



D&S Diversified Technologies LLP
Headmaster LLP

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 LEAD WORKER TESTING IN OHIO ~ PROCESS SERVER TESTING IN MONTANA ~ FACILITY ADMINISTRATOR LICENSURE TESTING IN IDAHO AND NEW JERSEY ~ NEW JERSEY PERSONAL CARE
 ASSISTANT TESTING AND HOME HEALTH AIDE TESTING AND LONG TERM CARE/HOME HEALTH DEEMING TESTING IN OKLAHOMA

OKLAHOMA LONG TERM CARE
 (HOME HEALTH AIDE (DEEMING) – IF HOURS COMPLETED)
CANDIDATE HANDBOOK
EFFECTIVE 10-5-2016
 UPDATES HIGHLIGHTED IN YELLOW

CONTACT INFORMATION

Questions regarding exam applications / exam scheduling / eligibility to test:

Contact your Training Facility

- Applications to take the NA Exam
- Exam Dates & Location Options
- Cancellations or Rescheduling
- Pre-exam Name or Address Changes

8:00 am to 6:00 pm M-F (Mountain Time)

Headmaster LLP - D&S Diversified Technologies LLP (800) 393-8664

P.O. Box 6609

Helena, MT 59604

- Questions about your Exam Results
- Cancellations or Rescheduling

Questions about LTC/(HHA (Deeming) if hours completed) certification:

8:00 am to 5:00 pm M-F (Central Time)

Oklahoma State Department of Health (ODH) (405) 271-4085 or (800) 695-2157

1000 NE 10th Street Room 1111

Oklahoma City, OK 73117-1299

- Nurse Aide Registry Questions
- State & Federal Regulations
- Post-exam Name or Address Changes

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INTRODUCTION

In 1987, the Nursing Home Reform Act was adopted by Congress as part of the Omnibus Budget Reconciliation Act (OBRA '87). It was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for Nursing Assistants who work in such facilities. Each state is responsible for following the terms of this federal law. As defined in the OBRA regulations, a Nursing Assistant competency evaluation program provides specific standards for Nursing Assistants related knowledge and skills. The purpose of a Nursing Assistant competency evaluation program is to ensure that candidates who are seeking to be Nursing Assistants understand these standards and can competently and safely perform the job of an entry-level Nursing Assistant.

The Oklahoma Department of Health (OKDOH) has approved Headmaster LLP (D&S Diversified Technologies LLP) to provide testing and scoring services for the Oklahoma Long Term Care Aide Competency Exam and Deeming for Home Health Aides. Upon passing the Oklahoma Long-Term Care (LTC) Aide Competency Exam, an individual will be listed on the Oklahoma Registry as a Certified Nurse Aide in Long-Term Care. If at that time the individual has also completed 16 hours of ODOH-approved Home Health Aide (HHA) training or later completes HHA training, the candidate will be listed on the Oklahoma State Nurse Aide Registry as a Certified Nurse Aide in both Long-Term Care and Home Health. No additional exam is required to be deemed an OK LTC-HHA. Individuals, who have tested with Headmaster LLP, completing HHA training after passing the LTC exam must submit proof of HHA training completion (from their training program) to Headmaster who will notify the Registry that the individual is deemed an OK LTC-HHA.

This handbook is designed to help prepare candidates for taking the OKDOH-approved Long Term Care Aide Competency Exam and describes the process for Home Health Aide Deeming. There are two parts to the LTC Competency Exam—a multiple-choice knowledge exam and a skill exam. Candidates must pass both parts of the exam and meet all requirements of the Oklahoma State Department of Health for LTC Aide certification in Oklahoma and if they wish to be deemed LTC-HHA provide proof of completion (submitted by their training program) of HHA training.

For questions not answered in this handbook please contact Headmaster toll free at 800-393-8664 or go to www.hdmaster.com. This handbook should be kept for future reference.

APPLYING TO TAKE THE LONG TERM CARE AIDE / [HOME HEALTH AIDE (DEEMING)-IF HOURS COMPLETED] EXAM

To apply to take the Oklahoma LTC/[HHA (Deeming)-if hours completed] Exam, contact your Training Program or please contact Headmaster at 1-800-393-8664.

RETAKE THE LONG TERM CARE / [HOME HEALTH AIDE (DEEMING)-IF HOURS COMPLETED] EXAM

To apply to retake the Oklahoma Long Term Care / [HHA (Deeming)-if hours completed] Exam, please contact your Training Program.

THE KNOWLEDGE EXAM

The Knowledge Test Proctor will give instructions for taking the Knowledge Exam using a computer work station. You will have a maximum of ninety (90) minutes to complete the 72 question Knowledge Exam. You will be told when fifteen (15) minutes are left. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?") You must have a score of 70% or better to pass the knowledge portion of the exam. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution to the full extent of the law.

KNOWLEDGE EXAM CONTENT OUTLINE

The Knowledge Exam consists of 72 multiple-choice questions. You must score at least a 70% in order to pass the Knowledge Exam. Questions are selected from subject areas based on the Oklahoma test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

- | | |
|--------------------------|--|
| 1. Safety (4) | 7. Communication (7) |
| 2. Infection Control (8) | 8. Data Collection (8) |
| 3. Personal Care (11) | 9. Basic Nursing Skills (10) |
| 4. Mental Health (4) | 10. Role and Responsibility (4) |
| 5. Care Impaired (4) | 11. Disease Process (4) |
| 6. Resident Rights (4) | 12. Older Adult Growth & Development (4) |

THE SKILL EXAM

The purpose of the Skill Exam is to evaluate your LTC/HHA practical skills. You will find a complete list of skill tasks in this handbook. Hand washing with blood pressure and transferring from bed to wheelchair/wheelchair to bed with temperature (oral or axillary) including pulse and respirations (TPR) will be two of the multi-element tasks you will need to

perform. Three (3) additional tasks will be randomly selected from the included list for you to demonstrate on your complete Skill Exam. The steps that are listed for each task are the minimum steps required for correct demonstration of the Long Term Care Aide/[HHA (Deeming)-if hours completed] skill exam. Steps indicated with an (*) are given more weight when scoring than other steps, **and** 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 exam. If you fail a single task you will have to take another skill exam with all five tasks on it and at least one of the assigned tasks will be one that you previously failed.

WHAT TO EXPECT

- Scenarios associated with your assigned tasks will be read to you immediately before you do each task.
 - Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated anytime during your skill exam.
 - Be sure you understand all instructions before you begin because you may not ask questions once the Skill Exam begins.
 - You will be given forty five (45) minutes to complete all the skill tasks. You must correctly perform all tasks in order to pass the Skill Exam. You will be told when 30 minutes have elapsed.
 - If you believe you made a mistake while performing a task, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 45 minutes or until you tell the RN Test Observer you are finished with the Skill Exam. Once the Skill Exam has begun, the RN Test Observer may not answer questions.
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MANUAL SKILL TASKS LISTING

SKILL 1 - HAND WASHING WITH BLOOD PRESSURE

1. Properly greet resident by name.
2. Introduce self to the resident.
3. Turn on water.
4. Wet hands.
5. Apply liquid soap to hands.
6. Rub hands together using friction.
7. Interlace fingers pointing downward.
8. Wash all surfaces of hands and wrists with liquid soap.
9. Wash around each nail bed.
10. Rub nails against palms of opposite hands.
11. Rinse hands thoroughly under running water with fingers pointed downward.
12. Dry hands on clean paper towel(s).
13. Turn off faucet with a SECOND (last) clean dry paper towel, or with dry section of a previously used paper towel.
14. Discard paper towels into trash container as used.
15. **Do not re-contaminate hands at any point during the procedure.**
PROCEED WITH BLOOD PRESSURE AS A COMPLETELY SEPARATE ELEMENT
16. Explain procedure to resident.
17. Provide for resident's privacy.
18. Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
19. Roll resident's sleeves up about 5 inches above the elbow.
20. Apply the cuff around the upper arm just above the elbow.
21. Clean earpieces of stethoscope appropriately and places in ears.
22. Clean diaphragm of the stethoscope.
23. Locate brachial artery by feeling brachial pulse just above the bend of the elbow.
24. Place stethoscope over brachial artery.
25. Hold stethoscope snugly in place.
26. Inflate cuff until Candidate no longer hears the resident's brachial pulse and inflate an additional 30mmHG.
27. Slowly release air from cuff to disappearance of pulsations. Remove cuff.
28. Candidate records blood pressure reading on signed I&O form (recording form) provided.
29. **Candidate's recorded systolic and diastolic blood pressure are within 4mmHG of the T.O.'s.**
30. Utilize the appropriate equipment: correct size cuff, teaching stethoscope, 2 alcohol swaps, I&O form and pencil.
31. Identify that hands should be washed.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Leave call light or signal calling device within easy reach of the resident.
34. Leave water within easy reach of the resident.

SKILL 2 - TRANSFER FROM BED TO WHEELCHAIR USING A GAIT BELT WITH VITAL SIGNS: TEMPERATURE (ORAL W/ DIGITAL ORAL THERMOMETER), PULSE AND RESPIRATIONS (TPR)

1. Identify that hands should be washed.
 2. Explain the procedure to be performed to the resident and obtain a gait belt.
 3. Position wheelchair at the foot or head of the bed.
 4. **Lock wheelchair brakes to ensure resident's safety.**
 5. **Lock bed brakes to ensure resident's safety.**
 6. Bring resident to a sitting position using proper body mechanics.
 7. Assist resident in putting on non-skid slippers.
 8. Place gait belt around the resident, below the rib cage and above the waist to stabilize trunk.
 9. Tighten gait belt so that fingers of candidate's hand can be slipped between gait belt and resident.
 10. Grasp gait belt with both hands to stabilize the resident.
 11. Bring resident to a standing position using proper body mechanics.
 12. Assist resident to pivot and sit in a controlled manner than ensures safety.
 13. Maintain respectful, courteous interpersonal interactions at all times.
- PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT**
14. Explain procedure to resident.
 15. Provide for resident's privacy.
 16. Identify that hands should be washed.
 17. Put on one glove.
 18. Correctly place sheath on thermometer.
 19. Correctly turn on digital oral thermometer.
 20. Gently insert bulb end of thermometer in mouth under tongue.
 21. Hold thermometer in place for the appropriate length of time.
 22. Remove thermometer.
 23. Candidate reads and records on the signed I&O form (recording form) the temperature reading.
 24. **Candidate's recorded temperature varies no more than 0.1 degrees from the Observer's recorded temperature.**
 25. Discard sheath appropriately.
 26. Dispose of glove in appropriate container.
 27. Identify that hands should be washed
 28. Locate the radial pulse by placing tips of fingers on the thumb side of the resident's wrist.
 29. Count pulse for 60 seconds.
 - a. Tell the Observer when you begin counting and when you stop counting. Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the Observer they have started and stopped counting.
 - b. Observer counts at the same time using the resident's other side, taking all cues from the candidate.
 30. Record pulse on the signed I&O form (recording form).
 31. **Candidate's recorded pulse rate is within 4 beats of the Observer's recorded rate.**
 32. Count respirations for 60 seconds.
 - a. Tell the Observer when you begin counting and when you stop counting. Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the Observer they have started and stopped counting.
 - b. Observer counts at the same time, taking all cues from the candidate.
 33. Record respiratory rate on the signed I&O form (recording form).
 34. **The candidate's recorded respiratory rate is within 2 breaths of the Observer's recorded rate.**
 35. Identify that hands should be washed.
 36. Maintain respectful, courteous interpersonal interactions at all times.
 37. Leave call light or signal calling device within easy reach of the resident.
 38. Leave water within easy reach of the resident.

SKILL 3 - TRANSFER FROM WHEELCHAIR TO BED USING A GAIT BELT WITH VITAL SIGNS: TEMPERATURE (AXILLARY WITH A DIGITAL THERMOMETER), PULSE AND RESPIRATIONS (TPR)

1. Identify that hands should be washed.
2. Explain procedure to be performed to the resident.
3. Position wheelchair at foot or head of bed.
4. **Lock wheelchair brakes to ensure resident's safety.**
5. **Lock bed brakes to ensure resident's safety.**
6. Place gait belt around the resident, below the rib cage and above their waist, to stabilize trunk.
7. Tighten gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
8. Grasp the gait belt with both hands to stabilize the resident.

9. Bring resident to standing position using proper body mechanics.
10. Assist resident to pivot and sit on bed in a controlled manner that ensures safety.
11. Remove gait belt.
12. Assist resident in removing non-skid slippers.
13. Assist resident to move to center of bed, supporting extremities as necessary.
14. Make sure resident is comfortable and in good body alignment.
15. Maintain respectful, courteous interpersonal interactions at all times.
- PROCEED WITH TPR SKILL AS A COMPLETELY SEPARATE ELEMENT**
16. Explain procedure to resident.
17. Provide for resident's privacy.
18. Dry inner armpit of resident.
19. Correctly turn on digital thermometer.
20. Place thermometer in the center of the Axilla.
21. Hold thermometer in place for the appropriate length of time.
22. Remove thermometer.
24. Candidate reads and records on the signed I&O form (recording form) the temperature reading.
- 25. Candidate's recorded temperature varies no more than 0.1 degrees from the Observer's recorded temperature.**
26. If sheath is used, discard sheath appropriately.
27. Locate the radial pulse by placing tips of fingers on the thumb side of the resident's wrist.
28. Count pulse for 60 seconds.
 - a. Tell the Observer when you begin counting and when you stop counting. Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the Observer they have started and stopped counting.
 - b. Observer counts at the same time using the resident's other side, taking all cues from the candidate.
29. Record pulse on the signed I&O form (recording form).
- 30. Candidate's recorded pulse rate is within 4 beats of the Observer's recorded rate.**
31. Count respirations for 60 seconds.
 - a. Tell the Observer when you begin counting and when you stop counting. Observer does not start or stop counting until after the Candidate starts and stops counting by the Candidate telling the Observer they have started and stopped counting.
 - b. Observer counts at the same time, taking all cues from the candidate.
32. Record respiratory rate on the signed I&O form (recording sheet).
- 33. The candidate's recorded respiratory rate is within 2 breaths of the Observer's recorded rate.**
34. Identify that hands should be washed.
35. Maintain respectful, courteous interpersonal interactions at all times.
36. Leave call light or signal calling device within easy reach of the resident.
37. Leave water within easy reach of the resident.

SKILL 4 - AMBULATION WITH CANE

1. Identify that hands should be washed.
2. Explain procedure to resident.
- 3. Lock bed brakes to ensure resident's safety.**
- 4. Lock wheel chair brakes to ensure resident's safety.**
5. Bring resident to sitting position.
6. Assist resident in putting on non-skid slippers.
7. Position cane.
8. Assist resident to stand and stabilize cane.
- 9. Insure resident has stabilized cane in unaffected hand.**
10. Position self behind and slightly to side of resident.
11. Safely ambulate resident at least 10 steps to wheelchair.
- 12. Assist resident to pivot on unaffected side.**
13. Assist resident to sit using correct body mechanics.
14. Identify that hands should be washed.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Leave call bell or signal calling device within easy reach of the resident.

SKILL 5 - AMBULATION WITH GAIT BELT

1. Identify that hands should be washed.
2. Explain procedure to be performed to the resident and obtain gait belt.
3. Lower bed to lowest position.

4. **Lock bed brakes to ensure resident's safety.**
5. **Lock wheelchair brakes to ensure resident's safety.**
6. Bring resident to sitting position and place gait belt around waist to stabilize trunk.
7. Tighten gait belt. Check gait belt by slipping fingers between gait belt and resident.
8. Assist resident to put on non-skid slippers.
9. Bring resident to standing position, using proper body mechanics.
10. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulate resident at least 10 steps to wheelchair.
11. Assist resident to pivot and sit in a controlled manner that ensures safety.
12. Remove gait belt.
13. Identify that hands should be washed.
14. Maintain respectful, courteous interpersonal interactions at all times.
15. Leave call light or signaling device within easy reach of the resident.

SKILL 6 - AMBULATION WITH WALKER

1. Identify that hands should be washed.
2. Explain procedure to resident.
3. **Lock bed wheels to ensure resident's safety.**
4. **Lock wheelchair brakes to ensure resident's safety.**
5. Bring resident to sitting position.
6. Assist resident to put on non-skid slippers.
7. Position walker.
8. Assist resident to stand, stabilize walker and insure resident has stabilized walker.
9. Position self behind and slightly to side of resident.
10. Safely ambulate resident at least 10 steps to wheelchair.
11. Assist resident to pivot and sit, using correct body mechanics.
12. Identify that hands should be washed.
13. Maintain respectful, courteous interpersonal interactions at all times.
14. Leave call light or signaling device within easy reach of the resident.

SKILL 7 - BED BATH – EYES, FACE, ARM, HAND, AND UNDERARM

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Raise bed to appropriate working level.
4. Cover resident with a bath blanket.
5. Remove top bed linens. Fanfold to resident's waist.
6. Remove resident's gown without exposing resident.
7. Fill basin with comfortably warm water.
8. Use clean wet wash cloth and wipes each eye gently from the inner to the outer using a clean section of the wash cloth with each stroke.
9. Wash face WITHOUT SOAP and dry face.
10. Place towel under arm, exposing one arm.
11. Wash arm, hand and underarm using soap and water.
12. Rinse arm, hand and underarm.
13. Dry arm, hand and underarm.
14. Assist resident to put on a clean gown.
15. Properly clean and store all equipment used.
16. Dispose of soiled linen in appropriate container.
17. Lower bed if it was raised.
18. Identify that hands should be washed.
19. Maintain respectful, courteous interpersonal interactions at all times.
20. Leave call light or signaling device within easy reach of the resident.
21. Leave water within easy reach of the resident.

SKILL 8 - BEDPAN AND OUTPUT

1. Identify that hands should be washed.
2. Explain the procedure to resident.
3. Provide privacy for resident.
4. Put on gloves.
5. Position resident on bedpan correctly.
6. Position resident on bedpan using correct body mechanics.

7. Raise head of bed to comfortable level.
8. Leave tissue within reach of the resident.
9. Leave call light within reach of the resident.
10. Step away to a private area of the room.
11. When signaled by the RN Test Observer, the Candidate returns.
12. Gently remove bedpan and hold while the Observer adds a known quantity of fluid.
13. Measure output.
14. Empty and clean bedpan and graduate.
15. Remove and dispose of gloves.
16. Wash/assist resident to wash and dry hands.
17. Record output on signed I&O form (recording form) provided. (*)
- 18. Candidate's recorded output is within 30ccs of RN Test Observer's reading.**
19. Lower bed if it was raised.
20. Identify that hands should be washed.
21. Maintain respectful, courteous interpersonal interactions at all times.
22. Leave call light or signaling device within reach of the resident.
23. Leave water within easy reach of the resident.

SKILL 9 - DENTURE CARE

1. Identify that hands should be washed.
2. Explain procedure to resident.
3. Line sink with a protective lining (towel or washcloth – NO PAPER TOWELS) that would help prevent damage to the dentures.
4. Put on gloves and remove dentures from cup.
5. Handle dentures carefully to avoid damage.
6. Apply toothpaste.
7. Thoroughly brush dentures including the inner, outer, and chewing surfaces of upper and/or lower dentures. (Toothettes may be utilized instead of a toothbrush as long as all of the surfaces listed are cleaned.)
8. Rinse dentures using clean cool water.
9. Place dentures in rinsed cup.
10. Add cool clean water to denture cup.
11. Clean equipment and return to storage.
12. Remove protective lining and place in an appropriate container.
13. Remove gloves and dispose of gloves in an appropriate container.
14. Identify that hands should be washed.
15. Maintain respectful, courteous interpersonal interactions at all times.
16. Leave call light or signaling device within easy reach of the resident.
17. Leave water within easy reach of the resident.

SKILL 10 - DRESSING RESIDENT

1. Identify that hands should be washed.
2. Explain the procedure to the resident.
3. Provide privacy for resident. (Pull curtain.)
4. Keep resident covered while removing gown.
5. Remove gown from unaffected side first.
6. Place 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 affected side first. (*)
8. When dressing the resident in pants, the Candidate assists the resident to raise their buttocks or rocks resident from side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the affected side first. (*)
9. When putting on the resident's socks, the Candidate draws the socks up the resident's foot until they are smooth.
10. Leave the resident comfortably and properly dressed.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.
14. Leave water within easy reach of the resident.

SKILL 11 - FEEDING THE DEPENDENT RESIDENT

1. Identify that hands should be washed.
2. Explains procedure to the resident.
3. Look at diet card and indicate that resident has received the correct tray.
4. **Position the resident in an upright position. At least 45 degrees.**
5. Protect clothing from soiling by using napkin, bib, or towel.
6. Wash and dry resident's hands before feeding.
7. Discard soiled linen appropriately.
8. Sit down facing the resident while feeding resident.
9. Describe the foods being offered to the resident.
10. Offer fluid frequently.
11. Offer food in small amounts at a reasonable rate, allowing resident to chew and swallow.
12. Wipe resident's hands and face during meal as needed.
13. Leave resident clean and in a position of comfort.
14. Record intake in percentage of total solid food eaten on I&O sheet (recording form) provided. (*)
15. Record intake of fluid in ccs on I&O sheet (recording form) provided. (*)
16. **Candidate is within 25% of the solids and within 60ccs of the fluids consumed.**
17. Identify that hands should be washed.
18. Maintain respectful, courteous interpersonal interactions at all times.
19. Leave call light or signaling device within easy reach of the resident.
20. Leave water within easy reach of the resident.

SKILL 12 - FLUID INTAKE

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Candidate observes dinner tray.
4. Use pad, pencil, and/or RN observer provided calculator to arrive at the number of cc or ml consumed.
5. Candidate decides on cc or ml of fluid consumed from each container.
6. Candidate obtains total fluid consumed in cc or ml.
7. Candidate records total fluid consumed on I&O form (recording form) provided. (*)
8. **Candidate's total documented fluid must be within 30cc of required range.**
9. Leave call light or signaling device within easy reach of the resident.
10. Maintain respectful, courteous interpersonal interactions at all times.
11. Identify that hands should be washed.

SKILL 13—HAIR CARE

1. Identifies that hands should be washed.
2. Explains procedure to the resident.
3. Asks resident how they would like their hair combed/brushed.
4. Combs/brushes hair gently and completely.
5. Leaves hair neatly brushed/combed/styled.
6. Identifies that hands should be washed.
7. Maintains respectful, courteous interpersonal interactions at all times.
8. Leaves call light or signal calling device within easy reach of the resident.
9. Leaves water within easy reach of the resident.

SKILL 14—MAKING AN OCCUPIED BED

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over back of chair.
5. Explain procedure to resident.
6. Provide privacy.
7. **Raise side rail opposite working side of bed.**
8. Raise bed to working height.
9. Resident is to remain covered at all times.
10. Assist resident to roll onto side toward raised side rail. Side rail remains up on side opposite candidate.
11. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
12. Place clean bottom sheet along the center of the bed and roll or fan fold linen against resident's back and unfold remaining half.
13. Secure two fitted corners.

14. Raise second side rail.

15. Assist the resident to roll over the bottom linen, preventing trauma and avoiding pain to resident.
16. Remove soiled linen without shaking.
17. Avoid placing dirty linen on the over bed table, chair, or floor.
18. Avoid touching linen to uniform.
19. Dispose of soiled linen in hamper or equivalent.
20. Pull through and smooth out the clean bottom linen.
21. Secure the other two fitted corners.
22. Place clean top linen and blanket or bed spread over covered resident.
23. Remove used linen keeping resident unexposed at all times.
24. Tuck in top linen and blanket or bedspread at the foot of bed.
25. Make mitered corners at the foot of the bed.
26. Apply clean pillow case, with zippers and/or tags to inside.
27. Gently lift resident's head while replacing the pillow.
28. Lower bed if it was raised.
29. Return side rails to original position. (*)
30. Identify that hands should be washed.
31. Maintain respectful, courteous interpersonal interactions at all times.
32. Leave call light or signaling device within easy reach of the resident.
33. Leave water within easy reach of the resident.

SKILL 15 - MAKING AN UNOCCUPIED BED

1. Identify that hands should be washed.
2. Gather linen.
3. Transport linen correctly.
4. Place clean linen over back of chair.
5. Elevate bed to appropriate working height.
6. Remove soiled linen from bed without contaminating uniform.
7. Place removed linen in appropriate container.
- 8. Do not put clean or dirty linen on the overbed table or floor.**
9. Apply bottom fitted sheet, keeping it straight and centered.
10. Make bottom linen smooth and/or tight, free of wrinkles.
11. Place clean top linen and blanket or bed spread on the bed.
12. Tuck in top linen and blanket or bedspread at the foot of the bed.
13. Make mitered corners at the foot of the bed.
14. Apply clean pillowcase with zippers and/or tags to inside of pillowcase.
15. Leave bed completely and neatly made.
16. Return bed to lowest position if it was raised.
17. Identify that hands should be washed.

SKILL 16 - MOUTH CARE—BRUSHING TEETH

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Provide for resident's privacy.
4. Drape the chest with towel to prevent soiling.
5. Put on gloves.
6. Apply toothpaste to toothbrush.
- 7. Brush resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth. Tothettes may be utilized instead of the toothbrush as long as all of the surfaces listed above are cleaned.**
8. Clean tongue.
9. Assist resident in rinsing mouth.
10. Wipe resident's mouth.
11. Remove soiled linen.
12. Place soiled linen in hamper or equivalent.
13. Empty emesis basin.
14. Clean emesis basin.
15. Rinse toothbrush.
16. Return emesis basin and toothbrush to storage.
17. Dispose of gloves properly.
18. Leave resident in position of comfort.
19. Identify that hands should be washed.

20. Maintain respectful, courteous interpersonal interactions at all times.
21. Leave call light or signaling device within easy reach of the resident.
22. Leaves water within easy reach of the resident.

SKILL 17 - MOUTH CARE OF COMATOSE RESIDENT

1. Identify that hands should be washed.
2. Explain procedure to comatose resident.
3. Provide for residents privacy.
4. **Position resident upright, as appropriate to avoid choking or aspiration –OR– position resident on side with head turned well to one side, to avoid choking or aspiration.**
5. Drape chest/bed as needed to protect from soiling.
6. Put on gloves.
7. Use swab and/or toothbrush and cleaning solution.
8. Gently *and* thoroughly clean the inner, outer, and chewing surfaces of ALL upper and lower teeth.
9. Gently *and* thoroughly clean the gums and tongue.
10. Clean, dry face.
11. Return resident to position of comfort and safety.
12. Clean and replace equipment.
13. Discard disposable items in waste can.
14. Discard towel and washcloth in linen hamper.
15. Remove gloves and dispose properly.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.

SKILL 18 - NAIL CARE

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Immerse nails in comfortably warm soapy water and soak for at least five (5) minutes.
 - a. (The five minutes may be verbalized by the candidate and acknowledged by the RN Observer)
4. Gently clean under nails with the orange stick.
5. Dry hand thoroughly, being careful to dry between fingers.
6. Gently push cuticle back with the washcloth.
7. File each fingernail.
8. Clean equipment.
9. Return equipment to storage.
10. Discard soiled linen in linen hamper or equivalent.
11. Identify that hands should be washed.
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leave call light or signaling device within easy reach of the resident.

SKILL 19 - PERINEAL CARE FEMALE

1. Identify that hands should be washed.
2. Explain procedure to the resident. (mannequin)
3. Raise the bed to proper working height.
4. Fill basin with comfortably warm water.
5. Raise side rail opposite working side of bed. (*)
6. Turn resident toward raised side rail or raise hips and place water proof pad under buttocks.
7. Put on gloves.
8. Expose perineum only.
9. Separate labia.
10. Use water and soapy washcloth.
11. Clean one side of labia from top to bottom. (*)
12. Use a clean portion of a washcloth with each stroke.
13. Rinse the area.
14. Dry the area.
15. In like manner, clean other side of labia from top to bottom using a clean portion of a washcloth with each stroke. (*)
16. Cover the exposed area with the bath blanket.
17. Assist resident to turn onto side away from the candidate.
18. With a clean washcloth, clean the rectal area.
19. Use water, washcloth and soap.
20. Clean area from vagina to rectal area with single strokes. (*)

21. Rinse area.
22. Dry area.
23. Position resident (mannequin) on its back.
24. Turn resident toward raised side rail or raise hips and remove water proof pad from under buttocks.
25. Dispose of soiled linen in an appropriate container.
26. Clean equipment.
27. Replace equipment.
28. Dispose of gloves in appropriate container.
29. Lower bed, if it was raised.
30. Lower side rail. (*)
31. Identify that hands should be washed.
32. Maintain respectful, courteous interpersonal interactions at all times.
33. Leave call light or signaling device within easy reach of the mannequin/resident.
34. Leave water within easy reach of the mannequin/resident.

SKILL 20 - POSITION RESIDENT IN BED ON SIDE

1. Identify that hands should be washed.
2. Explain what is to be done and how the resident may help.
3. Position bed flat.
4. Raise bed to appropriate working height.
- 5. Insure that the resident's face never becomes obstructed by the pillow.**
- 6. Raise side rail opposite working side of the bed.**
7. From the working side—move upper body toward self.
8. Move hips toward self.
9. Move legs toward self.
10. Assist/turn resident on to their side.
11. Check to be sure resident is not lying on their downside arm.
12. Maintain correct body alignment.
13. Place support devices such as pillows, wedges, blankets, etc., to maintain correct body alignment and protect bony prominences under head, under upside arm, behind back and between knees. (*)
14. Lower bed if it was raised.
15. Lower side rail. (*)
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

SKILL 21 - RANGE OF MOTION HIP & KNEE

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Pull curtain; provide for resident's privacy.
4. Position resident supine and in good body alignment.
5. Correctly support joints at all times by placing one hand under the knee and the other hand under the heel.
6. Move the entire leg away from the body. (abduction)
7. Move the entire leg back toward the body. (adduction)
8. Complete abduction and adduction of the hip three times.
9. Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's heel.
10. Bend the resident's knee and hip toward the resident's trunk (flexion of hip and knee at the same time).
11. Straighten the knee and hip (extension of knee and hip at the same time).
12. Complete flexion and extension of knee and hip three times.
- 13. Ask if causing any discomfort or pain sometime during the ROM procedure.**
14. Do not force any joint beyond the point of free movement.
15. Leave resident in a comfortable position.
16. Identify that hands should be washed.
17. Maintain respectful, courteous interpersonal interactions at all times.
18. Leave call light or signaling device within easy reach of the resident.
19. Leave water within easy reach of the resident.

SKILL 22 - RANGE OF MOTION ONE SHOULDER

1. Identify that hands should be washed.
2. Explain procedure to the resident.
3. Position resident on their back in good body alignment.
4. Correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
5. Raise resident's arm up and over the resident's head. (flexion)
6. Bring the resident's arm back down to the resident's side. (extension)
7. Complete full range of motion for shoulder through flexion and extension three times.
8. Continue to correctly support the resident's joint by placing one hand under their elbow and the other hand under the resident's wrist.
9. Move the resident's entire arm out away from the body. (abduction)
10. Return the resident's arm to the side of the resident's body. (adduction)
11. Complete full range of motion for shoulder through abduction and adduction three times.
12. **Ask if causing any discomfort or pain sometime during the ROM procedure.**
13. Do not force any joint beyond the point of free movement.
14. Leave resident in a comfortable position.
15. Identify that hands should be washed.
16. Maintain respectful, courteous interpersonal interactions at all times.
17. Leave call light or signaling device within easy reach of the resident.
18. Leave water within easy reach of the resident.

SKILL 23 - WEIGHING AN AMBULATORY RESIDENT

1. Identify that hands should be washed.
2. Explain procedure to resident.
3. **Check balance of scale before weighing resident and balance or zero as necessary.**
-- A digital scale is not allowed. Scale must be analog or balance scale --
4. **Lock wheelchair brakes to ensure resident's safety.**
5. Assist resident to stand and walk him/her to the scale.
6. Assist resident to step on scale.
7. Check that resident is balanced and centered on scale with arms at side and not holding on to anything that would alter reading of the weight.
8. Appropriately adjust weights until scale is in balance or read analog scale.
9. Safely return resident to wheelchair and assists to sitting position.
10. Record weight on signed I&O form (recording form) provided. (*)
11. **Candidate's recorded weight varies no more than 2 lb. from Observer's reading.**
12. Maintain respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signaling device within easy reach of the resident.
14. Leaves water within easy reach of the resident.

EXAM DAY

- ☞ You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start.
- ☞ You must bring a **SIGNED, NON-EXPIRED, PHOTO ID (mandatory), a second signature ID and your Training Verification Form that you were given by your Trainer at the completion of the training program. (*An example of this form is located at the end of this handbook).** You will not be admitted for testing if you do not bring proper ID or have that form. Examples of accepted identification include a **CURRENT (NOT EXPIRED), SIGNED AND DATE BEARING:**
 - Driver's license
 - State issued identification card
 - Passport
 - Alien registration card
 - Tribal identification card
 - Social Security card
 - Credit card or Debit card
 - 1st Aid or CPR card
 - Hunting or fishing license
- ☞ When you take the exam at a computerized site you will answer your questions using a computer.

TESTING POLICY

The following policies are observed at each test site:

- ☞ If you arrive late for your confirmed exam, do not bring appropriate ID, or do not have your Training Verification Form than you will not be admitted to the exam. You will be considered a NO SHOW and any exam fees paid will NOT be refunded. **If you NO SHOW for your testing day you will have to repay your testing fees before being allowed to test again.**
- ☞ Cellular phones, beepers or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings.
- ☞ You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. The only exception is a non-electronic language word-for-word translation dictionary that you must show to the knowledge test proctor before you start the knowledge exam.
- ☞ You may not take any notes or other materials from the testing room.
- ☞ You are not permitted to eat, drink, smoke or take a break during the exam.
- ☞ If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the exam and reported to your training program and the Oklahoma State Department of Health.
- ☞ No visitors, guests, pets or children are allowed or will be provided for during testing.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES

Reschedules – Reschedules will be charged at the rate of \$35 for each reschedule and must be requested at least 3 full business days (excluding Saturdays, Sundays and Holidays) before your scheduled exam day. For example, if you are scheduled to take an exam on Saturday and you need to reschedule, you will need to notify Headmaster no later than 6pm Mountain Standard Time on the Tuesday preceding your exam. **Reschedules will not be granted if requested outside of that time frame.** A candidate will not be scheduled for a new exam until the reschedule fee has been received.

Cancellations – Cancellation requests must be made within six (6) months of payment of testing fees with Headmaster. A request must be made *in writing* to cancel a test any time up until 1 business day preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays, to qualify for a full refund of any testing fees paid minus a \$25 cancellation fee. We accept faxed or emailed requests for cancellation.

No Shows- Candidates are considered a No Show for the following reasons:

- *They are late to their exam or do not go at all
- *They do not bring proper ID
- *They do not bring their Training Verification Form

Candidates that NO SHOW for the scheduled exam will forfeit their test fee and MUST apply for a new exam date and pay another test fee.

Reschedule and No Show fees partially offset Headmaster costs incurred for services requested and resulting work that is performed.

If you No Show for any of the following reasons please provide the requested documentation to be considered for a free reschedule:

Car breakdown: A tow bill or other appropriate documentation must be submitted to Headmaster within **2 business days** of the missed exam.

Medical emergency: A doctor's note must be submitted to Headmaster within **5 business days** of the missed exam date.

Death in the family: An obituary for **immediate family only** must be submitted to Headmaster within **14 business days** of the missed exam.

If the required documentation is not received within the specified time frame than the No Show will stand and the candidate will have to repay their testing fees.

SECURITY

Anyone who removes or tries to remove test material or information from the test site will be prosecuted to the full extent of the law, will be recorded as an exam failure, and will not be allowed to retest for a minimum period of six months. Study materials, other than this candidate handbook, may not be brought to the test site. If you give or receive help from anyone during testing, the exam will be stopped, your exam will not be scored, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a NO SHOW status in our computer scoring system, and your name will be reported to the appropriate agency.

EXAM RESULTS

After you have completed both the Knowledge Exam and Skill Exam components, your exam results will be sent to the ODH. You will be certified by the Department only after you meet all Department requirements including passing both the knowledge and skill exam components (if you have completed the additional HHA required 16 hours, verified by your training program, for Home Health Aide, you will also be deemed an HHA). If you fail either exam component, you must reapply to retake the component that you failed. Procedures for reapplying and detailed exam diagnostics are included in a failure notification letter mailed and emailed (if email address provided) to your address of record. You may access your exam results on-line at www.hdmaster.com, click on Oklahoma LTC/HHA (Deeming), click on On-line Test Results, then enter your social security number, test date and birthdate. Results are available on-line after 6:00 p.m. Mountain Time the day they are scored. If you do not have internet access, a test results letter is mailed via the United States Postal Service the same day exams are scored. You may request an official re-scoring of your exam if you believe there has been a scoring error. Submit a detailed written request along with a \$25 test review fee. We will hand score and double check your exam based on the evidence you submit. If there is an error discovered your \$25 test review fee will be refunded.

KNOWLEDGE PRACTICE EXAM

Available on our web site at www.hdmaster.com we offer a free knowledge exam question of the day and a ten question online practice test. You may also purchase complete practice tests that are randomly generated, based on the Oklahoma State test plan, and each practice test taken will be unique. A mastery learning testing method is used. This means candidates must get the question they are attempting correct before they may move onto the next question. A first attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or discounted group purchase plans are available. Visit www.hdmaster.com for more details.

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the Knowledge Exam. Check your answers to these questions using the answer box below.

1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated as individuals

Answers: 1C – 2A – 3D

OKLAHOMA LTC KNOWLEDGE EXAM VOCABULARY WORDS STUDY LIST

Words to study for your knowledge exam

abdominal thrust	bipolar disorder	congestive heart failure
abduction	bladder training	constipation
abduction pillow	bleeding	constrict
abductor wedge	blindness	contracture
abnormal vital signs	blood pressure	converting measures
absorption	body alignment	COPD
abuse	body language	cueing
accidents	body mechanics	cultural
activities	body systems	CVA
acute	body temperature	cyanosis
adaptive devices	bowel program	cyanotic
addiction	breathing	death and dying
adduction	burnout	decubitus ulcer
ADL	cancer	deeper tissue
admitting client	cardiac arrest	defense mechanism
advance directives	cardiopulmonary resuscitation	dehydration
affected side	cardiovascular system	delegation
aging	care impaired	delusions
aging process	care plan	dementia
agitation	care planning	denial
AIDS	cast	denture care
Alzheimer's	cataracts	dentures
ambulation	catheter	depression
anger	catheter care	diabetes
anorexia	cc's in an ounce	dialysis
anterior	central nervous system	diarrhea
antibacterial	cerebral vascular accident	diastolic
antibiotics	chemotherapy	diet
antiembolitic	chest pain	digestion
anxiety	CHF	dirty linen
aphasia	choking	disease
apical	chronic	disinfection
appropriate response	circulation	disoriented
arteries	clarification	disposing of contaminated materials
arthritis	clear liquid diet	disrespectful treatment
aseptic	client abuse	dizziness
aspiration	client identification	DNR
assault	client independence	documentation
assistive device	client pain	dressing
atrophy	client rights	drug tolerance
attitudes	client treatment	dying
autism	client trust	dysphagia
axillary temperature	client's chart	dyspnea
back strain	client's environment	dysuria
bacteria	client's families	edema
bargaining	cognitively impaired	elastic stockings
basic needs	cold application	elderly
bath water temperature	colostomy	elevate head
bathing	combative client	elimination
bed height	comfort care	emesis basin
bed making	communicable	emotional lability
bed position	communication	emotional needs
bedrest	compensation	emotional stress
behavioral care plan	competency evaluation program	emotional support
BID	confidentiality	empathy
biohazard	confused client	

emphysema
endocrine system
enteral nutrition
ethics
exercise
extension
extremity
eye glasses
falls
false imprisonment
fecal impaction
feces
feeding
financial abuse
fire
flatus
flexed
flexion
Foley catheter
foot board
foot care
Fowler's position
fractures
fraud
frequent urination
gait belt
gastric feedings
gastrostomy tube
gerontology
glass thermometer
gloves
grand mal seizure
grieving process
guardian
hair care
hallucination
hand tremors
hand washing
health-care team
hearing aid
hearing impaired
hearing loss
heart attack
heart muscle
heat application
Heimlich maneuver
hereditary
hip prosthesis
HIPAA
HIV
holistic care
home health aide's role
hormones
hospice
hospice care
Huntington's
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O

ice bag
immobility
immune
impaired
impairment
incident report
incontinence
indwelling catheter
infection
infection control
initial observations
input and output
in-service programs
insomnia
insulin
intake
intake and output
integumentary system
interpersonal skills
isolation
IV care
jaundice
job application
job description
lift/draw sheet
linen
liquid diet
liquid food
listening
living will
log roll
low sodium diet
macular degeneration
making occupied bed
male perineal care
manipulative behavior
mask
Maslow
masturbation
mechanical lift
mechanical soft diet
medications
memory loss
mental health
mentally impaired
metastasis
microorganisms
military time
minerals
misappropriation of property
mistreatment
mouth care
moving
mucous membrane
multiple sclerosis
muscle spasms
musculoskeletal
myocardial infarction
nail care
nasal cannula
nausea

needles
neglect
nonverbal communication
nosocomial
NPO
nurse
nutrition
objective
objective data
OBRA
observation
obsessive compulsive
occupied bed
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature
orientation
oriented
osteoarthritis
osteoporosis
overbed table
oxygen
oxygen use
pain
palliative care
paralysis
paranoia
paraphrasing
Parkinson's
partial assistance
partial bath
passive
patience
perineal care
peripheral vascular disease
peristalsis
personal care
personal items
personal stress
petit mal seizure
phantom pain
physical needs
physician's authority
plaque
plate rim
pleura
positioning
post-surgical care
postural hypotension
PPE
pressure ulcers
preventing falls
prioritizing
privacy
PRN
progressive
projection
prone
prosthesis

protective equipment
psychological needs
psychosis
PTSD
pulmonary disease
pulse
quadriplegia
RACE (acronym)
radial
ramps
range of motion
rationalization
reality orientation
rectal
rehabilitation
reminiscing
reporting
reporting abuse
reposition
respectful treatment
respirations
respiratory symptoms
responding to client behavior
responsibilities
restorative care
restraint
restraints
resuscitation
rights
rigor mortis
risk factor
safety
secretions
seizure
self-esteem
semi-prone position
sensory system
sexual abuse
sexual needs

sexuality
shampoo tray
sharps container
shaving
shearing of skin
shock
simple fracture
skin integrity
slander
sleep
smoking
social needs
social worker
soiled linen
spiritual needs
sputum
standard precautions
stethoscope
stress
stroke
strong side
subjective
subjective data
sundowning
supine
supplemental feedings
swelling
systolic
tachycardia
TED hose
telephone etiquette
tendons
terminal illness
thick fluids
thickened liquids
TIA
tips
trachea
tracheostomy

transfer belt
transfers
treating clients with respect
tub bath
tube feeding
tuberculosis
twice daily
tympanic
unaffected
unconscious
unsteady
urethral
urinary catheter bag
urinary problems
urinary system
urination
urine
UTI
validation therapy
varicose veins
vision change
vital signs
vitamins
vocabulary
vomit
walker
water faucets
water intake
water temperature
waterless handsoap
weak side
weighing
weight
well balanced meal
wheelchair safety
white blood cells
workplace violence

Candidates with Long Term Care and Home Health Aide Training:



Oklahoma State Department of Health
 Protective Health Services
 Nurse Aide Registry
 1000 NE 10th
 Oklahoma City, OK 73117-1207
 Telephone: (405) 271-4085

TRAINING VERIFICATION FORM

TRAINEE INFORMATION

Trainee Name: John Doe Social Security # 444-55-6666

TRAINING INFORMATION

Please check (✓) the training program the trainee completed and indicate the number of training hours completed.

- 75 Long Term Care Hours (75 Hr. Minimum)
- 16 Deeming LTC to HHA Hours (16 Hr. Minimum)
- Adult Day Care Hours (45 Hr. Minimum)
- Home Health Aide Hours (75 Hr. Minimum)
- Developmentally Disabled Direct Care Hours (75 Hr. Minimum)
- Residential Care Hours (45 Hr. Minimum)

Date Examinee completed the training program: 09/02/16 Training Facility Code: 300000

Training Program/Facility Name: Headmaster Training

Training Program/Facility Address: 3310 McHugh Ln, Edmond OK

Instructor's Name (Please print clearly): Jane Smith Instructor's Signature: Jane Smith

TRAINING VERIFICATION STATEMENT

I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.)

Training Supervisor's Name (Please print clearly): Jean Someone Training Supervisor's Signature: Jean Someone
 Area Code (405) 555-2233 Date: 9-3-16
 Training Supervisor's Telephone Number

CLINICAL EXAMINATION RECORD

The assigned RN/CSO must sign and date this form after scoring each skill in the clinical skills exam. Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.

Exam 1: RN/CSO	Printed Name	RN/CSO Signature	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Exam 1: RN/CSO	Printed Name	RN/CSO Signature	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Exam 1: RN/CSO	Printed Name	RN/CSO Signature	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

WRITTEN COMPETENCY EXAMINATION RECORD

The assigned Testing Proctor must sign and date this form at each written competency test administration. Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.

Written Exam 1	Assigned Testing Proctor	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Written Exam 1	Assigned Testing Proctor	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Written Exam 1	Assigned Testing Proctor	Date	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

ODH Form No. 733 (9/16)

Candidates with Long Term Care Training only:



Oklahoma State Department of Health
 Protective Health Services
 Nurse Aide Registry
 1000 NE 10th
 Oklahoma City, OK 73117-1207
 Telephone: (405) 271-4085

TRAINING VERIFICATION FORM

TRAINEE INFORMATION

Trainee Name: John Doe Social Security #: 444-55-6666

TRAINING INFORMATION

Please check (✓) the training program the trainee completed and indicate the number of training hours completed.

- 75 Long Term Care Hours (75 Hr. Minimum)
- Deceming _____ to _____ Hours (16 Hr. Minimum)
- Adult Day Care Hours (45 Hr. Minimum)
- Home Health Aide Hours (75 Hr. Minimum)
- Developmentally Disabled Direct Care Hours (75 Hr. Minimum)
- Residential Care Hours (45 Hr. Minimum)

Date Examinee completed the training program: 9/2/16 Training Facility Code: 3000000

Training Program/Facility Name: Headmaster Training

Training Program/Facility Address: 3310 McHugh Ln, Edmond OK

Instructor's Name (Please print clearly): Jane Smith

Instructor's Signature: Jane Smith

TRAINING VERIFICATION STATEMENT

I verify that the above named trainee has successfully completed the minimum number of training hours and all required performance checklists for program indicated above. Furthermore, this training was provided through a program approved by the Oklahoma State Department of Health within the last 24 months. (NOTE for Long-Term Care Aide and Home Care Aide Training Programs: This form must be signed by the R.N. who is listed on the NATCEP application as the R.N. Training Supervisor. LPNs cannot be Training Supervisors for LTC and HHC training programs and may not sign this form.)

Training Supervisor's Name (Please print clearly): Jean Someone

Training Supervisor's Signature: Jean Someone

Area Code (405) 666-1111
 Training Supervisor's Telephone Number

Date: 9-3-16

CLINICAL EXAMINATION RECORD

The assigned RN/CSO must sign and date this form after scoring each skill in the clinical skills exam. Trainees that do not pass the clinical examinations after three attempts must retrain and repeat the testing process.

Exam 1: RN/CSO	_____	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Printed Name	RN/CSO Signature	Date		
Exam 1: RN/CSO	_____	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Printed Name	RN/CSO Signature	Date		
Exam 1: RN/CSO	_____	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Printed Name	RN/CSO Signature	Date		

WRITTEN COMPETENCY EXAMINATION RECORD

The assigned Testing Proctor must sign and date this form at each written competency test administration. Trainees that do not pass the written competency examination after three attempts must retrain and repeat the testing process.

Written Exam 1	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Assigned Testing Proctor	Date		
Written Exam 1	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Assigned Testing Proctor	Date		
Written Exam 1	_____	_____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
	Assigned Testing Proctor	Date		