

Name of Person Taking Test: \_\_\_\_\_ SSAN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E# \_\_\_\_\_  
(Print Please)

**PERSONAL CARE ASSISTANT COMPETENCY EVALUATION Part 1**  
**WRITTEN EXAMINATION**  
**PCA ANSWERS**

**Instructions: Circle the ONE Correct Answer Note: Each Question = 1 Point. Minimum of 80 Correct to Pass.**

**I. ROLE OF THE PERSONAL CARE ASSISTANT**

**True or False**

1. T F
2. T F
3. T F
4. T F
5. T F
6. T F
7. T F
8. T F
9. T F
10. T F

**Questions**

11. A B C D
12. A B C D
13. A B C D

**II. COMMUNICATION**

**True or False**

14. T F
15. T F
16. T F

**Questions**

17. A B C D
18. A B C D
19. A B C D
20. A B C D
21. A B C D

**III. OBSERVATION, REPORTING AND DOCUMENTATION**

**True or False**

22. T F
23. T F
24. T F

**Questions**

25. A B C D
26. A B C D
27. A B C D
28. A B C D
29. A B C D

**IV. READING AND RECORDING TEMPERATURE, PULSE AND RESPIRATIONS**

**True or False**

- 30. T F
- 31. T F
- 32. T F

**Questions**

- 33. A B C D
- 34. A B C D
- 35. A B C D

**V. INFECTION CONTROL**

**True or False**

- 36. T F
- 37. T F
- 38. T F

**Questions**

- 39. A B C D
- 40. A B C D

**VI. BODY FUNCTION AND CHANGES**

**True or False**

- 41. T F
- 42. T F
- 43. T F

**Questions**

- 44. A B C D
- 45. A B C D
- 46. A B C D

**VII. MAINTENANCE OF A CLEAN, SAFE ENVIRONMENT**

**True or False**

- 47. T F
- 48. T F

**Questions**

- 49. A B C D
- 50. A B C D

**True or False**

- 51. T F
- 52. T F
- 53. T F

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**Questions**

- 54. A B C D
- 55. A B C D
- 56. A B C D
- 57. A B C D

**IX. HUMAN DEVELOPMENT**

**True or False**

- 58. T F
- 59. T F
- 60. T F

**Questions**

- 61. A B C D
- 62. A B C D
- 63. A B C D
- 64. A B C D
- 65. A B C D

**X. PERSON CARE**

**True or False**

- 66. T F
- 67. T F
- 68. T F

**Questions**

- 69. A B C D
- 70. A B C D
- 71. A B C D
- 72. A B C D
- 73. A B C D

**XI. SAFE TRANSFER TECHNIQUES AND AMBULATION**

**True or False**

- 74. T F
- 75. T F
- 76. T F

**Questions**

- 77. A B C D
- 78. A B C D
- 79. A B C D
- 80. A B C D
- 81. A B C D
- 82. A B C D

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**XII. NORMAL RANGE OF MOTION**

**True or False**

- 83. T F
- 84. T F
- 85. T F

**Questions**

- 86. A B C D
- 87. A B C D
- 88. A B C D
- 89. A B C D

**XIII. NUTRITION**

**True or False**

- 90. T F
- 91. T F
- 92. T F

**Questions**

- 93. A B C D
- 94. A B C D
- 95. A B C D
- 96. A B C D
- 97. A B C D
- 98. A B C D
- 99. A B C D

**XIV. CULTURAL DIFFERENCES IN FAMILIES**

**Questions**

- 100. A B C D

End.

Signature of Person Taking Test: \_\_\_\_\_ SEX: Female Male

~~~~~ {Staff Use Only} ~~~~~

Examination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (80+ Correct Needed to Pass) Score \_\_\_\_\_ % = Pass (80+%) Fail

Graded By Name: \_\_\_\_\_ Title: RN LPN \_\_\_\_\_

PHCP (Agency Name) Courageous Home Care Phone: ( 877 ) 227-3402 Fax: ( 877 ) 279-2131

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