SOUTH DAKOTA EQUIPMENT LIST

South Dakota Health Care Association

804 N. Western Avenue -- Sioux Falls, SD 57104 Phone# 605-339-2071

luannseverson@sdhca.org

Testing Services Provided by: HEADMASTER, LLP

All application materials MUST be sent to SDHCA-Attn: LuAnn Severson

The Test Site MUST include all of the materials necessary to properly administer any of the randomly selected Skill tests. The Test Observer is required to review all of the Skills Tests they receive prior to administration and ensure the appropriate laboratory equipment is available prior to testing. Please refer to the following list for equipment requirements.

TEST SITE EQUIPMENT LIST 1503

□ Linen Hamper

Skill Test Room Requirements

Skill Te	est Room Requirements		Linen Hamper	
	Privacy curtain		Linens	
	Long-term care bed		BedspreadBath Blanket	
	 Optional moving side rails 		D1 1 .	
	 Must have working brakes 			
	 Must be pre-made with full set of linens 			
	Bedside stand		o 1 Fitted Sheet	
	Over bed table		o Pillowcases	
	Hand washing sink with running water		 Pillows and Wedg 	•
	 Liquid soap 		 Towels—Both Ha 	ind & Bath
	 Paper towels 		 Under Pad/chuk 	
	 Wastebasket 		 Washcloths 	
			Lotion	
			Marbles in an open basin	labeled ICE
Skill Te	est Equipment List		Mouthcare Items_	
	Alcohol Swabs		 Denture Brush 	
_	Antiembolic/Elastic Stocking		 Mouthwash 	_
_	Bar Soap		 Toothbrush /Toot 	hettes
_	Bedpans		 Toothpaste 	
ū	Bib/Clothing Protector		Nail Care Items	
ū	Biocular (teaching) Stethoscope		 Nail file 	
	Blood Pressure Cuff		 Nail clippers 	
_			 Nail Brush 	
ü	Call light—doesn't have to be a working call light		I & O Pads	
	Cane Catheter w/Tubing		Pencil	
			Standard Scale OR Analo	og Floor Scale
	Chair		Tissues	
	Clothing items (various sizes)		Walker	
	o Patient Gown		Water Pitcher	
	o Patient Robe		Wheelchair	
	 Slippers (non-skid socks) 		 Must have locking 	g brakes
_	o Shirt/Sweater			,
	Cups/glasses			
	 Two clear 8oz (240cc or ml) glasses 	Knowle	edge Test Requir	ements
_	One clear)4oz (120cc or ml) juice glass		12 #2 pencils	
	Dentures with Denture Storage Container			an with stereo headphones OR
	Disposable Isolation Gown & Gloves	•		nd card on WebEtest computer.
	Disposable Peri-cloths			r must ensure that the tape player
	Emesis Basin			dapter to plug into an available
	Food Items—Individual Servings of Applesauce/Pudding			sh batteries. (For Oral Test
	Food tray		administration)	in batteries. (For Oral Test
	o Napkin			A at 1-800-952-3052 or
	Plate			
	 Silverware 			0-393-8664 if you have any
	Gait Belt or Transfer Belt	C	questions.	
	Graduate Cylinder–25cc increments			
	Hair Brush, Hair Pick and/or Comb			
	Ice Scoop			
Site Affi	idavit: I hereby certify the organization listed	halow has the agu	inment listed herein s	and will make the equipment
	to HEADMASTER certified Test Observer for the	ie purpose of admi	inistering CNA Knowle	eage and Skill tests to nurse
aide candi	idates at our Site.			
Organiza	ation Nama:		Phono: (\
Jigariiza	ation Name:		FIIONE. (_)
Address:City:		itv.	State:	Zin·
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			_	
Test Obs	server Signature:		Date:	/
FORM 150	server Signature:			UPDATED 07/17/15
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