



NEVADA NURSING ASSISTANT
TESTING SITE EQUIPMENT LIST AND AFFIDAVIT FORM 1503 NV
(This list MUST be accompanied by Form 1502 NV)

The testing site must include all of the materials necessary to properly administer any of the randomly selected skill tests. The RN observer is required to review all of the skill tests they receive prior to administration and ensure that the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

Equipment Provided by Testing Site

- At least three internet-connected computers in Knowledge Test area or space for RN Test Observer provided tablets
Internet-connected computer, laptop or tablet in Skill Test area and/or internet access for RN Test Observer provided laptop or tablet
Long term care bed with working bed brakes and bed controls (beds that brakes are locked when bed is raised (legs stay down) and beds that alarm sounds when brakes are on are not acceptable, brakes have to be able to be manually engaged)
Bedside stand
Over bed stand
Commode (if toilet is not available in skills lab)
Gloves – in assorted sizes
Wheelchair with working brakes and removable footrests
Hand washing sink with warm running water, liquid soap, & paper towels (must be no further than 30 second walk from skills area)
Water pitcher and glass
Laundry receptacle (hamper)
Bed pans – 1 Standard and 1 Fracture Pan
Catheter with Tubing
Urinary Drainage Bag with Tubing
Tissue/Toilet Paper
Wash basins, emesis basin
Output measurement container/graduate
Wastebasket
Wall clock – in knowledge test room and skills lab
Call bell or signaling device (doesn't have to be a working call bell)
Gait belts/transfer belts
Isolation Gowns (must have ties, no Velcro)
Food tray, plate, silverware
Linens including: pillows (4), top linens, pillowcases, flat and fitted sheets, bath blankets, towels, wash cloths, water proof pads, blanket, resident's gowns

- Dentures (one plate, upper or lower, only for testing), denture container and denture cleanser
Mannequin (anatomically correct – peri area for female)
Teaching – (bi-aural) stethoscope with two different sized BP cuffs
Alcohol or alcohol pads
Working privacy curtain(s) (may not be portable screen)
Hand sanitizer
Any signage (posters) or displays in skill test room that may cue candidates on skill performance must be covered or removed on test days

Additional Equipment Provided by RN Observer

- RN Test Observer may provide own laptop or tablet for Skill testing
Actor's toothbrush, toothpaste and paper cup
Official data recording forms - post it pads provided by Headmaster
Small clipboard to place recording form on
Two audible count-down timers (one for 15 minutes left warning and 1 for 35 minutes time up)
Non-skid Socks for Actor
Lotion for Foot Care
Over sized button shirt/blouse, sweat pants, and socks that will easily fit over actor's clothing
Sample food items (single serve size container of applesauce, pudding etc.)
Diet Card and napkins
1 Clear 240 cc glass for Feeding Skill (a bendable straw is recommended to use with this skill)
ORAL TEST ADMINISTRATION: Headphones that can plug into the computer speakers are needed.
Pre-measured "urine" fluid amounts in unmarked containers (hint: use yellow food coloring in water for bedpan and output and urinary drainage bag)
Watch with a second hand

ROOM REQUIREMENTS:

- Distraction Free Skills Lab - for administration of skills exam (with all equipment & supplies listed available & in good working order)
Distraction Free Knowledge Test Room – for administration of the Knowledge Exam
Holding or Waiting Area – where candidates may wait to take the exam

Testing sites and RN observers may mutually agree to a different mix of equipment distribution and a test observer may use his/her consumable supplies reimbursement to purchase consumables from the test site, depending on mutual agreement with the test site. Please call HEADMASTER toll free at 1-800-393-8664 if we can be of assistance regarding any of these issues.

Site Affidavit: We hereby certify that

Facility Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

has the equipment listed herein and will make the equipment available to HEADMASTER/D&S DT/NSBN certified RN Test Observers (independent contractors) for the purpose of administering Nursing Assistant knowledge and skill tests to nursing assistant candidates at our site.

Test Site Approving Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Test Observer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_