

Ivy Tech Community College

IHCA Presentation 04/14/2021

CNA TEST PROCESS

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Temporary Nurse Aide

Requirements

- CNA certification expiration or lapse occurred while in good standing
- Expiration or lapse occurred on or after Jan. 1, 2019
- CNA worked at least 40 hours during the year immediately preceding expiration or lapse of certification
- Validates competent skills
- Classroom hours: 8 hours of online instruction

Testing Procedures

- Facility must submit the names of all TCNA candidates to IDH Nurse Aide Registry
- Notify all staff members TCNAs have a limited scope of permissible work

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Personal Care Attendant

Requirements

- Classroom: Five (5) hours of classroom instruction
- Clinical: Three (3) hours of supervised simulation/clinical where skills are check off as competent

Testing Procedures

- Facility must submit the names of all PCA candidates to IDH Nurse Aide Registry
- Notify all staff members PCAs have a limited scope of permissible work

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75 Hour Completion Program

75 Hour Program

- 30 hour classroom (unchanged) must include 2 hours of COVID training
- 24 hours Supervised clinical training must include 1 hour COVID training
- 21 hours lab training

Bridge Program

- 8 hours credited from previous training
- 15 additional classroom hours covering Appendix A including 3 hours of COVID training
- 3 hours clinical competency check off
- 49 hours accrued work experience

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Start of Test Process

Start of Test Process

- Original Application
- Payment: Facility check, credit card, money order, cashier checks, Work One vouchers
- Supporting Documents: IEPs, Copies of Fail letter, Cover letter
- Remit to:

Ivy Tech Community College
PO Box 1621
Indianapolis IN 46206

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Application Completion

Section 1

- Complete legal name
- Social Security number or Work Visa ID

Section 2

- Approved Classroom Site
- Program Director must be approved RN
- Signature date must be on or after completion date (hours completed)

Section 3

- Approved Clinical Site may be in a banned facility ONLY if an alternate Classroom Site does training
- Signature date must be on or after completion date (hours completed)

Section 4

- Candidate signature on or after completion date

NURSE AIDE COMPETENCY EVALUATION APPLICATION	
<small>INDIANA ALCET (NA 120) INDIANA STATE DEPARTMENT OF HEALTH-DIVISION OF LONG TERM CARE</small>	
<small>This agency is requesting disclosure of your Social Security Number in accordance with 42 CFR 462.106(a) (5). Disclosure is mandatory and this application cannot be processed without it.</small>	
SECTION I - APPLICANT INFORMATION	
Name of applicant	Social Security Number
Address (number and street)	City
State	ZIP code + 4
Telephone number	E-mail address
County	County
Date of birth (month, day, year)	Date of test (month, day, year)
Ident number	
SECTION II - COURSE INFORMATION (FORTY (40) HOUR CLASSROOM EDUCATION)	
Name of facility	Facility number
Address (number and street)	City
State	ZIP code + 4
County	County
Telephone number	E-mail address
Date of classroom completion (month, day, year)	Date of classroom completion (month, day, year)
<small>I verify that the above named applicant has successfully completed at least thirty (30) hours of classroom instruction utilizing the Indiana State Department of Health (ISDH) approved standards and resident care procedures and that a summary of all assessment tests and the PCP checklist are completed and available in this applicant's file.</small>	
Signature of program director	Date (month, day, year)
Printed name of program director	
SECTION III - COURSE INFORMATION (SEVENTY-FIVE (75) HOUR CLINICAL EDUCATION)	
Name of facility	Facility number
Address (number and street)	City
State	ZIP code + 4
County	County
Telephone number	E-mail address
Date of clinical completion (month, day, year)	Date of clinical completion (month, day, year)
<small>I verify that the above named applicant has successfully completed at least seventy-five (75) hours of clinical experience supervised by a licensed nurse utilizing Indiana State Department of Health (ISDH) approved resident care procedures and that a summary of the PCP checklist are completed and available in this applicant's file.</small>	
Signature of clinical supervisor	Date (month, day, year)
Printed name of clinical supervisor	
APPLICANT VERIFICATION	
<small>I verify that the above information is correct.</small>	
Signature of applicant	Date (month, day, year)

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Additional Completion Information

Sample Back Page
Mark X on Other:
75 hour Program or
Bridge 75 hour
Program

Original application
must be received
within 30 days of
completion

All applications
retained for 2 years

Employed
candidates have 120
days (240 days
during waiver
period) to
successfully pass.
Candidate may
continue to be
employed but must
be in a position
other than CNA until
successful testing

Place X on applicable box

SECTION IV - APPLICANT'S TEST STATUS		
<input type="checkbox"/> Completed Indiana 105 hour Training	<input type="checkbox"/> Foreign Nurse Country: _____	
<input type="checkbox"/> Transferring From SLO	<input type="checkbox"/> Student Nurse (currently enrolled nursing student) School: _____	
<input type="checkbox"/> Psychiatric Attendant	<input type="checkbox"/> Graduate Nurse Waiting to: <input type="checkbox"/> Take Boards <input type="checkbox"/> Retake Boards	
<input type="checkbox"/> Out of State CNA Verification Name of state: _____	<input type="checkbox"/> Other: _____	

SECTION V - TEST / MONITOR INFORMATION		
TEST NUMBER 1		
Text entity: _____		
Test monitor: _____		
Test site: _____		Date of test (month, day, year): _____
Written test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Oral test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Skills test <input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST NUMBER 2		
Text entity: _____		
Test monitor: _____		
Test site: _____		Date of test (month, day, year): _____
Written test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Oral test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Skills test <input type="checkbox"/> Pass <input type="checkbox"/> Fail

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Training in Banned Facilities

- An approved CNA training program may offer and conduct Abbreviated Training in full or in part IN a banned facility
- If any Abbreviated Training was provided BY a banned facility, that training *must be repeated* by an approved IN Training Program\
- The approved training program lists itself as Classroom with their facility number and Program Director signature. Clinicals may then be completed in the banned facility.

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Important Resources & Links

- <https://www.ivytech.edu/cna/>
 - Instructions for applying
 - Practice test
 - Application
 - Approved Training Site link
- <https://www.in.gov/isdh/28350.htm>
 - Application
 - General information
- <https://www.in.gov/isdh/28668.htm>
 - PCA/TCNA information
- <https://www.in.gov/isdh/23260.htm>
 - Newsletter 2020-67 "Expedite".... Training (Appendix A referenced for Bridge Program)