



D&S Diversified Technologies LLP

Headmaster LLP

Montana Nursing Assistant Candidate Handbook

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Version 2



Montana Nursing Assistant Candidate Handbook

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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 nurse aide competency evaluation program provides specific standards for nurse aide related knowledge and skills. The purpose of a nurse aide competency evaluation program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the process of taking the nurse aide competency examination and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge/oral test and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam and meet all other requirements of the Montana Department of Health and Human Services (MT DPHHS) to qualify for certification as a nursing assistant in Montana. Candidates who have not completed a MT DPHHS approved training program may challenge the state exam one time without training. If the candidate passes the state exam, s(he) qualifies to apply for nurse aide certification.

The Montana Department of Health and Human Services has approved Headmaster, LLP to provide tests and scoring services for Montana nurse aide testing. For question not answered in this handbook, please check the Montana webpage at www.hdmaster.com or contact Headmaster at (800)393-8664. The information in this handbook will help you prepare for your examination.

Americans with Disabilities Act (ADA)

ADA Compliance

If you have a qualified disability, you may request special accommodations for examination. Accommodations must be approved by Headmaster in advance of your examination. The request for ADA Accommodation Form 1404MT is available on the Montana page of the D&SDT-Headmaster website under the Candidate Forms column at www.hdmaster.com. This form must be submitted to Headmaster prior to the completion of your nurse aide training program with the required documentation listed on the second page of the ADA application in order to be reviewed for a special accommodation.

The Montana Nurse Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Test or Retake	\$20
Oral Knowledge Test or Retake	\$31
Skill Test or Retake	\$77

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Schedule an Exam Date

In order to schedule an examination date, you may either have successfully completed a Montana Department of Health and Human Services approved nursing assistant (NA) training program or you may challenge the state exam.

NURSING ASSISTANT TRAINING PROGRAM CANDIDATES

Your instructor or training program will enter your demographic and training information with completion date into the WebETest© database. Your instructor or training program will verify the name entered into WebETest© against the identification you will present when you sign in at a test event. Your photo ID must be a US government issued, signed, non-expired, photo bearing form of identification. If you discover your ID name doesn't match your name as listed in WebETest©, please call Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM, Mountain Time (MT), excluding holidays. Once your instructor or training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online. Please see instructions under **"Schedule/Reschedule into a Test Date"**.

CANDIDATES CHALLENGING THE STATE EXAM

If you are challenging the state exam, Headmaster will not have your demographic information. Therefore, you will need to complete and submit the online fillable [1101 and 1402 Payment and Scheduling Form](#). This form can be found on the Montana CNA Testing and Certification page of our website at www.hdmaster.com in the left-hand column below Candidate Forms (see picture below).



1101 and 1402 Online Fillable, Pay and SUBMIT - No Need to Mail Anything

Headmaster will schedule you for the next available date at the test site of your choice. You will receive a confirmation email with your testing instructions.

SCHEDULE/RESCHEDULE INTO A TEST DATE

Once your instructor or training program enters the date you successfully complete training into WebETest©, you may schedule your exam date online at the [Montana webpage](#), click on [Schedule/Re-Schedule](#) and then log-in with your secure Test ID# and Pin# provided to you by your training program or from Headmaster at (800)393-8664.

Securely processed MasterCard or Visa credit card or debit card information is required when scheduling online. Once your testing fees are paid for, you will be eligible to choose a test site and date.

You will be able to schedule and/or reschedule up to 1 full business day prior to a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in. You may login with any Internet connected device. To change or reschedule your test date, login to the [Montana webpage](#), click on [Schedule/Re-Schedule](#) under the "Candidate Forms" column and log in with your secure Test ID# and Pin# no less than 1 full business day before your scheduled test date. If you are unable to schedule/reschedule online, please call Headmaster at (800)393-8664

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during regular business hours, Monday through Friday, 8:00AM to 6:00PM, MT, excluding holidays, for assistance.

PAYMENT AND SCHEDULING FORM 1402MT

You may also pay your testing fees by completing and submitting online, or imaging and emailing to hdmaster@hdmaster.com, the [Payment and Scheduling Form 1402](#) with your MasterCard or Visa payment.

If you are paying with a Money Order, Cashier's check or Facility check, please send the completed 1402MT form and your payment to Headmaster, P.O. Box 6609, Helena, MT 59604. No personal checks or cash are accepted. ***Please make money orders or cashier checks payable to HEADMASTER.***

Please note: For any Payment and Scheduling Form 1402's with any missing or incomplete information, payment or signatures; Headmaster will notify the candidate that they have 5 business days to get any incomplete or missing information, payment or signatures to Headmaster. If any incomplete or missing information is not received within 5 business days from receipt of the Payment and Scheduling Form 1402, the Payment and Scheduling Form 1402 received will be destroyed. If a check/money order was sent with the application, the check/money order will be mailed back to the candidate.

Once we receive your payment and scheduling form and process your payment, you will be notified via email that you are eligible to schedule into a test event. If you do not receive an email within 5 days of submitting your Scheduling and Payment form, please call Headmaster to check on the status at (800)393-8664. You will then need to sign in to your WebETest© record ([Montana webpage](#)) using your ID and PIN#. Please see instructions under ***"Schedule/Reschedule into a Test Date"***.

TEST CONFIRMATION LETTER

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

The body of the test confirmation letter will give you site specific instructions on what time to arrive by, ID requirements, dress code, etc.

You can also view your [confirmation notice](#) any time by logging into your WebETest© account with your secure Test ID# and PIN#. You should have received your Test ID# and PIN# from your training program, or you may call Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 8:00AM to 6:00PM, MT, excluding holidays.

All Headmaster forms can be found on the [Montana NA webpage](#).

Please note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

Headmaster **does not send** postal mail test confirmation letters to candidates.

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Time Frame for Testing from Training Program Completion

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test date **within six (6) months of your date of training program completion**. After six months, your training expires and you are no longer eligible to test based on this training cycle.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will have informed you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Montana webpage at www.hdmaster.com.

If you have any questions regarding your test scheduling, call Headmaster at (800)393-8664, during regular business hours 8:00AM to 6:00PM, MT, Monday through Friday, excluding holidays.

Exam Check-In

You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your exam is scheduled to start. (*For example: if your test start time is 8:00AM – you need to be at the test site for check-in no later than 7:30 to 7:40AM.*)

Testing Attire

There is not a required testing attire, however, it is recommended you wear full clinical attire (scrubs and closed toed shoes).

- No smart watches or fitness monitors are allowed.

Please note: You will not be admitted for testing if you are late. You will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION** and your **ORIGINAL SOCIAL SECURITY CARD*** (**an official letter from the Social Security office is acceptable*). Only **original** IDs and social security cards, or official letters from the Social Security office are accepted. No photocopies, faxes or images are allowed. Examples of the forms of US government issued, signed, photo ID's that are acceptable are:

- Driver's License
- State issued Identification Card
- US Passport (Foreign Passports and Passport Cards *are not* acceptable)
 - **Exception:** A Foreign Passport with a US VISA is acceptable.
- Military Identification (*that meets all identification requirements*)
- Work Authorization Card (*that meets all identification requirements*)
- Alien Registration Card (*that meets all identification requirements*)
- Tribal Identification Card (*that meets all identification requirements*)

Please note: A driver's license or state-issued ID card that has a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing and you will be considered a NO SHOW. You will forfeit your testing fees and have to pay for another exam date.

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The **FIRST** and **LAST** names printed names on the ID and social security card (or letter from the Social Security office) presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Montana nurse aide WebETest© database by your instructor, training program or by Headmaster from your application if you are a challenge candidate.

If you need to apply for new social security card, please do not schedule your test date until you have received your new card from the Social Security office.

Please note: You will not be admitted for testing if you do not bring proper ID and your original Social Security Card (or letter from the Social Security office), **your ID is invalid (see note above) or if your FIRST and LAST printed names on your US government issued photo ID and original social security card** (or letter from the Social Security office), **do not match your current name of record in the Montana nursing aide database. In cases where names do not match, this is considered a NO SHOW and you will forfeit your testing fees and have to pay for another exam date.**

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written format in the waiting area when you sign-in for your test.

These instructions detail the process and what you can expect during your exams. Please read through the instructions (or listen to them on your smart phone) **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

Testing Policies

The following policies are observed at each test site—

- If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20-30 minutes before your scheduled start time – if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam, considered a No Show, and any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government issued, non-expired, signed photo ID and original social security card (or letter from the Social Security office), you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If the FIRST and LAST printed names on your ID and social security card (or letter from the Social Security office) do not match your current name of record, you will not be admitted to the exam, considered a No Show and any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*. You must re-pay your testing fees on-line in your own WebETest© record or submit Form 1402MT (Scheduling and Payment Form) to schedule another exam date.

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- If you refuse to show the RN Test Observer your required ID and social security card (or letter from the Social Security office) and/or refuse to sign your signature on the required sign-in forms, you will not be allowed to test. You will be asked to leave the test site, considered a No Show and any exam fees paid *will NOT be refunded*.
- Cell phones, smart watches, fitness monitors, electronic recording devices, Bluetooth connected devices and personal items (such as briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. You will be informed by the testing team of the designated area to place your personal items and electronic devices and you are to collect these items when you complete your test(s).
- All electronic devices must be **turned off**. Any smart watches or fitness monitors must be removed from your wrist and turned off.
- Anyone caught using any type of electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed test, forfeit all testing fees and will be reported to your training program and the Montana Department of Health and Human Services.
- You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have during your free time in the waiting area.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) once the exam has begun **for any reason**. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any kind of misconduct or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, have your test scored as a failed test, and reported to your training program and the Montana Department of Health and Human Services.
- No visitors, guests, pets (including companion animals) or children are allowed.
- You may not test if you have any type of physical limitation (excluding pre-arranged ADA's) that would prevent you from performing your duties as a nursing assistant. (Examples: cast, arm/leg braces, crutches, etc.) Call your instructor or training program, or if scheduled in a regional event, call Headmaster at (800)393-8664 immediately if you are on doctor's orders. You must image and email, hdmaster@hdmaster.com or fax, (406)442-3357, a doctor's order **within three (3) business days** of your scheduled exam day to qualify for a free reschedule.
- Test sites, RN Test Observers, Knowledge Test Proctors and Actors are not responsible for candidate personal belongings at the test site.
- **Liabilities Not Assumed**: Headmaster WILL NOT BE LIABLE FOR ANY DAMAGES IN EXCESS OF THE EXAMINATION FEES THAT HAVE BEEN PAID BY YOU OR ON YOUR BEHALF. In no event shall Headmaster, including and without limitation, agents, contractors, test sites, employees and affiliates, be liable for any special, incidental or consequential damages, including, without limitation, loss of profits or income. Headmaster will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of, any loss, damage, delay, misdelivery, nondelivery, misinformation or any failure to provide information, except such as may result from our sole negligence. We will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of any loss, damage, delay, misdelivery, nondelivery,

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misinformation or failure to provide information caused by or resulting in whole or in part from:

- The act, default or omission of any person or entity, other than, including contractors, test sites or any local, state or federal government agencies.
 - Your violation of any of the terms and conditions contained in the applicable candidate handbook for your certification test, as amended or supplemented, or your failure to give proper notice in the manner and time prescribed.
 - Acts of God, public enemies, criminal acts of any person(s) or entities, including, but not limited to, acts of terrorism, civil commotion, local or national weather conditions, national or local disruptions in air or ground transportation networks (as determined solely by us), strikes or anticipated strikes (of any entity, including, but not limited to, delivery services, vendors or suppliers), labor disruptions or shortages caused by pandemic conditions or other public health events or circumstances, natural disasters (earthquakes, floods, tornadoes and hurricanes are examples of natural disasters), conditions that present a danger to our personnel, and disruption or failure of communication and information systems (including, but not limited to, our systems).
 - The loss of personal or financial information submitted to us for payment for services via personal email, fax or phone transmission, the United States Postal Service or other mail carriers except such as is a result of our sole negligence.
- **Limitations on Legal Actions:** Our certification testing services do not make us an agent for any contractor or any third party for any purpose. Any right you might have to damages, refunds, credits, fees or any other legal or equitable relief whatsoever against us under any cause of action arising from our certification testing services pursuant to the applicable state candidate handbook shall be extinguished unless you file an action within thirty days from the date of your claimed damage or loss. Any right that you might have to damages, refunds, credits, or any other legal or equitable relief whatsoever against us under any cause of action arising from our providing you with certification testing services as outlined in the applicable state candidate certification test handbook shall be extinguished unless you first comply with all applicable notice periods and requirements in these terms and conditions including, but not limited to, the periods and requirements for providing notice as outlined in the applicable state candidate certification test handbook.
 - Finally, you and we agree that you will comply with applicable notice periods and requirements even if you believe that such compliance will not result in relief from us or if you lack knowledge regarding whether such compliance will result in relief from us. To the extent that any court finds that state rather than federal law applies to any provision of our agreement to provide you with certification testing services, the controlling law is the substantive law of the state of Montana.
 - ***Please refer to this Montana Candidate Handbook before your test day for any updates to testing and/or policies.***

Inclement Weather and Unforeseen Circumstances Policies

If a regional exam date is cancelled due to weather or other unforeseen circumstances, Headmaster staff will make every effort to contact you via email and phone call using the contact information we have on file to reschedule you, for no charge, to a mutually agreed upon new test date. Therefore, you must keep your contact information up to date in case we need to contact you.

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In the event of inclement weather, you will be expected to attend your scheduled regional exam date unless:

- The county you reside in or the county of the testing site is placed on a weather emergency.
- The test site closes.
- The test observer cancels the test event.
- There is an accident due to weather or other cause on your route to the test site, in which case:
 - Documentation from the Department of Transportation Services or a Police report is required within 3 business days of your scheduled exam day to qualify for a free reschedule.

If the above listed circumstances are not met, failure to attend your scheduled test date will result in a No Show status and any exam fees paid *will NOT be refunded*.

Security

If you refuse to follow directions, use abusive language or disrupt the examination environment, your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid and a report of your behavior will be given to your training program and the Montana Department of Health and Human Services.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to your training program and the Montana Department of Health and Human Services and is subject to prosecution to the full extent of the law. Your test will be scored as a test failure and you will forfeit any testing fees paid. You will not be allowed to test for a minimum of six (6) months.

If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, etc. or browsing to other sites during your WebETest® electronic exam), your test will be stopped and scored as a failure. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to your training program and the Montana Department of Health and Human Services.

Reschedules

All candidates may reschedule online at the [Montana webpage](#) any time up until one (1) business day before a scheduled test day, excluding Saturdays, Sundays and holidays. All candidates are entitled to reschedule up until **one (1) business day** prior to a scheduled regional test day, **excluding** Saturdays, Sundays and holidays.

If you must reschedule your regional exam date, please do so as soon as possible. You may reschedule an exam date online by signing in to your record on the [Montana webpage](#) and clicking on the [Schedule/Reschedule](#) button. (See instructions under ‘Schedule/Reschedule into a Test Event’.)

- Example: If you are scheduled to take your exam in a Regional Test Event on a Saturday, Sunday or Monday, you would need to reschedule by close of business (Headmaster is open until 6:00PM Mountain time, Monday-Friday) the Thursday before your scheduled exam.

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Scheduled Regional Test Date is on a:	Reschedule the previous:
Monday	The previous Thursday (by 6:00PM MT)
Tuesday	The previous Friday (by 6:00PM MT)
Wednesday	The previous Monday (by 6:00PM MT)
Thursday	The previous Tuesday (by 6:00PM MT)
Friday	The previous Wednesday (by 6:00PM MT)
Saturday	The previous Thursday (by 6:00PM MT)
Sunday	The previous Thursday (by 6:00PM MT)

Please note: Reschedules will not be granted less than one (1) full business day prior to a scheduled test date.

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Montana nursing assistant certification exam at all.

SCHEDULED IN A TEST EVENT

- 1) If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT- Headmaster's main webpage at www.hdmaster.com at least **one (1) full business day** prior to your scheduled test event (excluding Saturdays, Sundays and holidays). No phone calls will be accepted.
 - Example: If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form on the D&SDT-Headmaster main webpage at www.hdmaster.com by close of business (D&SDT-Headmaster is open until 6:00PM Mountain time Monday-Friday) the Thursday before your scheduled exam.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with Headmaster will not be issued.

NOT SCHEDULED IN A TEST EVENT

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with Headmaster will not be issued.
- 2) A refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com. No phone calls will be accepted.

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- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

No Shows

If you do not show up without notifying Headmaster at least one (1) full business day prior to your scheduled testing event, **excluding** Saturdays, Sundays and holidays, OR if you are turned away for arriving late, lack of proper identification, original social security card (or letter from the Social Security office), or any other reason to deem you ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day prior to a scheduled test event, excluding Saturdays, Sundays and holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist and you will forfeit your testing fees and must repay the full testing fee to secure a new test event.

NO SHOW EXCEPTIONS

Exceptions to the No Show status exist. If you are a No Show for any test component for any of the following reasons, test fees will be refunded or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame**.

When providing documentation for a No Show exception, it is your responsibility to contact Headmaster to confirm that any documentation faxed, emailed or mailed has been received.

- **Car breakdown or accident**: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill, police report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Weather or road condition related issue**: Headmaster must be contacted within one business day via phone call, fax or email and a road report, weather report or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Medical emergency or illness**: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame you will have to pay as though you were a No Show.
- **Death in the family**: Headmaster must be contacted within one business day via phone call, fax or email and an obituary for **immediate family only** submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame you will have to pay as though you were a No Show. (Immediate family includes parents, grand and great-grand parents, siblings, children, spouse or significant other.)

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Test Results

After you have completed both the Knowledge Test and Skill Test components of the competency exam, your test results will be officially scored and double checked. Official test results will be available online on the Montana webpage by clicking on On-Line Test Results under the Candidate's column after 6:00PM, MT, the business day after your test event. You will enter your Social Security Number or Test ID #, your test date and your birth date.

D&SDT-Headmaster does not send postal mail test result letters to candidates.

To view your test results, **refer to the screen shots below:**

Go to the [Montana webpage](#) and click on [Online Test Results:](#)

Click on –
On-Line Test
Results
under the
Candidate
Forms column.

- 1) Type in your social security number
- 2) Type in your test date
- 3) Type in your birth date

Test Attempts

You have **three (3) attempts** to pass the knowledge and skill test portions of the exam within six (6) months from your date of nursing assistant training program completion. After six months, your training expires and you are no longer eligible to test based on this training cycle.

Montana Nurse Aide Registry Certification

After you have successfully passed both the Knowledge Test and Skill Test components of the nursing assistant exam, your test results will be sent electronically to the Montana Department of Health and Human Services by Headmaster. You will be certified by the MT DPHHS only after you meet all of their requirements. Certification is issued by the Montana Department of Health and Human Services. You may check their website at www.cna.mt.gov for your certification number

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approximately 10-14 days after you receive your test results after you successfully pass both components of your exam.

Retaking the Nursing Assistant Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you failed. When you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date:

You can schedule a test or re-test online by signing in to your WebETest© record at the [Montana webpage](#). (See screen shots under “Schedule/Reschedule into a Test Event” for rescheduling instructions.)

You will need to pay with a MasterCard, Visa or debit card before you are able to schedule.

If you need assistance scheduling your re-test, please call Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM Monday through Friday, MT, excluding holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Please note: Headmaster does not issue certification.

CHALLENGE CANDIDATES

If you are a challenge candidate who has challenged the state exam and you fail any portion of the exam, you will not be allowed to retest until you have completed a MT DPHHS approved training program. A list of approved training programs is available on the MT DPHHS website, www.cna.mt.gov.

Test Review Requests

You may request a review of your test results or dispute any other condition of your testing. **There is a \$25 test review deposit fee.** To request a review, you must submit the PDF fillable [Test Review Request and Payment Form 1403](#) available on D&SDT-Headmaster’s main webpage at www.hdmaster.com (before you get to the Montana NA webpage). Submit the Test Review Fee of \$25 (MasterCard, Visa or debit card) and a detailed explanation of why you feel your dispute is valid (upload with Form 1403) via the PDF fillable Test Review Request and Payment Form 1403 **within three (3) business days** from official scoring of your test (excluding Saturdays, Sundays and holidays). Late requests or requests missing review fees will be returned and will not be considered.

Note: Please call Headmaster at (800)393-8664 during regular business hours 8:00AM to 6:00PM Monday through Friday, MT, excluding holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request. If, after investigation, the finding of the review is in your favor, you will not be charged the \$25 test review deposit.

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Since one qualification for certification as a nursing assistant in Montana is demonstration by examination of minimum nursing assistant knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, Headmaster will pay for your re-test fee and refund your review fee. Headmaster will review your detailed recollection, your knowledge test markings and any skill task measurements you recorded at the time of your test, in addition to reviewing markings, notations and measurements recorded by the RN Test Observer at the time of your test. Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer for any additional recollection of your test(s). After a candidate reaches the age of 18, Headmaster will only discuss test results or test disputes with the candidate or the candidate's training program. Headmaster will not review test results or disputes with family members or anyone else on behalf of the candidate once the candidate is 18 years of age. Headmaster will complete your review request within 10 business days of the receipt of your timely review request and will email the review results to your email address of record.

The Knowledge/Oral Test

The knowledge/oral exam is offered in English only.

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Test. You will have a maximum of ninety (90) minutes to complete the 72 question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Test (such as "What does this question mean?") For paper tests, fill in only one (1) oval on the answer sheet for each question. Do not mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet. **You must have a score of 75% or better to pass the knowledge portion of the exam.**

- For paper Knowledge tests, you must bring several sharpened Number 2 pencils with erasers. Do not bring or use ink pens.

Electronic testing using WebETest® internet connected computers is utilized at the majority of the test sites in Montana. The knowledge test portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

An audio (Oral) version of the knowledge test is available in English and is only offered electronically. However, you must request an Oral test before you submit your testing fee payment. For the electronic Oral, questions are read to you, in a neutral manner, and can be heard through headphones/ear buds plugged into the computer and have control buttons on the computer screen (play, rewind, pause etc.).

If you wish to use a basic calculator for any portion of the knowledge exam, you may request one from the test proctor. You may not use a cell phone or computer calculator.

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All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes or information from the testing room is subject to prosecution and will be reported to their training program and the Montana Department of Health and Human Services.

Knowledge Test Content

The Knowledge Test consists of 72 multiple-choice questions. Questions are selected from subject areas based on the MT DPHHS approved Montana test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows:

Knowledge Test Subject Areas:

Basic Nursing Skills	11
Care Impaired	5
Communication	6
Data Collection	3
Disease Process	5
Infection Control	11
Mental Health	4
Older Adult Growth & Development	2
Personal Care	7
Resident Rights	5
Role and Responsibility	5
Safety	8

Knowledge Practice Test

D&SDT-Headmaster offers a free knowledge test question of the day and a ten question on-line static practice test available on our web site at www.hdmaster.com. Candidates may also purchase complete practice tests that are randomly generated, based on the state test plan. A mastery learning method is used and each practice test taken will be unique. 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 group purchase plans are available.

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The following are a sample of the kinds of questions that you will find on the Knowledge/Oral test. →

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 like individuals

ANSWERS: 1-C | 2-A | 3-D

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Montana approved nursing assistant skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again that you showed the RN Test Observer at sign-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected five (5) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your five (5) tasks. After 20 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and 80% of all non-key steps on each task assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.

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- The skill task steps are generally not order dependent, unless the words BEFORE or AFTER are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated “relaxation area.” When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- **All steps must actually be demonstrated. With the exception of specific steps within some tasks that must be verbalized, all other steps that are only verbalized WILL NOT COUNT.**

Skill Test Recording Form

The RN test observer will provide a recording form similar to the one displayed below if your skill test includes a skill scenario which requires recording a count or measurement. You will be asked to sign your recording form during the equipment/supplies demonstration before you start your skill test.

Recording Form:

Candidate's Name: _____ <small>PLEASE PRINT</small>	
TEMP: _____	PULSE: _____ RESP: _____
BP: _____ / _____	URINARY OUTPUT: _____ ml
GLASS 1: _____ GLASS 2: _____ GLASS 3: _____ Total Intake: _____ ml	FOOD INTAKE: _____ % FLUID INTAKE: _____ ml WEIGHT: _____ HEIGHT: _____
Candidate's Signature: _____	

Skill Test Scenarios

You will be assigned hand washing using soap and water as your first mandatory task.

You will also receive an additional four randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the WebETest© skill test assignment algorithm will be comparable in overall difficulty.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a nursing assistant candidate to successfully demonstrate minimum proficiency of the skill task for the RN Test Observer. The steps will be performed on a live resident actor for most of the tasks (the catheter care and perineal care tasks will be done on a manikin). You will be scored only on the steps listed. **You must have a score of 80% on each task without missing any key steps to pass the skill component of your competency evaluation.** If you fail the Skill Test, you will have to take another Skill test with five tasks, one of which will be one of the previously failed tasks. Tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and average length of time to complete. The RN

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Test Observer will observe your demonstrations of your skill tasks and record what she/he sees you do. Headmaster scoring teams will officially score and double check your test.

Please note: The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Montana nursing assistant skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

Abdominal Thrust

1. Evaluates choking by asking resident "Are you choking?"
2. Candidate indicates s(he) would call for help.
3. Moves behind resident.
4. Wraps arms around resident's waist.
5. Makes a fist with one hand.
6. Places the thumb side of the fist against the resident's abdomen.
7. Positions fist slightly above navel and below bottom of the sternum.
8. Grasps fist with other hand.
9. Verbalizes pressing fist and hand into the resident's abdomen with an inward, upward thrust.
10. Verbalizes s(he) would thrust (for testing purposes only) at least 3 times.
11. Candidate stops, asks resident, "Are you still choking?"
12. Candidate should verbalize to the RN Test Observer that they would repeat this procedure until it is successful or until victim loses consciousness.
13. Candidate leaves resident in a recovery position.
14. Candidate indicates s(he) would notify the nurse.

Ambulation with a Cane or Walker

1. Identifies hand hygiene should be performed.
2. Locks wheelchair brakes.
3. Explains procedure to resident.
4. Brings resident to sitting position.
5. Assists resident in putting on shoes or non-skid slippers, robe, etc.
6. Positions cane or walker correctly.
7. Assists resident to stand using correct body mechanics.
8. Ensures resident stabilizes cane/walker.
9. Positions self behind and slightly to side of resident.
10. Safely ambulates resident at least 10 steps.
11. Assists resident to pivot.
12. Assists resident to sit, using correct body mechanics.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

Ambulation with a Gait Belt

1. Identifies hand hygiene should be performed.
2. Explains procedure to be performed to the resident.
3. Obtains gait belt.

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4. Position bed so resident's feet will be flat on the floor when sitting on the edge of the bed.
5. Locks wheelchair brakes to ensure resident's safety.
6. Brings resident to sitting position.
7. Assists resident to put on shoes or non-skid slippers.
8. Places gait belt around waist.
9. Tightens gait belt.
10. Checks gait belt by slipping fingers between gait belt and resident.
11. Stands in front of and faces the resident.
12. Grasps the gait belt on each side of the resident with an underhand grip.
13. Stabilizes the resident's legs.
14. Brings resident to standing position, using proper body mechanics.
15. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using other appropriate method to stabilize, ambulates the resident to wheelchair.
16. Assists resident to pivot/back up to the wheelchair.
17. Assists resident to sit in the wheelchair in a controlled manner that ensures safety.
18. Removes gait belt.
19. Leaves resident in position of comfort and safety.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signal device within easy reach of the resident.
22. Identifies hand hygiene should be performed.

Applying an Antiembolic Stocking

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy by exposing only one leg.
4. Rolls, gathers, or turns stocking down to heel.
5. Places stocking over the toes, foot, and heel.
6. Rolls or pulls stocking up leg.
7. Checks toes for possible pressure from stocking and adjusts as needed.
8. Leaves resident with a stocking that is smooth and wrinkle free.
9. Leaves resident with a stocking that is properly placed.
10. Covers exposed leg.
11. Identifies hand hygiene should be performed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signal calling device within easy reach of the resident.
14. Treated resident gently during entire procedure.

Assisting a Dependent Resident with Eating

1. Knocks on door.
2. Identifies hand hygiene should be performed.
3. Explains procedure to the resident.
4. Looks at diet card to check that the resident has received the correct tray.
5. Protects clothing from soiling by using napkin, clothing protector, or towel.
6. Washes resident's hands *before* feeding.

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7. Dries resident's hands *before* feeding.
8. Sits down facing the resident while feeding the resident or assumes other posture so candidate is at eye level with the resident.
9. Describes the foods being offered to the resident.
10. Offers fluid frequently.
11. Offers small amounts of food at a reasonable rate.
12. Allows resident time to chew and swallow.
13. Wipes resident's hands and face during meal as needed.
14. Leaves resident clean and in a position of comfort.
15. Places soiled linen in hamper.
16. Records intake as a percentage of total solid food eaten on the previously signed recording form.
17. Candidate's calculation must be within 25 percentage points of the RN Test Observer's.
18. Candidate records fluid intake in ml's on the previously signed recording form.
19. The candidate's calculation is within 40 ml's of the RN Test Observer's.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signaling device within easy reach of the resident.
22. Identifies hand hygiene should be performed.

Bedpan and Output

1. Identifies hand hygiene should be performed.
2. Explains the procedure to the resident.
3. Provides privacy - pulls curtain.
4. Positions resident on bedpan correctly.
5. After placing bedpan, raises head of bed to comfortable level.
6. Leaves tissue within reach of resident.
7. Leaves call light or signal calling device within easy reach of the resident.
8. Candidate leaves room or verbalizes leaving the room, while moving to an area of the room away from the resident, depending on the test site.
9. Candidate puts on gloves.
10. Candidate gently removes bedpan
11. Candidate measures output.
12. Empties and cleans receptacle(s).
 - a) Cleans means wash, rinse and dry.
13. Removes gloves turning inside out.
14. Disposes of gloves in proper receptacle.
15. Identifies hand hygiene should be performed.
16. Performs hand hygiene for resident/assists resident to perform hand hygiene.
17. Lowers bed.
18. Candidate records output on the previously signed recording form.
19. Candidate's measurement reading is within 30 ml's of RN Test Observer's reading.
20. Identifies hand hygiene should be performed.
21. Maintains respectful, courteous interpersonal interactions at all times.
22. Leaves call light or signaling device within reach of the resident.

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Blood Pressure

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Assists resident into a comfortable position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
5. Rolls resident's sleeve up about 5 inches above the elbow.
6. Applies the cuff around the upper arm just above the elbow.
7. Cleans earpieces of stethoscope appropriately and places in ears.
8. Cleans diaphragm.
9. Locates brachial artery with fingertips by feeling brachial pulse just above bend of elbow.
10. Places stethoscope over brachial artery.
11. Holds stethoscope snugly in place.
12. Inflates cuff.
13. Slowly releases air from cuff to disappearance of pulsations.
14. Removes cuff.
15. Candidate records reading on the previously signed recording form.
16. Candidate's recorded systolic and diastolic blood pressure are within 4mmHG of the RN Test Observer's.
17. Identifies hand hygiene should be performed.
18. Gathered and used equipment:
 - a) correct size cuff
 - b) teaching stethoscope
 - c) 2 alcohol swabs
 - d) pad and pencil
 - e) recording form
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

Brief Application

1. Knocks on door.
2. Introduces self.
3. Explains procedure to resident (manikin).
4. Identifies hand hygiene should be performed.
5. Chooses correct brief and size per facility instructions.
6. Provides privacy for the resident.
7. Elevates bed to comfortable working height.
8. Identifies hand hygiene should be performed.
9. Puts on gloves.
10. Identifies that perineal care would be performed.
11. Places brief under buttocks with top of absorbent pad aligned just above the buttocks crease.
12. Grasps and stretches leg portion of front panel to extend elastic for groin placement.
13. Rolls ruffles away from groin.
14. Snuggly place bottom tabs angled towards abdomen on both sides.
15. Places top tabs on each side angled toward bottom tabs.

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16. Removes gloves.
17. Identifies hand hygiene should be performed.
18. Leaves resident in a position of comfort in good alignment.
19. Leaves call light or signal calling device within easy reach of the resident.
20. Identifies hand hygiene should be performed.
21. Verbalizes that the resident's brief should be checked every two hours.
22. Verbalizes that brief is to be changed PRN and that facility toileting and bowel and bladder protocol will be followed.

Care of Hair

1. Identifies hand hygiene should be performed.
2. Gathers and uses appropriate equipment:
 - a) such as brush, towel, comb or hair pick
3. Explains procedure to the resident.
4. May place a towel over shoulders or not use a barrier at all, either way is ok.
5. Asks resident how they would like her/his hair combed.
6. Combs/brushes hair gently and completely.
7. Leaves hair neatly brushed, combed and/or styled.
8. Removes hair from brush or comb, if necessary.
9. Cleans, dries and returns equipment to storage.
10. Identifies hand hygiene should be performed.
11. Maintains respectful, courteous interpersonal interactions at all times.
12. Leaves call light or signal calling device within easy reach of the resident.

Denture Care and Oral Mouthcare

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Puts on disposable gloves.
5. Lines sink with a washcloth.
6. Handles dentures carefully to avoid damage.
7. Takes dentures to the sink and thoroughly brushes the inner surfaces of the dentures.
8. Thoroughly brushes the outer surfaces of the dentures.
9. Thoroughly brushes the chewing surfaces of the dentures.
10. Thoroughly brushes the upper/lower surface of the denture(s).
11. Rinses dentures using clean cool water.
12. Places dentures in rinsed denture cup.
13. Adds cool clean water to denture cup.
14. Cleans resident's mouth.
15. Brushes resident's gums with toothbrush or toothettes and toothpaste.
16. Brushes resident's tongue with toothbrush or toothettes and toothpaste.
17. Rinses resident's mouth with mouthwash or water.
18. Wipes residue from resident's face/mouth.
19. Ensures resident is in a position of comfort and safety.
20. Cleans equipment.

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21. Returns equipment to storage.
22. Discards used linen in linen hamper.
23. Removes gloves, turning gloves inside out as they are removed.
24. Disposes of gloves in an appropriate container.
25. Identifies hand hygiene should be performed.
26. Maintains respectful, courteous interpersonal interactions at all times.
27. Gathered and used equipment appropriately throughout the procedure:
 - a) denture container
 - b) denture brush
 - c) toothpaste
 - d) towel or washcloth
 - e) glass of water
 - f) mouthwash
28. Leaves call light or signal calling device within easy reach of the resident.

Dressing a Resident

1. Identifies hand hygiene should be performed.
2. Explains the procedure to the resident.
3. Removes gown while providing for the resident's privacy by appropriately keeping resident covered at all times.
4. Removes gown from strong side first.
5. Places used gown in laundry hamper.
6. When dressing the resident in a shirt or blouse, the candidate inserts her/his hand through the sleeve of the shirt or blouse and grasps the hand of the resident, dressing from the weak side first.
7. The candidate assists the resident to raise her/his buttocks or rocks resident side to side and draws the pants over the buttocks and up to the resident's waist, always dressing from the weak side first.
8. When putting on the resident's socks, the candidate draws the socks up the resident's foot until they are smooth.
9. Leaves the resident in a position of comfort.
10. Leaves the resident properly dressed.
11. Identifies hand hygiene should be performed.
12. Maintains respectful, courteous interpersonal interactions at all times.
13. Leaves call light or signal calling device within easy reach of the resident.

Emptying a Urinary Drainage Bag

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Pulls curtain - provides for privacy.
4. Puts on gloves.
5. Places a barrier on the floor under the drainage bag.
6. Places the graduate on the barrier.
7. Ensures the bag is below the bladder.
8. Ensures the drainage tube is not kinked.

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9. Opens the drain to allow the urine to flow into the graduate.
10. Allows the urine to flow into the graduate.
11. Avoids touching the tip of the tubing to the graduate.
12. Clamps tubing.
13. Wipes the drain with antiseptic wipe.
14. Inserts a plug or protective cap into tubing or into holder.
15. Places graduate on flat surface.
16. Measures output at eye level.
17. Empties, rinses, dries and stores graduate.
18. Turns gloves inside out as they are removed. Disposes of gloves in an appropriate manner.
19. Identifies hand hygiene should be performed.
20. Candidate records output reading on the previously signed recording form.
21. Candidate's measurement is within 10 ml's of the RN Test Observer's pre-measured amount.
22. Leaves resident in a position of safety and comfort.
23. Leaves call light or signal calling device within easy reach of the resident.
24. Maintains respectful, courteous interpersonal interactions.

Fluid Intake

1. Identifies hand hygiene should be performed.
2. Candidate observes dinner tray.
3. Uses pad, pencil and/or RN Test Observer supplied basic calculator to arrive at the number of cc/ml's consumed.
4. Candidate decides on cc/ml's of fluid consumed from each container.
5. Candidate obtains total fluid consumed in cc or ml.
6. Candidate records the total cc or ml consumed from the tray on the previously signed recording form.
7. Candidate calculated total and RN Test Observer total are within required range.
8. Equipment utilized:
 - a) two 8oz (240 ml) clear glasses; one 4oz (120 ml) clear juice glass placed on a tray
 - b) basic calculator optional (only RN Test Observer supplied basic calculator may be used)
 - c) RN Test Observer supplied paper/pad and pencil for candidate
 - d) previously signed recording form
9. Identifies hand hygiene should be performed.
10. Maintains respectful, courteous interpersonal interactions.
11. Leaves call light or signal calling device within easy reach of the resident.

Foot Care One Foot

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Fills foot basin with comfortably warm water.
4. Removes one sock.
5. Immerses foot in comfortably warm water for 10 to 20 minutes.
 - a) Candidate may verbalize 10 to 20 minutes soaking time after they begin soaking the foot.
6. Removes foot from water.

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7. Uses water and soapy washcloth.
8. Washes entire foot.
9. Washes between toes.
10. Rinses entire foot.
11. Rinses between toes.
12. Dries foot thoroughly, being careful to dry between toes.
13. Warms lotion by rubbing it between hands.
14. Massages lotion over entire foot.
15. If any excess lotion, wipes with a towel.
16. Replaces sock on foot.
17. Places soiled linen in hamper or equivalent.
18. Cleans equipment.
 - a) Clean means washes, rinses and dries.
19. Returns equipment to storage area.
20. Maintains respectful, courteous interpersonal interactions.
21. Leaves resident in position of safety in proper alignment in the wheel chair.
22. Leaves call light or signal calling device within easy reach of the resident.
23. Identifies hand hygiene should be performed.

Gown and Gloves

1. Identifies hand hygiene should be performed.
2. Candidate faces the back opening of the gown.
3. Candidate unfolds the gown.
4. Candidate places arms through each sleeve.
5. Candidate secures the neck opening.
6. Candidate secures the waist, making sure that the back flaps completely cover clothing.
7. Candidate puts on gloves.
8. Gloves overlap gown sleeves at the wrist.
9. Removes gloves before removing gown or with gloves on, pulls/pops gown off by pulling on the front of the gown.
10. Removes gloves turning inside out and folding one glove inside the other or pulls/pops gown from neck always keeping gloved hands on the outside portion of gown.
11. Candidate does not touch outside of gloves with bare hand at any time or works gown down the arms from the neck and rolls the gown inside out as it is removed.
12. Dispose of the gloves, without contaminating self, in appropriate container or peels gloves off keeping them inside out and rolled up inside the gown.
13. Identifies hand hygiene should be performed.
14. Unfastens gown at the neck with bare hands, if not using alternate method of removal.
15. Unfastens gown at the waist with bare hands, if not using alternate method of removal.
16. Removes gown by folding soiled area to soiled area with either method of removal.
17. Disposes of gown and gloves in an appropriate container
18. Identifies that hands should be washed.

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Hand Washing

(FIRST MANDATORY TASK)

1. Knocks on door.
2. Introduces her/himself to the resident.
3. Turns on water.
4. Thoroughly wets hands.
5. Applies soap to hands.
6. Rubs hands together for 20 seconds using friction
7. Using friction, rubs interlaced fingers together while pointing downward.
8. Washes all surfaces of hands with soap.
9. Washes wrists with soap.
10. Rinses hands thoroughly under running water with fingers pointed downward.
11. Rinses wrists thoroughly under running water with fingers pointed downward.
12. Dries hands on clean paper towel(s).
13. Turns off faucet with a SECOND (last) clean dry paper towel, or with a dry section of a previously used paper towel.
14. Discards paper towels to trash container as used.
15. Does not re-contaminate hands at any time during the procedure. (Without going back and repeating the procedure from step 4.)

Making an Occupied Bed

1. Identifies hand hygiene should be performed.
2. Gathers linen.
3. Transports linen away from the body.
4. Places clean linen on a clean surface.
5. Explains procedure to resident.
6. Provides privacy.
7. Elevates bed to appropriate working height.
8. Removes top linen except sheet. Resident is to remain covered at all times with the sheet.
9. Gently removes pillow from under resident's head.
10. Candidate asks RN Test Observer to stand on the opposite side of bed to provide safety when turning resident toward side of bed.
11. Rolls or fan folds soiled linen, soiled side inside, to the center of the bed.
12. Places clean bottom sheet along the center of the bed and rolls or fan folds linen against resident's back and unfolds remaining half. Pulls corners tightly in place and tucks sheet securely under the mattress as necessary.
13. Asks RN Test Observer to move to opposite side of bed to provide safety.
14. Assists the resident to roll over the bottom linen, toward RN Test Observer, preventing trauma and avoidable pain to resident
15. Removes soiled linen without shaking, and places in hamper.
 - a) Avoids placing dirty linen on the overbed table.
 - b) Avoids touching linen to uniform.
16. Pulls through and smooths out the clean bottom linen.
17. Places clean top linen over covered resident. Removes used linen keeping resident unexposed at all times.

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18. Tucks in top linen.
19. Makes toe pleat.
20. Applies clean pillowcase, with zippers and/or tags to inside, gently lifting resident's head to replace the pillow.
21. Leaves resident in position of comfort and safety in a neatly made bed.
22. Identifies hand hygiene should be performed.
23. Maintains respectful, courteous interpersonal interactions at all times.
24. Leaves call light or signal calling device within easy reach of the resident.

Mouth Care

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides for resident's privacy.
4. Drapes the chest as needed to prevent soiling.
5. Puts on disposable gloves.
6. Applies toothpaste to toothbrush.
7. Brushes resident's teeth, including the inner surface of all upper and lower teeth.
8. Brushes resident's teeth including the outer surfaces of all upper and lower teeth.
9. Brushes resident's teeth, including the chewing surfaces of all upper and lower teeth.
10. Cleans tongue.
11. Assists resident in rinsing mouth.
12. Wipes resident's mouth.
13. Removes soiled linen.
14. Leaves resident in position of comfort and safety.
15. Empties and cleans emesis basin.
16. Rinses toothbrush.
17. Returns emesis basin and toothbrush to storage.
18. Places soiled linen in hamper.
19. Removes gloves, turning gloves inside out as they are removed.
20. Disposes of gloves in an appropriate container.
21. Identifies hand hygiene should be performed.
22. Gathered and used the appropriate equipment during the procedure:
 - a) toothbrush
 - b) emesis basin
 - c) toothpaste
 - d) glass of water
 - e) towel
23. Maintains respectful, courteous interpersonal interactions at all times.
24. Leaves call light or signal calling device within easy reach of the resident.

Mouthcare of a Comatose Resident

1. Knocks on door.
2. Introduces self.
3. Identifies hand hygiene should be performed.
4. Provides privacy - pulls curtain.

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5. Positions resident in semi-Fowler's or lateral position, as appropriate to avoid choking or aspiration.
6. Drapes chest/bed as needed to protect from soiling.
7. Puts on gloves.
8. Uses toothettes and prepared mouthwash cleaning solution or water.
9. Gently and thoroughly cleans the inner surfaces of all upper and lower teeth.
10. Gently and thoroughly cleans the outer surfaces of all upper and lower teeth.
11. Gently and thoroughly cleans the chewing surfaces of all upper and lower teeth.
12. Gently and thoroughly cleans the gums.
13. Gently and thoroughly cleans the tongue and roof (palate) of the mouth.
14. Dips un-used toothette into clean water.
15. Rinses mouth with water dipped toothette.
16. Cleans, dries face.
17. Returns resident to position of comfort and safety.
18. Cleans equipment.
 - a) Cleans means wash, rinse and dry.
19. Replaces equipment.
20. Discards disposable items in waste can.
21. Discards towel and washcloth in linen hamper.
22. Removes gloves, turning inside out as they are removed.
23. Disposes of gloves properly.
24. Identifies hand hygiene should be performed.

Nail Care

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides privacy for resident.
4. Ensures resident's safety by locking wheelchair brakes.
5. Immerses nails in comfortably warm water and soaks for at least five (5) minutes.
 - a) The five minutes may be verbalized by the candidate and acknowledged by the RN Test Observer. Either way the five minutes must be accounted for and directed by the candidate.
6. Gently cleans under nails with file, orange stick or nail brush. Nails may be cleaned as they soak.
7. Dries hands thoroughly.
8. Specifically dries between fingers.
9. Gently pushes cuticle back with towel or orange stick.
10. Verbalizes technique used to cut nails.
11. Verbalizes technique used to file nails.
12. Discards soiled linen in linen hamper or equivalent.
13. Cleans equipment.
 - a) Cleans means wash, rinse and dry.
14. Identifies hand hygiene should be performed.
15. Returns equipment to storage.

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16. Gathered and used equipment appropriately:
 - a) towel
 - b) basin with warm water
 - c) nail clippers
 - d) nail file
 - e) orange stick or nail brush
17. Maintains respectful, courteous interpersonal interactions at all times.
18. Leaves call light or signal calling device within easy reach of the resident.

Partial Bed Bath

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides privacy.
4. Ensures resident safety as appropriate.
5. Raises bed to appropriate working level.
6. Covers resident with a bath blanket. Removes top bed linens. Fanfolds to bottom of bed or places aside.
7. Removes resident's gown.
8. Place soiled gown in linen hamper.
9. Fills basin with comfortably warm water.
10. Washes face WITHOUT SOAP.
11. Rinses face.
12. Dries face.
13. Washes hands.
14. Rinses hands.
15. Dries hands.
16. Washes underarm.
17. Rinses underarm.
18. Dries underarm.
19. Disposes of soiled linen in linen hamper.
20. Verbalizes steps for perineal care. Verbalization MUST include:
 - a) wiping front to back
 - b) using gloves
 - c) correct procedure for removing gloves
 - d) proper disposal of used gloves
21. Identifies hand hygiene should be performed.
22. Puts a clean gown on the resident.
23. Properly cleans all equipment used.
 - a) Cleans means wash, rinse and dry.
24. Identifies hand hygiene should be performed.
25. Returns all equipment used.
26. Maintains respectful, courteous interpersonal interactions at all times.
27. Gathered and used required equipment appropriately:
 - a) bath blanket or equivalent
 - b) washcloth

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- c) bath towel
- d) resident gown
- e) lotion - optional
- f) disposable gloves
- g) linen hamper
- h) basin of warm water

28. Leaves call light or signal calling device within easy reach of the resident.

Passing Fresh Water

1. Identifies hand hygiene should be performed.
2. Assembles equipment as required:
 - a) ice (marbles used as simulated ice)
 - b) scoop
3. Knocks on door.
4. Explains task to resident.
5. Obtains water pitcher from room. Empties water pitcher.
 - a) Verbalizes cleaning water pitcher.
6. Scoops ice (marbles) into water pitcher.
7. Properly uses ice scoop OR uses ice dispenser without contaminating water or water pitcher.
 - a) Does not allow ice to touch hand and fall back into pitcher or scoop to touch pitcher.
8. Properly stores ice scoop, if scoop was used.
 - a) Scoop placed in appropriate receptacle after each use.
9. Adds water to pitcher.
10. Returns pitcher to resident's bedside table.
11. Offers resident a fresh glass of water.
12. Identifies hand hygiene should be performed.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signal calling device within easy reach of the resident.

Perineal Care for a Female

1. Knocks on door.
2. Explains procedure to the resident (manikin).
3. Pulls curtain; provides for privacy.
4. Elevates bed to working height.
5. Identifies hand hygiene should be performed.
6. Puts on gloves.
7. Fills basin with comfortably warm water.
8. Places waterproof pad under buttocks.
9. Exposes perineum only.
10. Separates labia.
11. Uses water, simulated soap and washcloth or disposable wipes for cleaning perineum.
12. Cleans one side of labia from top to bottom.
13. Uses a clean portion of a washcloth with each stroke.
14. Cleans other side of labia from top to bottom.
15. Uses a clean portion of a washcloth with each stroke.

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16. Pat the perineum dry with a towel.
17. Re-covers the exposed area with the bath blanket.
18. Assists resident (manikin) to turn onto side away from the candidate.
19. Uses a clean washcloth to clean the rectal area.
20. Cleans area from vagina to rectal area with single strokes.
21. Repeats this step as necessary using a different part of the washcloth for each stroke. May use more than one washcloth.
22. Pats area dry with a towel from vagina to anus.
23. Removes waterproof pad from under buttocks.
24. Discards soiled linen in hamper.
25. Turns gloves inside out as they are removed.
26. Disposes of gloves in appropriate manner.
27. Identifies hand hygiene should be performed.
28. Lowers bed, if it was raised.
29. Leaves resident in a position of comfort.
30. Leaves call light or signal calling device within easy reach of the resident.
31. Maintains respectful, courteous interpersonal interactions at all times.

Perineal Care for an Uncircumcised Male

1. Knocks on door.
2. Explains procedure to the resident (manikin).
3. Pulls curtain; provides for privacy.
4. Elevates bed to working height.
5. Identifies hand hygiene should be performed.
6. Puts on gloves.
7. Fills basin with comfortably warm water.
8. Places waterproof pad under buttocks.
9. Gently grasps penis.
10. Uses water, simulated soap and washcloth.
11. Demonstrates or verbalizes retracting of the foreskin.
12. Cleans tip of penis using single strokes starting at the urethral opening and working outward with a circular motion with each stroke.
13. Uses a clean portion of a washcloth with each stroke.
14. Demonstrates or verbalizes replacement of foreskin.
15. Cleans shaft of the penis using single strokes with firm downward motion from the tip to the base of the penis.
16. Cleans the shaft of the penis using clean portion of washcloth with each stroke.
17. Cleans scrotum using clean portion of washcloth with each stroke.
18. Pats the penis and scrotum dry with a towel.
19. Re-covers the exposed area with the bath blanket.
20. Assists resident (manikin) to turn onto side away from the candidate.
21. Uses a clean washcloth to clean the rectal area.
22. Cleans area from scrotum to rectal area with single strokes.
23. Uses a different part of the washcloth for each stroke. May use more than one washcloth.
24. Pats area dry with a towel from scrotum to anus.

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25. Removes waterproof pad from under buttocks.
26. Discards soiled linen in hamper.
27. Turns gloves inside out as they are removed.
28. Disposes of gloves in appropriate manner.
29. Identifies hand hygiene should be performed.
30. Lowers bed.
31. Leaves resident in a position of comfort.
32. Leaves call light or signal calling device within easy reach of the resident.
33. Maintains respectful, courteous interpersonal interactions at all times.

Position Resident on their Side in Bed

1. Identifies hand hygiene should be performed.
2. Explains what is to be done and how the resident may help.
3. Provides privacy.
4. Positions bed flat.
5. Adjusts bed to working height.
6. Ensures resident safety by locking bed brakes.
7. Uses a turn sheet and weight shift technique or moves/pulls torso of the resident, with proper body mechanics, toward self.
8. Uses a turn sheet and weight shift technique or moves/pulls resident's hips, with proper body mechanics, toward self.
9. Uses a turn sheet and weight shift technique or moves/pulls resident's legs, with proper body mechanics, toward self.
10. Crosses legs.
11. Assists/turns resident on side, either by turning the resident toward the RN Test Observer from the working side of the bed or by moving to the opposite side of the bed and turning the resident on her/his side toward themselves.
12. Support device is placed under the resident's head.
13. Support device is placed under the resident's up side arm.
14. Support device is placed behind the resident's back.
15. Support device is placed between the resident's knees.
16. Asks resident if s(he) is comfortable.
17. Lowers bed.
18. Identifies hand hygiene should be performed.
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

Range of Motion Exercise

1. Identifies hand hygiene should be performed.
2. Explains procedure to the resident.
3. Provides for resident's privacy.
4. Positions resident supine and in good body alignment.
5. Correctly supports the extremity/joint being exercised.
6. Moves shoulder through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.

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7. Moves elbow through flexion and extension at least three times.
8. Moves wrist through flexion, extension, and rotation, as appropriate, at least three times.
9. Moves hip through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.
10. Moves knee through flexion and extension at least three times.
11. Moves ankle joint through flexion, extension, rotation, abduction, and adduction as appropriate, at least three times.
12. Does not cause discomfort or pain and does not force any joint beyond the point of free movement.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

Transfer from Bed to Wheelchair using a Gait Belt

1. Identifies hand hygiene should be performed.
2. Obtains correct size gait belt.
3. Explains the procedure to be performed to the resident.
4. Positions wheelchair at the foot or head of bed.
5. Ensures resident's safety. Locks wheelchair brakes.
6. Brings resident to a sitting position using proper body mechanics.
7. Positions bed such that the resident's feet are flat on the floor when sitting on the edge of the bed.
8. Assists resident in putting on non-skid slippers or shoes.
9. Places gait belt around the resident, below the rib cage and above his/her waist, to stabilize trunk.
10. Tightens gait belt so that fingers of Candidate's hand can be slipped between gait belt and resident.
11. Brings resident to standing position using proper body mechanics.
12. With one hand grasping gait belt and the other stabilizing resident by holding forearm, shoulder, or using another appropriate method to stabilize, transfers resident from bed to wheelchair.
13. Assists resident to pivot and sit in a controlled manner that ensures safety.
14. Removes gait belt.
15. Identifies hand hygiene should be performed.
16. Maintains respectful, courteous interpersonal interactions at all times.
17. Leaves call light or signal calling device within easy reach of the resident.

Transfer from Wheelchair to Bed using a Gait Belt

1. Identifies hand hygiene should be performed.
2. Explains procedure to be performed to the resident.
3. Positions wheelchair at foot of bed.
4. Ensures resident's safety. Locks wheelchair brakes.
5. Raises bed to working height.
6. Places gait belt around the resident, below the rib cage and above waist, to stabilize trunk.

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7. Tightens gait belt so that fingers of Candidate's hand can be comfortably slipped between gait belt and resident.
8. Instructs resident to move hips forward to front of wheelchair seat.
9. Instructs resident to place hands on wheelchair armrests.
10. Candidate uses her/his legs to stabilize resident.
11. Assists resident to standing position using underhand grip on gait belt.
12. Assists resident to standing position using proper body mechanics.
13. Assists resident to pivot in a controlled manner that ensures safety.
14. Assists resident to sit on bed using correct body mechanics.
15. Removes gait belt.
16. Removes footwear.
17. Assists resident to move to center of bed and lie, using correct body mechanics.
18. Makes sure resident is comfortable and in good body alignment.
19. Identifies hand hygiene should be performed.
20. Maintains respectful, courteous interpersonal interactions at all times.
21. Leaves call light or signal calling device within easy reach of the resident.

Vital Signs – Pulse and Respirations

1. Knocks on door.
2. Identifies hand hygiene should be performed.
3. Explains procedure to resident.
4. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
5. Candidate counts pulse for 60 seconds, or 30 x 2.
6. Candidate records count on the previously signed recording form.
7. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
8. Candidate counts respirations for 60 seconds, or 30 x 2).
9. Candidate records count on the previously signed recording form.
10. The Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
11. Gathered and used equipment as appropriate:
 - a) Previously signed recording form and pencil/pen.
 - b) Watch with a second hand.
12. Leaves resident in a position of comfort and safety.
13. Identifies hand hygiene should be performed.
14. Maintains respectful, courteous interpersonal interactions at all times.
15. Leaves call light or signal calling device within easy reach of the resident.

Vital Signs – Temperature, Pulse and Respirations

(Using a digital, tympanic or temp dot thermometer)

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Provides for resident's privacy.
4. Correctly turns on digital or tympanic thermometer, or correctly handles temp dot thermometer.

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5. Gently inserts bulb end of thermometer in mouth, under tongue, or tympanic in ear or properly places temp dot thermometer.
6. Holds or leaves thermometer in place for appropriate length of time.
7. Removes thermometer.
8. Candidate reads and records the temperature on the previously signed recording form.
9. Candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.
10. Candidate wipes the thermometer clean with alcohol pad or discards sheath or temp dot thermometer appropriately.
11. Locates the radial pulse by placing tips of fingers on thumb side of the resident's wrist.
12. Counts pulse for 60 seconds, or 30x2.
13. Candidate records count on the previously signed recording form.
14. Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.
15. Candidate counts respirations for 60 seconds, or 30 x 2.
16. Candidate records count on the previously signed recording form.
17. The candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.
18. Identifies hand hygiene should be performed.
19. Maintains respectful, courteous interpersonal interactions at all times.
20. Leaves call light or signal calling device within easy reach of the resident.

Weighing an Ambulatory Resident

1. Identifies hand hygiene should be performed.
2. Explains procedure to resident.
3. Ensures resident's safety. Locks wheelchair brakes. Use of gait belt is optional but procedure must be performed safely.
4. Balances or zeros scale, *before* weighing resident.
5. Checks that resident is balanced and centered on scale with arms at side.
6. Checks that resident is not holding on to anything that would alter reading of the weight.
7. Appropriately adjusts weights until scale is in balance.
8. Reads weight and records it on the previously signed recording form.
9. Candidate's recorded weight varies no more than 1 lb. from actual reading.
10. Unlocks wheelchair brakes.
11. Returns resident to position of comfort and safety.
12. Identifies hand hygiene should be performed.
13. Maintains respectful, courteous interpersonal interactions at all times.
14. Leaves call light or signal calling device within easy reach of the resident.

Knowledge Test Vocabulary List

abdominal thrust
abnormal
accidents
activity

adduction
ADL's
admission
aging process

AIDS
alarms
Alzheimer's
ambulate with assistance



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ambulation
anemia
angina pectoris
angry resident
anterior
antibiotics
anxiety
aphasia
appropriate response
arteries
arteriosclerosis
arthritis
aseptic
aspiration
atrophy
axillary temperature
back strain
bacteria
bargaining
basic needs
basic skin care
bathing
bed bath
bed position
bed rest
bedfast
bedpan
bedsore
bladder training
bleeding
blindness
blood pressure
bodily fluids
body language

body mechanics
body temperature
bowel and bladder programs
bowel movements
brain stem
break time
breathing
broken equipment
call light
cancer
cane
cardiovascular system
care plan
caring for elderly
cast
cataracts
catheter drainage bag
central nervous system
cerebral vascular accident
charge nurse
chart
chemotherapy
choking
chronic disease
circulatory system
cleaners
cleaning spills
cleaning up of spills
clear liquid diet
clergy
cold compress
colostomy
colostomy bag
combative resident

communicable
communication
communication with depressed resident
compensation
confidentiality
confused resident
congestive heart failure
constipation
contaminated clothing
contaminated hands
contamination
contracture
converting units
coping mechanisms
coughing excessively
CPR
CVA resident
cyanosis
decubitus ulcer
dehydration
demanding resident
dementia
denial
dentures
depression
dermatitis
diabetes
diabetes mellitus
dialysis
diaphragm
diarrhea
diastolic
diet

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digestion	feces	hyperventilation
digestive system	feeding resident	hypoglycemia
discharging resident	feeding tube	immobility
disease producing	fingernail care	impaction
Organisms	fire	impairment
disinfection	fire safety procedures	in-house
dizziness	fluid intake	in-service programs
DNR	Foley catheter	incontinence
documentation	foot drop	indwelling catheter
draw/lift	fractures	infection
dressing resident	frequent urination	initial observations
dry skin	function with assistance	input and output
dying process	gait belt	insulin
dysphasia	gastrostomy tube	intake and output
dyspnea	geriatrics	integumentary system
edema	germ transmission	international time
elastic stockings	glass thermometer	interpersonal skills
electrical equipment	gloves	interventions
elimination of wastes	grieving process	isolation
emesis basin	group settings	job description
emotional abuse	growth	job interview
emotional needs	hair care	lethargy
emotional support	hand tremors	lift/draw sheets
empathy	hand washing	linen
emphysema	health-care team	lying on side
enema	hearing aid	making occupied bed
ethical code	hearing impaired	mask
ethical issues	heart	Maslow's hierarchy
evacuation	height	material safety data
exercise	Heimlich maneuver	mealtime
eye glasses	HIV	medical asepsis
facility policy	hug	medications
falls	hydration	memory loss
fatigue	hypertension	mentally impaired



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microorganisms	oxygen	ramps
minerals	paralysis	range of motion
mistakes	paranoia	rationalization
mistreatment	Parkinson's	rectal temperature
mobility	partial bath	reddened/discolored area
money	patience	rehabilitation
mouth care	perineal care	religious service
moving a dependent resident	peristalsis	reminiscence
moving a resident	personal care	renal failure
mucous	personal hygiene	reporting abnormal changes
Multiple Sclerosis	personal items	reposition residents
myocardial infarction	personal possessions	resident abuse
nasal cannula	personal stress	resident belongings
natural disaster	pet therapy	resident independence
needles	phantom pain	resident rights
neglect	physical needs	resident's bill of rights
new resident	physician's authority	resident's chart
non-contagious disease	policy book	resident's environment
nonverbal communication	positioning a resident	resident's families
nosocomial	positive attitude	residents
NPO	prefix	respectful treatment
nurse's station	pressure sore	respiration
nursing assistant behavior	pressure ulcer	respirations
nursing assistant's role	preventing injury	respiratory condition
nursing station	privacy	responding to resident behavior
nutrition	prone	restorative care
objective	prostate gland	restraints
observation	prosthesis	right to equal care
ombudsman	protective equipment	right to refuse care
oral hygiene	psychological needs	scale
oral temperature	pulmonary disease	secretions
osteoarthritis	pulse	seizure
osteoporosis	quadriplegia	severe tremors
ostomy bag	radial	sexual activity

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sexual advances	stool specimen	unconscious
sexual expression	stress	uncovered food
sexual needs	stroke	uniform
sexuality	subjective	universal precautions
sexually transmitted diseases	suicide	unopened mail
Sharp's container	sun-downing	unsteady
shaving	supine	urinary catheter bag
shearing of skin	supplemental feedings	urinary system
side rails	suspected abuse	urinary tract
Sim's position	swelling	urine
skin breakdown	systolic	visually impaired
smoking	TED hose	vital signs
social well being	terminal illness	vitamins
soiled linen	threatening resident	vomiting
specimen	thrombus	vomit
spilled food	tips	walker
spills	toenails	wandering resident
spiritual needs	toileting schedule	water faucets
standard precautions	TPR	weak side
standard/universal precautions	transferring	weakness
State survey	treating residents with respect	weight
stealing	tub bath	wheelchair safety
stereotypes	twice daily	white blood cells
stethoscope	tympanic temperatures	withdrawal
stomach	ulcers	

Notes:
