

D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-201-0758 – FAX 419-422-8367 – www.hdmaster.com

PROVIDING CNA TESTING SOLUTIONS THROUGHOUT TENNESSEE

TESTING SITE EQUIPMENT LIST AND AFFIDAVIT 08/2018

This list MUST be accompanied by either **Form 1500TN (observer)** or **1502TN (test site)**

The Testing Site must include all of the materials necessary to properly administer any of the randomly selected Skill tasks. The 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

- Bedpan
- Completely functioning long-term care bed (all moveable portions must raise and lower) with operating brakes. **No side rails present on the bed. (For test dates from October 1, 2018 forward)**
- A privacy curtain (Must be overhead rail or pull type with minimum 4' of rail) (Folding curtains are not permitted)
- Laundry hamper, Walker
- Bedside stand -- Over bed stand
- Wheelchair with functioning brakes and footrest
- Standard Scale or Analog Scale (no digital scale)
- Hand washing sink with running water, liquid soap, & paper towels (Must have manual hand faucets, no automatic or foot pedals)
- Wash Basin – Emesis Basin
- Output measurement container/graduate
- Wastebasket - Wall Clock with Second Hand in both testing rooms
- Call light—doesn't have to be a working call light
- Gait belt/transfer belt
- Food tray, plate, silverware
- Linens including clean: pillows, top linens, water proof pads, pillowcases, flat & fitted sheets, towels, washcloths, bath blankets, blankets, and resident gowns
- Dentures, Denture container
- Mannequin (lower portion of body acceptable must include the complete peri and rectal areas. (Must be anatomically correct for catheter insertion)
- Urinary Drainage bag with tubing and antiseptic wipes
- Blood pressure cuff - Bi-Ocular Stethoscope
- Gloves and Isolation gown

Additional Equipment Provided by Observer or Flexible Test Site

- A tape player/Walkman with working stereo headphones. The Observer must ensure that the tape player either has an AC adapter to plug into an available outlet, or has fresh batteries. (For Oral Test administration)
- Toothbrush, toothpaste, toothettes, mouth rinse, and cup
- Nail file, orange stick
- Hair brush, comb and hand mirror
- Intake and output record sheets (D&S provided)
- Liquid Soap
- Tissues
- Sheaths for oral thermometer
- Oversized Pants and button shirt
- Toilet paper
- Digital thermometer -- Alcohol – Alcohol pads
- Non skid shoes or slippers (no slipper socks)
- #2 pencils for written test administration
- Sample food items & napkins. (snack cup of applesauce, jello, pudding etc.)
- Travel clock with second hand
- Digital timer that does not tick out loud (x2)
- 2-240 cc cups (state mandated set of cups purchased through D&S)
- Standard Calculator for use with approved ADA's only. (NO CELL PHONES)
- Scratch paper
- Basket for personal items
- Lotion

Testing Sites and Observers may mutually agree to a different mix of equipment distribution and an Observer may use their consumable reimbursement to purchase consumables from the Site, depending on mutual agreement with the Site. Please call D&S DIVERSIFIED TECHNOLOGIES toll free at 1-877-201-0758 if we can be of assistance regarding these issues.

Site Affidavit/Test Observer Affidavit:

We, the facility, hereby certify that we have completely enclosed skill and written rooms that meet the specs listed on form 1502 which must accompany this form for submission. We also certify that the rooms used for testing do not have video or recording devices of any kind.

Facility Name/Observer Name: _____ Phone: (____) _____ - _____

Contact Person's Name: _____ Email: _____ Fax: (____) _____ - _____

Address: _____ City: _____ State: ____ Zip: _____

has the equipment listed herein and will make the equipment available to D&S DIVERSIFIED TECHNOLOGIES certified test Observers for the purpose of administering CNA written and Skill Tests to nurse aide Candidates at our Site or I am an Observer and I will supply the supplies and equipment required.

Site Administrator Signature: _____ Date: ____/____/____ **or**

Test Observer Signature: _____ Date: ____/____/____

SS# _____ Email: _____