Free CNA Exam Wisconsin

CNA TestBank · Prepared Nov 28, 2026 · Ref F3HIBPUB

This PDF contains all **37** questions in this exam.

For personal study only. Do not share or redistribute. Educational use only; not a substitute for accredited CNA training.

1. A Wisconsin nurse aide has not worked during the previous 24 months and is inactive on the registry. What must the aide do to renew federal eligibility according to Wisconsin DHS?

A. Pass the knowledge test and skill test

B. Complete only a CPR course

C. Pass only the knowledge test

D. Submit a personal statement without testing

Answer: A. Pass the knowledge test and skill test

To renew federal eligibility after being inactive for 24 months, the aide must pass both the knowledge test and the skill test.

Wisconsin DHS requires a nurse aide whose registry status has lapsed for 24 months or longer to re-establish federal eligibility by demonstrating current competency. That means successfully completing both the written knowledge test and the hands-on skills test, showing the aide still knows the required information and can safely perform the required direct-care skills. This protects residents by making sure an aide returning after a long break is up to date and competent before providing care again.

B) Complete only a CPR course

CPR is a valuable safety skill, but it does not evaluate the full range of nurse aide knowledge and direct-care skills required for federal eligibility. It may seem appealing because CPR training is short and often required by employers, but it does not satisfy the registry renewal requirement.

C) Pass only the knowledge test

The written test checks classroom knowledge but does not confirm that the aide can safely perform hands-on resident care. It may seem sufficient because it is part of the required testing, but the skills test is also needed to show competency in actual caregiving tasks.

D) Submit a personal statement without testing

A written statement cannot demonstrate current clinical competency or verify that the aide can safely perform nurse aide duties. It may seem like a simple way to explain the time away from work, but Wisconsin DHS requires formal testing rather than a self-report to restore federal eligibility.

Conclusion

When registry status has been inactive for 24 months or longer, the key takeaway is that both the knowledge test and the skills test are required to renew federal eligibility. Remember that competency must be demonstrated in both written and hands-on formats, not through a single course or statement.

cnatestbank.com
Guest download · Ref F3HIBPUB

2. A CNA is currently enrolled in an approved Wisconsin nurse aide training program and has been trained and found proficient by the instructor in a skill being performed. Under the Wisconsin competency exam FAQ, what employment condition also applies before certification?

A. The CNA must be under the general supervision of an RN or LPN

B. The CNA must work without supervision

C. The CNA must be supervised only by another CNA

D. The CNA must be supervised by a physician at all times

Answer: A. The CNA must be under the general supervision of an RN or LPN

A CNA enrolled in an approved Wisconsin training program who has been trained and found proficient in a skill must also be under the general supervision of an RN or LPN before certification.

Wisconsin's competency exam FAQ recognizes that nurse aide students may perform skills they have been taught and checked off on by their instructor, but only while working under the general supervision of a registered nurse or licensed practical nurse. General supervision means a licensed nurse is available and overseeing the aide's work, not necessarily standing at the bedside for every task. This protects residents and keeps the student within a safe, accountable chain of care until certification is complete.

B) Work without supervision

Working independently sounds appealing because the student has already proven proficiency in the skill, but being checked off by an instructor does not grant independent practice. Until certification is earned, a licensed nurse must remain responsible for overseeing the aide's care.

C) Supervised only by another CNA

Peer support from experienced aides is valuable, but a CNA cannot legally supervise another aide's clinical practice. Supervision must come from a licensed nurse, so this option confuses mentoring with legal oversight.

D) Supervised by a physician at all times

Physicians direct medical care but are not present for every task a nurse aide performs, and requiring constant physician supervision would make aide training impractical. The everyday oversight of nursing tasks belongs to RNs and LPNs.

Conclusion

Remember that proficiency in a skill and legal permission to practice independently are two different things. In Wisconsin, a trainee may perform trained skills only while under the general supervision of an RN or LPN until certification is achieved.

3. Under the Wisconsin competency exam information, how long may an eligible trainee work in a nursing home before completing the competency exam under the stated trainee employment provision?

A. Up to four months from the start of employment

B. Up to two years

C. Up to 30 days

D. Indefinitely while enrolled

Answer: A. Up to four months from the start of employment

An eligible trainee in Wisconsin may work in a nursing home for up to four months from the start of employment before completing the competency exam.

Wisconsin's trainee employment provision gives newly hired nursing home workers a limited window to gain supervised on-the-job experience while preparing for the competency exam. Four months from the start of employment is the allowed timeframe, after which the trainee must have completed the required evaluation to continue working in the role. This protects residents by ensuring that anyone providing direct care beyond that window has demonstrated the required knowledge and skills.

cnatestbank.com
Guest download · Ref F3HIBPUB

B) Up to two years

Two years sounds generous and may seem plausible for a training period, but it far exceeds the limited trainee window described in the provision. Allowing untested workers to provide care for that long would not meet the intent of ensuring competent caregiving.

C) Up to 30 days

Thirty days may feel like a reasonable orientation length, which makes it tempting. However, the trainee provision allows considerably more time than a single month to prepare for and complete the exam.

D) Indefinitely while enrolled

This choice appeals to the idea that being enrolled in a training program should be enough. The provision sets a defined limit measured from the start of employment, so enrollment alone does not permit working without completing the exam.

Conclusion

Remember that Wisconsin's trainee employment provision is time-limited to four months from the start of employment. Knowing this specific timeframe helps you answer scope-of-practice questions accurately and reinforces that direct caregiving requires verified competency within a defined period.

4. Within what period must a full-time trainee in the Wisconsin employment provision pass the nurse aide competency exam?

A. Within 120 days of the start of full-time employment as a nurse aide

B. Within 30 days of starting training

C. Within two years of starting employment

D. Only after completing one year of work

Answer: A. Within 120 days of the start of full-time employment as a nurse aide

A full-time trainee in the Wisconsin employment provision must pass the nurse aide competency exam within 120 days of the start of full-time employment as a nurse aide.

Wisconsin allows people to begin working as nurse aides while they complete their training and testing, but this window is limited. The 120-day period gives the new employee enough time to finish training and sit for the competency exam while protecting residents by ensuring unlicensed workers are tested promptly. CNAs should know this timeline so they can track their own deadlines and report any delay to their employer or training program.

B) Within 30 days of starting training

Thirty days is far too short for most trainees to complete training and pass the exam, and the clock in this provision runs from the start of full-time employment, not from the start of training. This choice can seem appealing because it sounds like a strict safety standard, but it does not match the actual rule.

C) Within two years of starting employment

Two years would leave residents in contact with untested workers for far too long. This option may feel plausible because some certification renewals happen on multi-year cycles, but the initial testing deadline for trainees is much shorter.

D) Only after completing one year of work

Waiting a full year before testing would mean a long stretch of direct care without demonstrated competency. This can seem reasonable if you think of on-the-job experience as preparation, but the rule requires testing well before a year has passed.

cnatestbank.com
Guest download · Ref F3HIBPUB

Conclusion

Remember that Wisconsin's employment provision ties the testing deadline to the start of full-time employment, giving trainees 120 days to pass the competency exam. Knowing this number helps CNAs stay on track and keeps resident care safe.

5. A Wisconsin CNA is preparing for the skill test. Which statement accurately reflects the current Wisconsin testing instructions?

A. The CNA must perform the skill steps; simply stating a step aloud does not count

B. The CNA may verbally describe every step instead of performing it

C. The CNA may skip all safety steps if time is short

D. The CNA can have the observer perform difficult steps

Answer: A. The CNA must perform the skill steps; simply stating a step aloud does not count

In Wisconsin, the CNA must actually perform each skill step during the test, and simply saying a step aloud does not count.

Wisconsin's nurse aide testing is built to confirm that you can safely carry out a skill with your own hands, not just talk about it. Evaluators watch for the real action, such as actually washing hands, positioning a resident, or applying a gait belt, because these are the tasks you will do on the job. Verbalizing a step can help you organize your thoughts, but it does not replace the physical performance the test is measuring. Knowing this keeps your practice focused on doing each step correctly and in the right order.

B) Describing every step verbally

It may seem helpful to talk through a skill, especially if you feel nervous, but a spoken description alone does not demonstrate that you can safely complete the task. The test is designed to observe your hands-on technique and safety habits, so relying on words would leave the actual skill unperformed.

C) Skipping safety steps when time is short

Safety steps like hand hygiene, checking the environment, and protecting privacy are central to every skill, and they are never optional. Feeling rushed can make skipping them tempting, but the evaluator is specifically watching for these actions, and leaving them out puts the resident at risk.

D) Having the observer perform difficult steps

It might feel easier to ask the evaluator to help with a tricky step, but the test measures your own ability to perform the skill independently. The observer is there to score your performance, not to assist, and accepting help would not show that you can safely complete the task on your own.

Conclusion

Remember that Wisconsin testing requires you to physically perform each skill step yourself, with safety steps included every time. Practice your skills hands-on and in the correct sequence so that performing them becomes natural on test day.

6. How many tasks are randomly selected for the Wisconsin Nurse Aide skill test according to current testing information?

A. Three or four tasks

B. One task only

C. Six tasks exactly

D. Ten tasks

Answer: A. Three or four tasks

cnatestbank.com
Guest download · Ref F3HIBPUB

The Wisconsin Nurse Aide skill test randomly selects three or four tasks for the candidate to demonstrate.

Wisconsin's nurse aide competency evaluation includes a written or oral portion plus a hands-on skills portion. In the skills portion, the evaluator randomly selects a small set of tasks from the full list of tested skills, and current testing information describes this as three or four randomly selected tasks. Because the selection is random, candidates cannot predict which skills they will perform, so the safest preparation is to practice every skill on the state list until each can be performed safely, correctly, and in the proper order. Knowing the number of tasks helps candidates understand the format, but the real focus should be on consistent, safe technique and following each skill's steps exactly as taught.

B) One task only

A single task would not give the evaluator enough evidence to judge a candidate's overall competence across different areas of care. It may seem appealing because it sounds quick and simple, but the skills portion is designed to sample several skills, not just one.

C) Six tasks exactly

Six tasks is more than the testing information describes for this portion of the exam. Candidates sometimes assume a larger number because the full skills list is long, but the random sample used during testing is smaller than that.

D) Ten tasks

Ten tasks would make the skills portion very lengthy and is not what current testing information states. This option may tempt test-takers who confuse the number of skills on the full checklist with the number actually performed during the test.

Conclusion

Remember that Wisconsin randomly selects three or four skills for the hands-on portion, so prepare for all listed skills rather than trying to guess which ones will appear. Focus on safe, correct performance of every skill, since any of them could be selected.

7. How much time is provided to complete the three or four Wisconsin nurse aide skill-test tasks?

A. 30 minutes

B. 15 minutes

C. 45 minutes

D. 60 minutes

Answer: A. 30 minutes

You are given 30 minutes to complete the three or four Wisconsin nurse aide skill-test tasks.

The Wisconsin nurse aide skills test is timed so that each candidate has a fair and equal chance to demonstrate the required tasks. Thirty minutes is the standard allotment for completing the three or four assigned skills, which gives enough time to perform each step carefully, gather supplies, and follow proper technique without rushing. Managing your time well, such as setting up before you start and moving steadily through each task, helps you finish within the limit while still showing safe, correct care.

B) 15 minutes

This amount of time may seem reasonable if you picture only one quick skill, but it leaves far too little room to complete several tasks with proper hand hygiene, setup, and documentation. Rushing through skills can lead to missed steps and errors.

C) 45 minutes

A longer window can feel reassuring, but it does not match the actual testing standard. Choosing a longer time may come from assuming the test is more generous than it is, so it is worth knowing the real limit before test day.

cnatestbank.com
Guest download · Ref F3HIBPUB

D) 60 minutes

A full hour sounds comfortable and may seem likely for a multi-skill test, yet it overstates the time provided. Planning for more time than you have can leave you unprepared to pace yourself during the actual exam.

Conclusion

Knowing that the Wisconsin skills test allows 30 minutes for three or four tasks helps you practice pacing and stay calm. Review the timing rules for your state's exam so you can focus on performing each skill safely and completely.

8. What percentage of all steps on each assigned skill task must a candidate correctly perform to pass the Wisconsin skill test, in addition to correctly performing all key steps?

A. 80 percent

B. 50 percent

C. 60 percent

D. 70 percent

Answer: A. 80 percent

A candidate must correctly perform at least 80 percent of all steps on each assigned skill task to pass the Wisconsin skill test, in addition to performing all key steps correctly.

Wisconsin's nurse aide skills evaluation holds candidates to a high standard on every task they are assigned. Each skill is broken into individual steps, and some of those steps are designated as key steps, meaning they are essential to safe care and must be done correctly without exception. Beyond the key steps, the candidate must also complete at least 80 percent of the remaining steps correctly on that same task. This two-part standard reflects the importance of both critical safety behaviors and overall thoroughness in performing a skill. A candidate who misses a key step fails that task regardless of how well the rest went, and a candidate who performs all key steps but too few of the other steps also falls short. Preparing for both dimensions of each skill is the best way to succeed on test day.

B) 50 percent

Half of the steps is far below the threshold used in Wisconsin's skills evaluation, and relying on this number could lead a candidate to underprepare. It may seem appealing as a lenient cutoff, but the actual standard requires much more consistent performance across each task.

C) 60 percent

Sixty percent sounds like a familiar passing grade from school settings, which makes it a tempting choice. However, the skills test standard is set higher than this, so a candidate aiming only for 60 percent of steps would risk failing tasks they could otherwise pass.

D) 70 percent

Seventy percent is close to the real figure and can easily be confused with it, especially since many people think of 70 as a typical minimum passing score. The actual requirement is higher, so treating 70 percent as the goal could leave a candidate short on steps during evaluation.

Conclusion

Remember that Wisconsin requires all key steps plus at least 80 percent of all steps on each assigned skill. Study each skill step by step, prioritize the key steps, and aim well above the minimum so small errors do not cost you a passing result.

9. Which statement about the Wisconsin knowledge test is accurate?

A. It contains 75 multiple-choice questions and the standard testing time is 60 minutes

B. It contains 25 essay questions and lasts two hours

C. It contains 100 oral questions and lasts 30 minutes

D. It contains 50 true-false questions and lasts 90 minutes

cnatestbank.com
Guest download · Ref F3HIBPUB

Answer: A. It contains 75 multiple-choice questions and the standard testing time is 60 minutes

The Wisconsin knowledge test contains 75 multiple-choice questions with a standard testing time of 60 minutes.

Knowing the format of your state's certification exam helps you prepare realistically. The Wisconsin knowledge test is a written, multiple-choice exam with 75 items, and candidates are given 60 minutes to complete it. This format tests recall of core nurse aide knowledge such as safety, infection control, resident rights, and basic care skills. As a CNA candidate, understanding the structure lets you practice pacing yourself, about 48 seconds per question, so you can read each item carefully without running out of time.

B) 25 essay questions over two hours

Essay exams require written composition and are not the format used for the Wisconsin knowledge test, which relies on multiple-choice items for objective scoring. The long two-hour timeframe may sound plausible for a written exam, but it does not match the actual test design.

C) 100 oral questions in 30 minutes

An oral exam of 100 questions in only 30 minutes would be an unrealistic pace, and the Wisconsin knowledge test is not administered orally in this format. The specific numbers may seem memorable, but they do not reflect the actual exam structure.

D) 50 true-false questions over 90 minutes

True-false items are not the format of the Wisconsin knowledge test, and 90 minutes for 50 questions would give far more time per item than the actual exam allows. This option mixes familiar testing elements in a way that does not match Wisconsin's requirements.

Conclusion

Remember that the Wisconsin knowledge test uses 75 multiple-choice questions with 60 minutes of testing time. Knowing the exact format and timing helps you study efficiently and manage your pace on exam day.

10. A Wisconsin candidate wants an oral version of the knowledge test. What does the current Wisconsin testing information state?

A. An oral version is available by request when scheduling

B. Oral testing is prohibited for all candidates

C. Only candidates who fail the written test may request it

D. The oral version replaces the skill test

Answer: A. An oral version is available by request when scheduling

An oral version of the knowledge test is available by request when scheduling.

Wisconsin testing information allows candidates to ask for an oral version of the written knowledge exam at the time they schedule their test. This accommodation exists so that reading difficulties or other barriers do not keep a qualified candidate from showing what they know about resident care. The request is made through the normal scheduling process, and the content covered is the same as the standard written test. A CNA should know this option exists so they can plan ahead and schedule appropriately rather than arriving unprepared for the format.

B) Oral testing is prohibited for all candidates

This option sounds strict and official, which can make it seem believable in a rules-focused topic like scope of practice. In reality, testing programs commonly offer accommodations, and an outright ban would shut out candidates who need a different format. The knowledge being tested stays the same; only the delivery changes.

C) Only candidates who fail the written test may request it

This choice seems logical because it treats the oral exam as a second chance. Wisconsin information does not tie the oral option to a prior failure; it is requested when scheduling, before any test is taken. Waiting for a failed attempt would delay a candidate unnecessarily and is not how the accommodation is arranged.

cnatestbank.com
Guest download · Ref F3HIBPUB

D) The oral version replaces the skill test

This option confuses two separate parts of certification. The knowledge test measures understanding of concepts, while the skills test measures hands-on performance of clinical tasks. An oral format only changes how knowledge questions are delivered; it does not stand in for demonstrating skills. Candidates still must pass the skills evaluation.

Conclusion

Remember that Wisconsin offers an oral knowledge test by request at scheduling, and that this accommodation changes only the format of the written exam, not the skills test or the content being assessed. Knowing this helps candidates plan ahead and use the testing process correctly.

11. A Wisconsin CNA candidate fails one component of the competency exam. What does current Wisconsin DHS information state about retesting?

A. The candidate must apply to retake the component that was failed

B. The candidate must automatically repeat both tests every time

C. The candidate can never test again

D. The candidate may retake only after five years

Answer: A. The candidate must apply to retake the component that was failed

In Wisconsin, a candidate who fails one component of the competency exam must apply to retake only the component that was failed.

Wisconsin DHS guidance allows a candidate who does not pass one part of the competency exam to reapply for that specific component rather than starting over. This keeps the process fair and practical: the candidate has already demonstrated knowledge or skill in the passed portion, so retesting focuses on the area that needs improvement. The candidate must submit an application to retake the failed component, following the state's retesting procedures and any applicable waiting periods or fees.

B) Automatically repeat both tests

This option sounds cautious, as if starting fresh would guarantee readiness, but Wisconsin does not require a candidate to redo the entire exam after failing only one part. Repeating both tests would add unnecessary burden and does not reflect how the state structures retesting.

C) Never test again

This is an overly harsh outcome that does not match Wisconsin's retesting policy. Failing one component is a setback, not a permanent disqualification, and the state provides a pathway to retake the failed portion.

D) Retake only after five years

A five-year wait may seem like a formal rule, but Wisconsin does not impose such a long delay for retaking a failed component. This option misstates the timeline and would unnecessarily discourage candidates who are ready to try again sooner.

Conclusion

Remember that Wisconsin retesting is component-specific: a candidate who fails one part applies to retake that part, not the whole exam. Knowing this helps you answer scope-of-practice and exam-process questions confidently.

12. A Wisconsin CNA has worked eight hours for pay as a nurse aide under RN or LPN supervision during the applicable 24-month period. Why is this information important during federal eligibility renewal?

A. It may satisfy the minimum paid nurse aide work requirement used to update federal eligibility

B. It automatically replaces the competency exam for all inactive CNAs

C. It eliminates the need for any registry record

D. It permits the CNA to work without supervision

cnatestbank.com
Guest download · Ref F3HIBPUB

Answer: A. It may satisfy the minimum paid nurse aide work requirement used to update federal eligibility

Paid nurse aide work under RN or LPN supervision during the 24-month period may satisfy the minimum work requirement used to renew federal eligibility.

Federal rules for nurse aide registries tie continued eligibility to recent, paid work as a nurse aide while under the supervision of an RN or LPN. When a CNA has logged at least eight hours of paid nurse aide work within the applicable 24-month window, that experience can be used to show the CNA is still actively practicing and can support renewal of federal eligibility. This is why documentation of paid hours and supervision matters at renewal time.

B) Automatic exam replacement for all inactive CNAs

Paid work hours are one piece of the renewal picture, but they do not automatically stand in for the competency exam in every situation. Inactive status and lapses in practice can trigger additional requirements, so assuming an automatic exam waiver for all inactive CNAs oversimplifies the rules and could lead to missed steps at renewal.

C) Elimination of any registry record

The nurse aide registry is the official record that tracks eligibility, training, and competency. Working paid hours does not remove the need for a registry record; in fact, those hours are reported into and reflected in the registry. Thinking the record becomes unnecessary confuses the work requirement with the registry itself.

D) Permission to work without supervision

Nurse aides practice under the direction and supervision of an RN or LPN, and that supervision is part of what defines qualifying nurse aide work. Meeting a work-hour threshold does not change the scope of practice or remove the supervision requirement. This option confuses eligibility for renewal with independent practice authority.

Conclusion

Remember that federal eligibility renewal looks at recent, paid nurse aide work performed under RN or LPN supervision, and eight hours within the 24-month period can help meet that minimum. Keep clear records of your paid hours and supervision, and do not assume that work experience replaces the registry, the competency process, or the supervision that defines your role.

13. Which statement about the Wisconsin Nurse Aide Registry is accurate?

A. Employers can use the registry to verify a CNA's eligibility to work

B. Employers are prohibited from checking registry status

C. The registry records only CPR certification

D. The registry is used only for nursing students

Answer: A. Employers can use the registry to verify a CNA's eligibility to work

The Wisconsin Nurse Aide Registry lets employers confirm that a CNA is eligible to work.

The registry is a state-maintained record of nurse aides who have completed approved training and competency evaluation and who remain in good standing. Employers rely on it as a quick, reliable way to confirm that a job applicant or current employee is listed and eligible to provide care. Checking the registry protects residents and helps facilities meet staffing and regulatory requirements, so it is a routine part of hiring and employment verification.

B) Employers are prohibited from checking registry status

This reverses the actual purpose of the registry. The registry exists specifically so that employers and the public can verify a CNA's status, and blocking that access would defeat its main function. The idea may seem plausible if you think of the registry as a private record, but its verification role is central and openly supported.

cnatestbank.com
Guest download · Ref F3HIBPUB

C) The registry records only CPR certification

The registry tracks a CNA's training completion, competency evaluation, and standing on the registry, not just one certificate. CPR certification is a separate credential and is not the registry's focus. This option can tempt test-takers because CPR is a familiar CNA requirement, but the registry covers broader eligibility information.

D) The registry is used only for nursing students

The registry applies to nurse aides, not to nursing students as a group. Nursing students follow a different educational path and are not the population the registry is designed to track. This choice may seem reasonable if you associate the registry with education, but its purpose is to verify CNA eligibility for employment.

Conclusion

Remember that the Wisconsin Nurse Aide Registry is a verification tool: employers check it to confirm that a CNA is listed and eligible to work. Knowing this helps you answer scope-of-practice questions about hiring, eligibility, and regulatory oversight.

14. A CNA worked privately in a home without supervision by a licensed nurse and wants those hours counted toward the Wisconsin renewal requirement. What does the Wisconsin renewal information state?

A. Those private-home hours generally do not count unless the work was performed under the supervision of a licensed nurse

B. All private-home hours automatically count

C. Only weekend hours count

D. Private-home work automatically replaces competency testing

Answer: A. Those private-home hours generally do not count unless the work was performed under the supervision of a licensed nurse

Private-home CNA hours generally do not count toward Wisconsin renewal unless a licensed nurse supervised the work.

Wisconsin renewal rules focus on care delivered under appropriate nursing supervision, because supervision is what keeps the aide's practice safe and verifiable. Work done privately in a home without a licensed nurse overseeing it usually falls outside that structure, so those hours typically cannot be used for renewal. This protects the public by ensuring aides renew based on supervised, accountable experience rather than unsupervised work that cannot be confirmed.

B) All private-home hours automatically count

This sounds convenient, and it is easy to assume any paid caregiving counts. However, renewal requirements are tied to supervised practice, and unsupervised private work does not automatically qualify. Assuming automatic credit could leave an aide short of valid hours at renewal time.

C) Only weekend hours count

There is no rule limiting renewal credit to weekends. This option may seem plausible if someone misheard a scheduling detail, but the real issue is supervision, not the day of the week the work was performed.

D) Private-home work automatically replaces competency testing

Competency requirements and renewal hours serve different purposes, and private-home work does not substitute for them. This option may appeal to someone hoping to avoid testing, but no such automatic replacement exists under the renewal information.

Conclusion

For Wisconsin renewal, remember that supervision by a licensed nurse is the key factor. Unsupervised private-home hours generally do not count, so verify your work setting and supervision before relying on those hours.

cnatestbank.com
Guest download · Ref F3HIBPUB

15. A Wisconsin CNA needs to verify whether the CNA is active on the registry. Which resource should be used?

A. The Wisconsin Nurse Aide Registry through TMU

B. The Wisconsin Department of Transportation

C. The Wisconsin Board of Pharmacy

D. A social media account

Answer: A. The Wisconsin Nurse Aide Registry through TMU

Checking the Wisconsin Nurse Aide Registry through TMU is the proper way to verify active CNA status.

The Wisconsin Nurse Aide Registry, administered through TMU, is the official state database that tracks whether a nursing assistant holds active certification, is expired, or has been placed on the registry in another status. Employers, CNAs, and the public can use this resource to confirm certification standing. Verifying registry status is an important part of documentation and employment eligibility, and CNAs should know that the registry is the authoritative source for this information.

B) Wisconsin Department of Transportation

The Department of Transportation handles driver licensing and vehicle records, not nurse aide certification. It may seem official because it is a state agency, but it has no role in maintaining CNA credentials.

C) Wisconsin Board of Pharmacy

The Board of Pharmacy oversees pharmacy practice and controlled substances, not nursing assistant certification. The word board can be confusing because nursing boards exist in other contexts, but this agency does not track CNA registry status.

D) A social media account

Social media is not an official or reliable source for certification information and could contain outdated or false claims. It may seem convenient, but it cannot confirm registry status and should never be used for verification.

Conclusion

For any question about verifying CNA certification or registry status, remember that the official state nurse aide registry is the only reliable source. Knowing which agency maintains certification records helps CNAs and employers avoid errors in documentation and employment decisions.

16. A CNA observes a coworker misappropriating a resident's property. What should the CNA do?

A. Report the suspected misconduct through the appropriate reporting process

B. Ignore it because it does not involve physical injury

C. Discuss it with other residents

D. Post the allegation online

Answer: A. Report the suspected misconduct through the appropriate reporting process

Report the suspected misconduct through the appropriate reporting process.

Misappropriating a resident's property is a form of abuse, and CNAs have a professional and legal duty to report suspected abuse or misconduct right away through the facility's established reporting chain, such as the charge nurse, supervisor, or administrator. Reporting protects the resident, preserves evidence, and follows the facility's abuse prevention policy. CNAs should document what they observed factually and keep the matter confidential, sharing it only with those who need to know.

B) Ignore it because it does not involve physical injury

Property misappropriation is still abuse, even without a bruise or injury. Waiting or staying silent can allow the harm to continue and may violate mandatory reporting requirements. It can feel tempting to avoid conflict, but the resident's safety and rights come first.

cnatestbank.com
Guest download · Ref F3HIBPUB

C) Discuss it with other residents

Sharing the allegation with other residents spreads private information and can cause unnecessary distress or gossip. It does not start the official reporting process and may compromise the investigation. Talking with peers may feel supportive, but the proper step is to tell a supervisor, not residents.

D) Post the allegation online

Posting on social media breaches resident confidentiality and can interfere with a fair investigation. It does not follow the facility's reporting process and may create legal problems for the CNA. Public venting may feel satisfying, but it does not protect the resident the way an official report does.

Conclusion

When a CNA suspects any form of abuse, including theft of a resident's property, the right action is to report it promptly through the proper chain of command and keep the information confidential. Remember that abuse is not limited to physical harm, and reporting is a core part of the CNA's duty to protect residents.

17. Which resident should receive immediate attention?

A. A resident who suddenly becomes difficult to arouse and has abnormal breathing

B. A resident requesting assistance with grooming

C. A resident asking for clean socks

D. A resident asking about the activity schedule

Answer: A. A resident who suddenly becomes difficult to arouse and has abnormal breathing

A resident who suddenly becomes difficult to arouse and has abnormal breathing requires immediate attention.

A sudden change in a resident's level of consciousness, especially when paired with abnormal breathing, points to a serious, possibly life-threatening problem such as a stroke, airway obstruction, or other medical emergency. The CNA's role is to recognize this change, stay with the resident, and call for emergency help right away. Sudden changes in alertness and breathing are red flags that should never wait.

B) Assistance with grooming

Grooming is a routine part of daily care that can be scheduled or completed shortly after other needs are met. It may seem like a helpful task to address, but it does not involve any urgent risk to the resident's health or safety.

C) Clean socks

Getting clean socks is a comfort need that can wait until more pressing care is finished. It is easy to want to respond to every request promptly, but this request carries no risk of harm if it is briefly delayed.

D) Activity schedule question

Answering a question about activities is an informational request with no urgency attached. It may feel polite to answer right away, but nothing about this request affects the resident's immediate safety or well-being.

Conclusion

When prioritizing care, always respond first to changes in a resident's breathing, alertness, or other signs of a medical emergency. Routine comfort and informational requests can safely wait until urgent needs are addressed.

cnatestbank.com
Guest download · Ref F3HIBPUB

18. A resident becomes unresponsive and is not breathing normally. What is the CNA's priority?

A. Activate emergency assistance and provide appropriate emergency care within training

B. Finish the resident's bath first

C. Offer food or water

D. Wait several minutes before seeking help

Answer: A. Activate emergency assistance and provide appropriate emergency care within training

Activating emergency assistance and providing appropriate emergency care within your training is the priority when a resident is unresponsive and not breathing normally.

When a resident is unresponsive and not breathing normally, every second matters. The CNA should immediately call for help using the facility's emergency system or call 911 per facility policy, then begin the emergency measures they have been trained to perform, such as CPR if certified and instructed. Staying with the resident, sending someone for the emergency kit or AED, and documenting the event afterward all follow this first critical step. The CNA works within their scope of practice and training while emergency responders are on the way.

B) Finish the resident's bath first

Completing a bath before responding to an unresponsive resident delays life-saving help and can lead to death or serious harm. It may seem tempting to finish a task already started, but resident safety always comes before routine care tasks.

C) Offer food or water

An unresponsive resident cannot swallow safely, and offering food or water risks choking and aspiration. This option may seem caring, but it does not address the breathing emergency and could cause additional harm.

D) Wait several minutes before seeking help

Waiting before calling for help wastes the critical minutes when emergency care is most effective. It may seem reasonable to see if the resident recovers on their own, but in a breathing emergency, delay significantly reduces the chance of a good outcome.

Conclusion

For any resident who is unresponsive and not breathing normally, act immediately: call for emergency help and provide the emergency care you are trained to give. Never delay emergency response for routine tasks, food or fluids, or to wait and watch.

19. A resident with dementia becomes agitated when the CNA approaches with a shower. Which response is most appropriate?

A. Approach calmly, explain the care, allow time for response, and use redirection if needed

B. Force the resident into the shower immediately

C. Argue about whether the resident needs a shower

D. Threaten to report the resident for refusing

Answer: A. Approach calmly, explain the care, allow time for response, and use redirection if needed

Approach calmly, explain the care, allow time for response, and use redirection if needed.

Residents with dementia often become agitated when care is rushed or when they feel surprised or threatened. A calm, unhurried approach gives the resident time to process what is happening. Explaining the care in simple, gentle words helps the resident feel safe and respected. Allowing time for a response honors the resident's dignity and gives the CNA a chance to notice cues of fear or discomfort. If agitation continues, redirection—such as offering a different activity or returning to the shower later—can reduce distress without confrontation. This approach keeps both the resident and the CNA safe and is consistent with person-centered dementia care.

cnatestbank.com
Guest download · Ref F3HIBPUB

B) Force the resident into the shower immediately

Forcing care can escalate agitation, cause injury to the resident or the CNA, and damage trust. It may seem like a quick way to get the task done, but it ignores the resident's emotional state and can make future care even more difficult.

C) Argue about whether the resident needs a shower

Arguing with a resident who has dementia rarely changes their mind and often increases agitation. It may feel natural to try to reason with the resident, but dementia affects the ability to follow logic, so calm reassurance and redirection work better than debate.

D) Threaten to report the resident for refusing

Threatening a resident is a form of intimidation and does not belong in caregiving. It may seem like a way to gain cooperation, but it causes fear and distress and violates the resident's rights and dignity.

Conclusion

When a resident with dementia becomes agitated, respond with calm reassurance, simple explanations, time, and redirection rather than force, argument, or threats. This protects dignity, reduces distress, and keeps everyone safe.

20. A CNA removes a pair of gloves after providing perineal care. Before touching a clean towel, what should the CNA do?

A. Perform hand hygiene and use clean gloves if gloves are required for the next task

B. Touch the towel with the used gloves

C. Wipe the used gloves with sanitizer

D. Place the towel on the contaminated surface

Answer: A. Perform hand hygiene and use clean gloves if gloves are required for the next task

After removing gloves used for perineal care, the CNA should perform hand hygiene and put on clean gloves only if the next task requires them.

Gloves protect the CNA and the resident during a task, but they do not replace hand hygiene. When gloves are removed, the hands can still carry germs picked up from small tears, splashes, or contact during removal. Washing hands or using an alcohol-based hand rub after glove removal removes those germs before the CNA touches anything clean, such as a towel. If the next task needs gloves, fresh clean gloves are applied after hand hygiene. This keeps clean items clean and protects both the CNA and the resident from spreading infection.

B) Touch the towel with the used gloves

Used gloves have just been in contact with perineal areas and are considered contaminated. Touching a clean towel with them would transfer germs onto an item that may be used on the resident's skin or face. This option may seem quick and convenient, but it breaks the basic rule of keeping clean and contaminated items separate.

C) Wipe the used gloves with sanitizer

Sanitizer is meant for bare hands, not for cleaning gloves. Wiping gloves does not reliably remove germs and can damage the glove material. This option may sound like a shortcut to avoid removing gloves and washing hands, but gloves are single-use and should be removed and discarded, followed by hand hygiene.

D) Place the towel on the contaminated surface

A contaminated surface, such as one that held used gloves or soiled linens, can pass germs to the towel. Placing a clean towel there would make it unsafe to use on the resident. This option may seem like a way to free up hands, but it ignores the need to keep clean supplies off contaminated areas.

cnatestbank.com
Guest download · Ref F3HIBPUB

Conclusion

Remember that gloves are task-specific and never a substitute for hand hygiene. After removing gloves used for perineal care, always clean your hands before touching clean items, and apply fresh gloves only when the next task calls for them.

21. A resident has eaten very little for two meals and reports feeling weak. What should the CNA do?

A. Record the intake accurately and report the change to the nurse

B. Tell the resident to skip the next meal

C. Give a nutritional supplement without authorization

D. Document normal intake because the resident usually eats well

Answer: A. Record the intake accurately and report the change to the nurse

Record the intake accurately and report the change to the nurse.

When a resident eats very little for two meals and reports weakness, the CNA should document exactly how much was eaten and tell the nurse promptly. Poor intake combined with weakness can signal an emerging problem such as illness, pain, swallowing difficulty, or dehydration, and the nurse needs accurate information to assess the resident and decide on next steps. Reporting is within the CNA's role; the nurse determines any changes in care or treatment.

B) Tell the resident to skip the next meal

Encouraging a resident to skip a meal would worsen poor intake and could add to weakness and dehydration. It may seem like a way to avoid forcing food, but the CNA's job is to support nutrition and report concerns, not to limit meals.

C) Give a nutritional supplement without authorization

Supplements are part of a care plan ordered by the health care team. Giving one without authorization goes beyond the CNA's scope and could interfere with the resident's diet orders or medical conditions. Offering food or fluids already allowed is fine, but supplements require a nurse's direction.

D) Document normal intake because the resident usually eats well

Charting normal intake when the resident ate very little makes the record inaccurate and hides a change the nurse needs to know about. A resident's usual habits do not replace what actually happened at this meal, and false documentation can delay care.

Conclusion

Accurate intake records and prompt reporting are core CNA responsibilities. When a resident's eating or condition changes, document what you observe and tell the nurse rather than acting on your own or altering the record.

22. A resident reports burning during urination. What should the CNA do?

A. Report the resident's complaint to the nurse

B. Diagnose a urinary infection

C. Give an antibiotic

D. Tell the resident to drink less fluid

Answer: A. Report the resident's complaint to the nurse

Report the resident's complaint to the nurse so the care team can assess for a possible urinary tract infection.

Burning during urination is a symptom the CNA is not trained or licensed to evaluate or treat. The CNA's role is to observe, document what the resident said, and report it promptly to the licensed nurse, who can assess the resident, notify the provider, and arrange any testing or treatment. Reporting keeps the resident safe and ensures the symptom is addressed by someone with the right scope of practice.

cnatestbank.com
Guest download · Ref F3HIBPUB

B) Diagnose a urinary infection

Making a diagnosis requires a nursing assessment, provider evaluation, and often a urine test, all outside the CNA's scope. It can feel tempting to connect burning with a urinary infection, but the CNA's job is to pass the information along, not to name the problem.

C) Give an antibiotic

CNAs do not prescribe or administer medications on their own, and antibiotics require a provider's order based on an assessment. This option may seem helpful, but giving any medication without an order is unsafe and outside the role.

D) Tell the resident to drink less fluid

Advising less fluid can worsen irritation and dehydration and is not a CNA's call to make. It might seem like a way to reduce burning, but changes in fluid intake should be discussed with the nurse and provider.

Conclusion

When a resident reports a symptom like burning during urination, the safe CNA action is to report it to the nurse and document it, leaving diagnosis and treatment to licensed members of the care team.

23. Before assisting a resident from bed to wheelchair, which action is essential?

A. Ensure the wheelchair is positioned safely and locked

B. Place the wheelchair as far away as possible

C. Remove the resident's footwear

D. Ask the resident to stand before the wheelchair is ready

Answer: A. Ensure the wheelchair is positioned safely and locked

Ensuring the wheelchair is positioned safely and locked is essential before assisting a resident from bed to wheelchair.

Safe transfers begin with preparation. The wheelchair should be placed close to the bed at the correct angle, with the brakes locked and the footrests out of the way, so the resident has a stable target to move toward. This reduces the risk of the chair rolling or shifting during the transfer and helps prevent falls. The CNA should also confirm the resident's readiness and ability before starting the move.

B) Place the wheelchair as far away as possible

Distance adds risk during a transfer. A chair placed far from the bed forces the resident to reach or step farther than is safe, increasing the chance of a fall or strain. It may seem like extra space would make the move easier, but close positioning gives the resident a secure, predictable destination.

C) Remove the resident's footwear

Footwear supports balance and protects the feet during standing and pivoting. Removing it before a transfer can lead to slipping or injury. This option may seem appealing because shoes can be removed later in the day, but safe footing matters most during the transfer itself.

D) Ask the resident to stand before the wheelchair is ready

Having the resident stand before the chair is secured leaves them without a safe place to move to and no support if balance fails. Readiness comes after the equipment is prepared, not before. This option may seem efficient, but it reverses the safe order of steps and puts the resident at risk.

Conclusion

Prepare the wheelchair first: position it close, lock the brakes, and move the footrests aside before assisting the resident. This simple habit protects both the resident and the CNA during every bed-to-chair transfer.

cnatestbank.com Guest download · Ref F3HIBPUB

24. A resident asks the CNA to close the door during personal care. What should the CNA do?

A. Close the door when safe and consistent with facility requirements

B. Leave the door open for convenience

C. Tell the resident privacy is not necessary

D. Ask another resident to watch the care

Answer: A. Close the door when safe and consistent with facility requirements

Close the door when it is safe and consistent with facility requirements, honoring the resident's request for privacy during personal care.

Resident rights include dignity and privacy, especially during personal care such as bathing, dressing, or toileting. When a resident asks for the door to be closed, the CNA should respect that request by providing privacy while also following safety and facility policies, such as keeping visual checks possible if required. This supports the resident's autonomy and comfort while maintaining a safe care environment.

B) Leave the door open for convenience

Choosing convenience over the resident's expressed wish ignores the resident's right to privacy and can cause embarrassment or distress. It may seem easier for staff to monitor the resident, but staff convenience does not override a resident's right to dignity during personal care.

C) Tell the resident privacy is not necessary

Dismissing the resident's request denies the resident a basic right and can damage trust. It may seem like a quick way to reassure the resident, but telling someone privacy is unnecessary ignores their feelings and their legal right to be treated with dignity.

D) Ask another resident to watch the care

Involving another resident in someone's personal care exposes private information and violates confidentiality and dignity. It may seem like a way to keep the resident company, but personal care should never be shared with other residents without consent and a care-related reason.

Conclusion

Honor requests for privacy during personal care whenever it is safe and allowed by facility policy. Respecting dignity and confidentiality is a core part of resident rights and the CNA role.

25. A resident speaks slowly because of a communication impairment. What should the CNA do?

A. Allow adequate time for the resident to respond

B. Finish every sentence for the resident

C. Pretend to understand without clarification

D. Speak much louder regardless of the impairment

Answer: A. Allow adequate time for the resident to respond

Allowing adequate time for the resident to respond is essential for effective communication.

Residents with communication impairments often need extra time to process information and formulate their responses. By giving them time, the CNA shows respect, promotes independence, and ensures the resident's needs are understood. Rushing or interrupting can cause frustration and may lead to misunderstandings.

B) Finish every sentence for the resident

Completing sentences may seem helpful, but it can make the resident feel rushed or undermined. It takes away their opportunity to express themselves and may increase anxiety or withdrawal.

cnatestbank.com
Guest download · Ref F3HIBPUB

C) Pretend to understand without clarification

Pretending to understand risks missing important information and can lead to unmet needs or safety issues. It is better to ask for clarification politely or use other communication methods.

D) Speak much louder regardless of the impairment

Speaking louder does not help if the impairment is not related to hearing. It may be perceived as shouting or disrespectful and does not address the actual communication difficulty.

Conclusion

Patience and allowing time for residents to communicate is key. Avoid interrupting, pretending to understand, or making assumptions about the cause of the impairment.

26. A CNA notices a resident has new swelling in one leg. What is the appropriate action?

A. Observe and report the finding to the nurse

B. Diagnose the cause

C. Massage the leg vigorously

D. Apply medication without an order

Answer: A. Observe and report the finding to the nurse

Noticing new swelling in one leg means the CNA should observe the finding and report it to the nurse.

New swelling in a single leg can point to a serious problem such as a blood clot, so the CNA's role is to notice the change, keep the resident comfortable, and report it promptly to the licensed nurse. The nurse decides what it means and what to do next. Reporting early protects the resident and stays within the CNA scope of practice.

B) Diagnose the cause

Figuring out why the leg is swollen requires medical training and is the nurse's or provider's job, not the CNA's. It can feel helpful to try to name the problem, but guessing at a cause can delay proper care and lead to unsafe actions.

C) Massage the leg vigorously

Rubbing or massaging a newly swollen leg can be dangerous if a clot is present, because it may dislodge it. It may seem like a caring way to ease discomfort, but without a nurse's direction this is not a safe action for a CNA.

D) Apply medication without an order

CNAs cannot give or apply medication without a lawful order and proper training. It may seem like a quick fix for swelling, but acting without an order is outside the CNA scope and could harm the resident.

Conclusion

For any new or unusual finding, the safe CNA response is to observe carefully and report to the nurse right away. Stay within your role, avoid treatments you are not trained or ordered to do, and let the nurse determine the cause and plan of care.

27. A resident is incontinent and has moisture on the skin. Which action is appropriate?

A. Clean and dry the skin promptly according to the care plan

B. Leave the skin moist until the next scheduled bath

C. Rub the skin vigorously

D. Apply any medication available

Answer: A. Clean and dry the skin promptly according to the care plan

cnatestbank.com
Guest download · Ref F3HIBPUB

Cleaning and drying the skin promptly according to the care plan is the appropriate action for a resident with moisture on the skin.

Moisture from incontinence softens and breaks down the outer layer of skin, which raises the risk of irritation, redness, and pressure injuries. The nurse aide should clean the area gently, pat it dry, and follow the care plan for products and frequency. Keeping skin clean and dry protects its barrier and prevents further breakdown, and any changes in the skin should be reported to the nurse.

B) Leave the skin moist until the next scheduled bath

Waiting allows moisture and irritants to stay in contact with the skin for a long time, which increases the chance of breakdown and infection. It may seem convenient to wait for a bath, but incontinence care must be given promptly, not put off to a scheduled time.

C) Rub the skin vigorously

Friction from hard rubbing damages delicate skin and can make irritation worse. Some people think rubbing cleans better or dries faster, but gentle cleansing and patting dry are safer for fragile skin.

D) Apply any medication available

Nurse aides do not choose or apply medications without an order, and using a product that is not prescribed can cause harm or allergic reactions. It may seem helpful to treat the skin right away, but the aide should report skin problems to the nurse and follow the care plan.

Conclusion

Remember that prompt, gentle cleaning and drying protect the resident's skin and follow the care plan. Avoid leaving moisture on the skin, rubbing hard, or applying unapproved products, and report any skin changes to the nurse.

28. Which entry best demonstrates objective charting?

A. Resident walked 20 feet with walker and one-person assistance

B. Resident walked very well

C. Resident seemed stronger today

D. Resident probably felt better

Answer: A. Resident walked 20 feet with walker and one-person assistance

Objective charting records exactly what was observed and measured, such as "Resident walked 20 feet with walker and one-person assistance."

Objective documentation describes facts you can see, count, or measure, without adding opinions or guesses. Stating the distance walked, the device used, and the level of help given gives the next caregiver clear, useful information and keeps the record accurate and consistent. Subjective impressions like "very well" or "seemed stronger" belong in quotes if reported by the resident, not as your own conclusions.

B) "Resident walked very well"

This phrase is vague and judgment-based, so it does not tell the next caregiver how far the resident went or what help was needed. It can feel natural to write because it sounds positive, but it does not give measurable facts.

C) "Resident seemed stronger today"

This is your personal impression rather than an observed fact, and it does not describe what the resident actually did. It may seem helpful because it suggests progress, but charting should record specific actions and measurements instead of opinions.

D) "Resident probably felt better"

This is a guess about the resident's feelings, which you cannot know for certain. It may seem caring, but objective charting sticks to what was directly observed and measured.

cnatestbank.com
Guest download · Ref F3HIBPUB

Conclusion

Choose entries that state measurable facts, such as distance, equipment, and assistance level, and avoid opinions or guesses. This keeps the record clear, accurate, and useful for the whole care team.

29. A CNA is asked by a visitor for information about another resident's condition. What should the CNA do?

A. Protect the resident's privacy and refer the visitor to an authorized person for information

B. Provide the information because the visitor says they are a relative

C. Discuss the resident's diagnosis in the hallway

D. Show the visitor the resident's chart

Answer: A. Protect the resident's privacy and refer the visitor to an authorized person for information

Protect the resident's privacy and refer the visitor to an authorized person for information.

Resident rights include the right to privacy and confidentiality of personal health information. A CNA is not authorized to share a resident's condition, diagnosis, or chart details with visitors, even if the visitor claims to be family. The safe and respectful response is to politely decline to share information and direct the visitor to the nurse, social worker, or other authorized staff who can verify identity and follow facility policy for releasing information.

B) Provide the information because the visitor says they are a relative

A visitor's claim of being a relative does not confirm they are authorized to receive health information. CNAs cannot verify identity or consent, so sharing details based on a verbal claim can violate the resident's privacy rights and facility policy. This option seems kind because the visitor is family, but kindness does not replace proper authorization.

C) Discuss the resident's diagnosis in the hallway

Hallways are public spaces where other residents, staff, and visitors can overhear. Discussing a diagnosis there exposes private health information and fails to protect the resident's dignity and confidentiality. This option may feel like a quick way to answer a question, but location and audience make it a clear privacy breach.

D) Show the visitor the resident's chart

A resident's chart is a confidential medical record, and CNAs are not permitted to show it to visitors. Allowing a visitor to view the chart exposes sensitive information and goes beyond the CNA's scope of practice. This option may seem helpful or transparent, but it directly violates confidentiality and facility rules.

Conclusion

Always guard resident privacy by not sharing condition details with visitors, and refer requests to an authorized staff member who can follow proper verification and consent procedures.

30. A resident reports sudden chest discomfort and shortness of breath during morning care. What should the CNA do?

A. Stop the activity, ensure immediate safety, and obtain prompt nursing or emergency assistance according to facility procedure

B. Continue the bath to reduce anxiety

C. Give the resident a medication from the bedside table

D. Tell the resident to rest and report it later

Answer: A. Stop the activity, ensure immediate safety, and obtain prompt nursing or emergency assistance according to facility procedure

Stop the activity, keep the resident safe, and get prompt nursing or emergency help following facility procedure.

cnatestbank.com
Guest download · Ref F3HIBPUB

Sudden chest discomfort with shortness of breath can signal a serious medical emergency such as a heart attack or another cardiopulmonary problem. The CNA's role is to recognize the change, stop what is happening, keep the resident safe and calm, stay with them, and notify the nurse or activate the emergency response system right away according to facility policy. The CNA does not diagnose or treat but acts quickly to get the resident the care they need.

B) Continue the bath to reduce anxiety

Continuing care might seem comforting, but exertion can worsen a cardiac or breathing emergency. New chest pain and shortness of breath mean the activity should stop so the resident can rest and be assessed. Pushing through the task delays needed help and could cause harm.

C) Give the resident a medication from the bedside table

CNAs do not administer medications or decide which medication to give. Even handing over a pill from the bedside table goes beyond the CNA scope of practice and could be dangerous without a nurse's order and assessment. The right step is to report the symptoms and let the nurse manage treatment.

D) Tell the resident to rest and report it later

Waiting to report may feel less disruptive, but sudden chest discomfort and shortness of breath are time-sensitive. Delaying notification can allow a serious condition to worsen. Prompt reporting is essential, and the CNA should not leave the resident alone while waiting for help.

Conclusion

For sudden chest discomfort with shortness of breath, remember to stop, keep the resident safe, and get nursing or emergency help immediately per facility procedure. Recognizing and reporting quickly within your scope of practice protects the resident's safety.

31. A Wisconsin CNA is preparing for the knowledge test. Which subject is specifically included in the state's approved knowledge-test content areas?

A. Infection control

B. Advanced pharmacology prescribing

C. Independent medical diagnosis

D. Surgical anesthesia

Answer: A. Infection control

Infection control is a core knowledge-test content area for Wisconsin CNAs, reflecting the everyday safety practices required in resident care.

Wisconsin's approved CNA knowledge test covers the fundamental skills and concepts that nurse aides use daily, and infection control is one of those essential areas. CNAs routinely practice hand hygiene, use personal protective equipment, handle linens and body fluids safely, and follow standard precautions to protect residents and themselves. Because infection prevention is woven into nearly every care task, it belongs on the knowledge test alongside other basic nursing assistant content such as safety, communication, and resident rights. The other options describe tasks that fall far outside the CNA role and require advanced education and licensure.

B) Advanced pharmacology prescribing

Prescribing medications requires a provider license, such as a physician, nurse practitioner, or physician assistant, and involves advanced education in drug therapy. A CNA may assist with passing medications in some settings after additional training, but prescribing is never part of the role, so it would not appear on a CNA knowledge test. This option can tempt test-takers who know CNAs work around medications, but handling a pill cup is very different from prescribing.

C) Independent medical diagnosis

Diagnosing medical conditions is a provider responsibility that requires licensure and clinical training beyond the nurse aide scope. CNAs observe and report changes in a resident's condition, but they do not determine what condition is present. This option may seem plausible

cnatestbank.com
Guest download · Ref F3HIBPUB

because CNAs spend a lot of time with residents and notice changes first, yet reporting observations is not the same as making a diagnosis.

D) Surgical anesthesia

Administering anesthesia is a specialized medical practice performed by anesthesiologists and certified registered nurse anesthetists with extensive graduate-level training. It has no connection to entry-level nurse aide duties and would never be included on a CNA knowledge test. This option is clearly outside the scope of practice, though it may catch test-takers who are scanning for any familiar clinical term.

Conclusion

Remember that the CNA knowledge test focuses on basic, hands-on care and safety topics like infection control, not on advanced clinical or prescribing duties. When an option describes a task requiring a professional license, it falls outside the nurse aide scope and does not belong on the exam.

32. Which statement about Wisconsin's CNA skill test is accurate if a candidate believes a step was performed incorrectly?

A. The candidate can tell the observer and correctly perform the step again before finishing the skill test

B. The candidate must leave immediately

C. The candidate may ask another candidate to correct it

D. The candidate must conceal the error

Answer: A. The candidate can tell the observer and correctly perform the step again before finishing the skill test

If a candidate believes a step was performed incorrectly during Wisconsin's CNA skill test, the candidate can tell the observer and correctly perform the step again before finishing the skill test.

During a skills demonstration, the observer is there to watch what you actually do, and self-correcting is part of safe practice. If you realize mid-skill that a step was missed or done incorrectly, calmly state it to the observer and redo that step correctly before the skill is completed. This shows awareness, honesty, and the ability to fix an error, which are qualities valued in nursing assistants. It also mirrors real care: when you notice a mistake in your own work, you correct it and report it rather than hiding it.

B) Leave immediately

Walking out ends the test and gives up the chance to demonstrate the correct technique. It may feel like the only option if you are nervous or embarrassed, but staying and self-correcting is the expected response.

C) Ask another candidate to correct it

Another candidate cannot perform or fix your skill for you; the test measures your own ability. This option may seem helpful because peers practice together, but relying on someone else during the exam is not allowed.

D) Conceal the error

Hiding a mistake goes against the honesty and safety expected of nursing assistants and prevents you from showing you can correct it. It may seem tempting to avoid admitting a slip, but concealment is never the right approach in testing or in care.

Conclusion

Remember that self-correcting out loud to the observer is acceptable and expected during the Wisconsin CNA skill test. Stay calm, name the error, redo the step correctly, and finish the skill.

cnatestbank.com
Guest download · Ref F3HIBPUB

33. During the Wisconsin skill test, when may a candidate ask the observer to repeat a scenario?

A. At any time until the candidate runs out of time or states that the skill tasks are finished

B. Only before the test begins

C. Only after the test is scored

D. Never

Answer: A. At any time until the candidate runs out of time or states that the skill tasks are finished

A candidate may ask the observer to repeat a scenario at any time until time runs out or the candidate states the skill tasks are finished.

Clear communication is a core nurse aide skill, and the Wisconsin skills test allows candidates to ask the observer to repeat a scenario whenever needed during the testing period. This supports safe, accurate care because a candidate who did not fully hear or understand the scenario can confirm the details rather than guess. The window stays open until the candidate uses up the allotted time or tells the observer that the skill tasks are complete, which marks the end of the testing session. Asking for a repeat is a normal part of professional communication and does not count against the candidate.

B) Only before the test begins

This choice sounds orderly, but it limits communication to a moment before any scenario is presented, when there is nothing yet to repeat. Scenarios come up during the test, so a candidate needs the option to ask for clarification while performing the skills, not just at the start.

C) Only after the test is scored

Waiting until scoring is finished would be far too late to help with the task at hand. The purpose of repeating a scenario is to make sure the candidate understands what to do during the test, so asking afterward serves no practical purpose and could not change the outcome.

D) Never

This option may appeal to candidates who worry that asking questions looks unprofessional, but good communication includes confirming instructions when something is unclear. Refusing to ask for a repeat could lead to performing the wrong task, which is a greater risk than simply asking for clarification.

Conclusion

Remember that asking the observer to repeat a scenario is permitted throughout the test until time expires or the candidate declares the skill tasks finished. Treat clarification as a normal, safe communication practice rather than a sign of weakness.

34. Which statement about Wisconsin nurse aide training and testing is supported by current DHS information?

A. DHS oversees standardized nurse aide training and testing programs and maintains the Wisconsin Nurse Aide Registry

B. Only individual nursing homes establish the statewide competency exam

C. The CNA registry is maintained by the Wisconsin Department of Transportation

D. There is no statewide nurse aide registry

Answer: A. DHS oversees standardized nurse aide training and testing programs and maintains the Wisconsin Nurse Aide Registry

The Wisconsin Department of Health Services (DHS) oversees standardized nurse aide training and testing programs and maintains the Wisconsin Nurse Aide Registry.

In Wisconsin, nurse aide training programs and the competency exam follow standards set at the state level, and DHS keeps the official registry of aides who have completed training and testing. This structure protects residents by ensuring every aide meets the same basic requirements before providing care, and it gives employers and the public one reliable place to verify an aide's status. For a CNA, knowing that a state agency, not the individual facility, sets the rules helps clarify where to look for questions about certification, renewal, and eligibility to

cnatestbank.com
Guest download · Ref F3HIBPUB

work.

B) Only individual nursing homes establish the statewide competency exam

It is easy to assume each facility handles its own testing since aides are hired and trained locally, but a statewide exam must be consistent across all employers. Allowing each nursing home to create its own exam would make competency standards uneven and would not produce a single, portable credential.

C) The CNA registry is maintained by the Wisconsin Department of Transportation

The Department of Transportation deals with driver licensing and roads, not health care worker credentials. The name may sound official and state-run, which makes it tempting, but registry oversight belongs with the health department.

D) There is no statewide nurse aide registry

Some states vary in how they organize their registries, so it can seem plausible that Wisconsin has none. In fact, a statewide registry exists precisely so that training, testing, and standing can be tracked and verified consistently.

Conclusion

Remember that in Wisconsin, DHS is the state authority for nurse aide training standards, competency testing, and the registry. When a question asks who oversees CNA credentials, look for the state health department rather than individual facilities or unrelated agencies.

35. A resident begins choking and cannot speak or breathe normally. What should the CNA do?

A. Activate emergency assistance and provide choking response according to current training

B. Offer water immediately

C. Leave the resident alone to cough

D. Continue feeding slowly

Answer: A. Activate emergency assistance and provide choking response according to current training

Activate emergency assistance and provide choking response according to current training.

When a resident cannot speak or breathe normally, the airway is blocked and this is a life-threatening emergency. The CNA should call for help right away, following the facility's emergency protocol, and begin the choking response learned in training, such as abdominal thrusts or back blows as appropriate for the resident. Quick action protects the resident's oxygen supply and prevents serious harm.

B) Offer water immediately

Giving water to someone whose airway is blocked can make the obstruction worse and may cause aspiration. It may seem helpful to soothe the resident, but fluids cannot pass a blocked airway and can add danger.

C) Leave the resident alone to cough

A resident who cannot speak or breathe normally is not moving air effectively, so leaving them alone delays needed help. A mild cough with good air movement might be watched, but this situation signals a severe obstruction that requires immediate action.

D) Continue feeding slowly

Continuing to feed a choking resident pushes more food into the blocked airway and worsens the emergency. Slowing down may feel cautious, but any continued feeding ignores the urgent need to clear the airway and get help.

Conclusion

Remember that a resident who cannot speak or breathe normally needs immediate emergency assistance and a trained choking response. Acting quickly and following protocol is the safest choice.

cnatestbank.com
Guest download · Ref F3HIBPUB

36. A resident has the ability to make decisions and refuses assistance with dressing. What should the CNA do?

A. Respect the refusal and report it according to the care plan and facility procedure

B. Force the resident to dress

C. Threaten to withhold meals

D. Ask another resident to force compliance

Answer: A. Respect the refusal and report it according to the care plan and facility procedure

Respecting the resident's refusal and reporting it per the care plan and facility procedure honors the resident's right to make decisions.

Residents who can make their own decisions have the right to accept or refuse care, including help with dressing. When a resident refuses, the CNA should not argue or pressure the person. Instead, the aide respects the choice, stays calm and professional, and reports the refusal to the nurse or supervisor according to the care plan and facility policy. This keeps the resident's rights protected, documents what happened, and allows the care team to follow up on any unmet needs or concerns.

B) Force the resident to dress

Forcing a resident to dress takes away the person's right to make choices and can be considered abuse or neglect. It may seem like the aide is just trying to complete the task, but physical force is never acceptable when a resident refuses care.

C) Threaten to withhold meals

Threatening to take away meals is a form of punishment and intimidation. It may seem like a way to get the resident to cooperate, but withholding food or using threats violates resident rights and basic dignity.

D) Ask another resident to force compliance

Asking another resident to force someone to dress puts one resident in a position to harm or pressure another. It may seem like a way to avoid conflict, but it is inappropriate and unsafe, and it does not respect the resident's right to refuse.

Conclusion

When a resident who can make decisions refuses care, the CNA respects that choice and reports it through the proper channels. Never use force, threats, or other residents to gain compliance.

37. Which statement about Wisconsin CNA registry renewal is accurate?

A. Certification may be renewed within 90 days of the certification lapse date under the renewal process

B. Renewal can only occur five years after expiration

C. Renewal is never allowed after a lapse

D. Renewal requires automatic completion of a new nursing degree

Answer: A. Certification may be renewed within 90 days of the certification lapse date under the renewal process

A Wisconsin CNA may renew certification within 90 days of the lapse date under the renewal process.

Wisconsin's nurse aide registry gives CNAs a limited window after a certification lapses to complete renewal requirements and restore active status. This grace period exists so that a brief lapse, such as a missed deadline or paperwork delay, does not force the aide to start over. The CNA still must meet the registry's renewal conditions, such as documenting required work hours and any continuing education, but the 90-day window keeps the process practical and fair. Knowing this helps CNAs act quickly and contact the registry or their employer for guidance before the window closes.

cnatestbank.com
Guest download · Ref F3HIBPUB

B) Five-year renewal rule

A five-year waiting period does not reflect how registries handle lapses. Waiting that long would leave a CNA unable to work for years, which serves no safety or administrative purpose. This option may seem plausible if you assume renewal is tied to a long cycle, but the actual renewal window is much shorter.

C) No renewal after lapse

Registries generally provide a path back to active status rather than permanently closing the door after one lapse. A permanent ban would be unusually harsh and would push experienced aides out of the workforce. This choice may attract test-takers who think lapses are final, but a time-limited renewal option exists.

D) New nursing degree required

Renewing a CNA certification does not require earning a nursing degree. CNAs renew by meeting registry requirements, not by completing a new academic program. This option may seem tempting because education is part of initial certification, but renewal focuses on maintaining competency, not starting a new career path.

Conclusion

Remember that Wisconsin allows renewal within 90 days after a lapse, so act promptly and follow registry requirements. When a question offers a short, specific grace period, that detail often reflects the real rule.

cnatestbank.com
Guest download · Ref F3HIBPUB