CNA Texas Exam Practice Test

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1. Under the Texas Health and Human Services traditional nurse aide training route, what training combination is currently described for an approved nurse aide training program?

A. 20 hours classroom and 20 hours clinical

B. 40 hours classroom and 20 hours clinical

C. 60 hours classroom and 40 hours clinical

D. 100 hours classroom only

Answer: C. 60 hours classroom and 40 hours clinical

The training combination described for an approved nurse aide program is 60 hours of classroom instruction plus 40 hours of clinical practice.

Nurse aide training programs must give students both classroom learning and supervised hands-on experience with real residents. The classroom portion builds knowledge of safety, infection control, basic nursing skills, and resident rights, while the clinical portion lets students practice those skills under supervision before working independently. Texas describes this combination as 60 classroom hours and 40 clinical hours, totaling 100 hours of preparation. Knowing the split matters for CNAs because it shows that direct patient care experience is a required part of training, not an optional add-on.

A) 20 hours classroom and 20 hours clinical

This split offers far too little instruction in either setting to prepare a safe, competent aide. It may seem appealing because shorter programs sound easier to complete, but the total hours fall well short of what an approved program requires.

B) 40 hours classroom and 20 hours clinical

This option has a reasonable-sounding classroom number but too few clinical hours, and the total still falls short. It can be tempting because 40 hours appears in some other training contexts, but it does not match the described combination for an approved nurse aide program.

D) 100 hours classroom only

This option captures the total number of hours but removes the clinical component entirely. It may seem logical that all learning could happen in a classroom, yet nurse aide training requires supervised practice with residents so students can demonstrate skills safely before providing care.

Conclusion

Remember that approved nurse aide training combines classroom and clinical hours, described here as 60 classroom plus 40 clinical. Watch for options that match only part of the requirement or leave out supervised patient care.

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2. After completing the Texas nurse aide training route, which examinations does the current Texas process identify as required for certification through the traditional route?

A. Only a written examination

B. Only a skills examination

C. Written and skills examinations

D. Only an oral interview

Answer: C. Written and skills examinations

Certification through the traditional Texas nurse aide route requires passing both a written examination and a skills examination.

Texas follows the standard nurse aide certification pathway used across most states: after finishing an approved training program, the candidate must demonstrate knowledge through a written (or computer-based) test and demonstrate hands-on competence through a skills test. The written exam checks understanding of safety, infection control, resident rights, and basic care concepts, while the skills exam requires the aide to physically perform specific procedures correctly under observation. Both parts matter because knowing what to do and being able to do it safely are separate competencies, and certification confirms both.

A) Only a written examination

This choice appeals to people who think of certification as a knowledge test, similar to a driver's permit exam. However, nurse aide work is hands-on, and a written score alone cannot show that a candidate can safely transfer a resident, provide peri-care, or follow proper hand hygiene technique. The skills portion exists specifically to verify those physical competencies.

B) Only a skills examination

It is tempting to assume that if you can perform the tasks, the paperwork portion is unnecessary. But the written exam verifies the underlying knowledge that guides safe decisions, such as recognizing when to report a change in condition, understanding resident rights, and applying infection control principles. Performing a skill without that knowledge base would not meet certification standards.

D) Only an oral interview

An interview may be part of hiring, but it is not a certification examination. This option may seem plausible because communication is valued in caregiving, yet an interview cannot objectively measure clinical knowledge or hands-on skill, so it does not satisfy the state's certification requirements.

Conclusion

Remember that Texas nurse aide certification through the traditional route requires passing both a written examination and a skills examination. When a question asks about required exams, look for the option that includes both components, since certification verifies knowledge and hands-on competence together.

3. A nurse aide trainee is reviewing the state training performance record. According to the current Texas Health and Human Services information, what is the purpose of the 5497-NATCEP performance record?

A. To replace the competency examination

B. To document competency evaluation of required procedural guidelines during training

C. To authorize a CNA to prescribe medications

D. To determine a resident's diagnosis

Answer: B. To document competency evaluation of required procedural guidelines during training

The 5497-NATCEP performance record documents the competency evaluation of required procedural guidelines during training.

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In Texas, the NATCEP performance record is a training tool used to track and verify that a nurse aide trainee has been evaluated on the required skills and procedures throughout the training program. It serves as a record of demonstrated competency in the procedures the state requires, helping ensure the trainee has been properly assessed before moving forward in the certification process. It supports accountability and consistent evaluation, but it does not take the place of the state competency examination or grant any clinical authority.

A) To replace the competency examination

The performance record tracks training evaluations, but the formal competency examination is a separate requirement that must still be passed. It may seem tempting to think a detailed training record could stand in for testing, but the two serve different purposes in the certification process.

C) To authorize a CNA to prescribe medications

Nurse aides do not prescribe medications under any circumstances; prescribing is outside CNA scope of practice and belongs to licensed providers. This option confuses a training record with a legal authorization, which the form does not provide.

D) To determine a resident's diagnosis

Diagnosis is a medical function performed by licensed providers, not something a training record accomplishes. This option may sound plausible because the record relates to clinical care, but it concerns the aide's training and evaluation, not resident diagnosis.

Conclusion

Remember that the 5497-NATCEP performance record is about documenting and verifying competency evaluation of required procedures during training. Keep in mind that CNA training records support evaluation and accountability but never replace the competency exam or expand the aide's scope of practice.

4. A CNA working in a federally certified long-term-care facility asks how much annual in-service training is required for nurse aides under the federal long-term-care training rule. Which answer is correct?

A. At least 4 hours per year

B. At least 8 hours per year

C. At least 12 hours per year

D. No annual training is required

Answer: C. At least 12 hours per year

Nurse aides in federally certified long-term-care facilities must complete at least 12 hours of in-service training each year.

The federal long-term-care training rule sets a minimum of 12 hours of in-service education per year for nurse aides working in certified facilities. This ongoing training keeps skills current, reinforces safe practice, and updates aides on changes in care standards, infection control, and resident rights. Because it is a federal minimum, facilities may offer more, but they cannot require less.

A) At least 4 hours per year

Four hours sounds like a modest, reasonable amount and may be confused with other short training requirements, but it falls well below the federal minimum for nurse aides in certified long-term-care settings.

B) At least 8 hours per year

Eight hours is a common figure in some other training contexts, which makes it tempting, but the federal rule for nurse aides in certified long-term-care facilities sets the bar higher than this.

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D) No annual training is required

It may seem that once a CNA is certified, no further training is needed, but the federal rule requires continuing in-service education every year to maintain competency and stay current with care standards.

Conclusion

Remember the federal minimum of 12 hours of in-service training per year for nurse aides in certified long-term-care facilities. Knowing this number helps you answer scope-of-practice and training questions confidently.

5. At the start of a shift, which resident should the CNA address first?

A. A resident requesting help choosing clothing

B. A resident who reports sudden chest pressure and difficulty breathing

C. A resident asking when lunch will arrive

D. A resident requesting assistance with television controls

Answer: B. A resident who reports sudden chest pressure and difficulty breathing

The CNA should first see the resident who reports sudden chest pressure and difficulty breathing.

Sudden chest pressure and difficulty breathing can signal a life-threatening emergency, such as a heart attack or pulmonary embolism. The CNA's priority is to ensure this resident's safety by immediately notifying the nurse and staying with the resident while help arrives. Other requests, such as choosing clothing, asking about lunch, or adjusting the television, are important but can wait until urgent needs are addressed.

A) Resident requesting help choosing clothing

Choosing clothing is a routine activity of daily living that promotes independence but does not require immediate attention. It may seem helpful to assist quickly, but delaying care for a resident with sudden chest pressure and difficulty breathing could be dangerous.

C) Resident asking when lunch will arrive

Inquiring about meal times is a common question that can be answered later without harm. While it is important to keep residents informed, this request does not take priority over a resident showing signs of a medical emergency.

D) Resident requesting assistance with television controls

Helping with the television is a comfort measure that can be done at any time. It might feel easy to do right away, but attending to this request first would delay necessary emergency response for the resident with chest pressure and breathing difficulty.

Conclusion

Always prioritize residents with signs of a medical emergency, such as chest pressure and difficulty breathing. Address routine requests after urgent needs are met to ensure resident safety.

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