION FORM

Before you begin...

Read the Candidate Information Bulletin before filling out this registration form. You must provide all information requested and submit the appropriate fee. PLEASE TYPE OR PRINT LEGIBLY. Registration forms that are incomplete, illegible, or not accompanied by the proper fee will be returned unprocessed. Registration fees are not refundable.

1. Legal Name: [Last Name] [First Name] [M.I.]
2. Social Security: [- - -] (FOR IDENTIFICATION PURPOSES ONLY)
3. Mailing Address: [Number, Street] [City] [State] [Zip Code] [Apt/Ste]
4. Telephone: [Home] [Office]
5. Email: [Email]
6. Examination: (Check one) [Skills Evaluation Only (Re-take Exam) $23] [Written Exam Only (Re-take Exam) $53] [English Oral Exam Only (Re-take Exam) $67] [Spanish Oral Exam Only (Re-take Exam) $67]

7. Total Fee $__________. You may pay by credit card, money order, company check or cashier’s check. Cash and personal checks are not accepted.)

If you are paying by credit card, check one: [VISA] [MasterCard] [American Express] [Discover]

Card No: ___________________________ Exp. Date: ___________________________

Card Verification No: __________________

The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).

Billing Street Address: ___________________________ Billing Zip Code: __________________

Cardholder Name (Print); ______________________________________________________________________________________

Signature: ___________________________

8. I am faxing the Special Arrangement Request (at the end of this bulletin) and required documentation. [Yes] [No]

9. Affidavit: I certify that the information provided on this registration form (and/or telephonically to PSI) is correct. I understand that any falsification of information may result in denial of certification. I have read and understand the Candidate Information Bulletin.

Signature: ___________________________ Date: ___________________________

If you are registering by mail or fax, sign and date this registration form on the lines provided.

Complete and forward this registration form with the applicable examination fee to:

PSI * ATTN: NJ Regional Processing Center
3525 Quakerbridge Road, Suite 1000 * Hamilton Township, NJ * 08619
Fax (609) 588-5461 * (800) 733-9267 * TTY (800) 735-2929 * www.psiexams.com
SPECIAL ARRANGEMENT REQUEST FORM

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date: ____________________________  Social Security #: ____________________________

Legal Name: ______________________________________________________________________

Last Name                                                             First Name

Address: ______________________________________________________________________

Street                                                                 City, State, Zip Code

Telephone: (_________) ________ · _____________    (_________) ________ · _____________

Home                                                                Work

Email Address: ___________________________________________________________________

Check any special arrangements you require (requests must concur with documentation submitted):

☐ Reader (as accommodation for visual impairment or learning disability)      ☐ Extended time
                                                                            (Additional time requested:___________)

☐ Large-print written examination                                         ☐ Other__________________________________

Complete and fax this form, along with supporting documentation, to (702) 932-2666.

After 4 business days, please call (800) 367-1565, ext 6750 and leave a voice message.

PSI Special Accommodations will call you back to schedule the examination within 48 hours.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI SPECIAL ACCOMMODATIONS.