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**Health Care Personnel Education and
Credentialing Section**

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Division of Health Service
Regulation

N.C. Department of Health
and Human Services

NURSE AIDE I TRAINING PROGRAM
APPLICATION

Please Print Legibly.

Date:	
Nurse Aide I Training Program Name:	
Mailing Address:	
City:	Zip Code:
Site Address:	
City:	Zip Code:
County:	

Administrative Authority Name:	Proposed Program Coordinator Name:
Title:	Telephone Number (include area code):
Telephone Number (include area code):	E-mail:
E-mail:	Fax Number (include area code):

PROGRAM TYPE

Community College Only (mark all that apply):

☐ Workforce Continuing Education

☐ Curriculum

☐ Career and College Promise (CCP)

☐ Nursing Home

☐ Proprietary

☐ Hospital

☐ Other: _____

PROGRAM PHILOSOPHY

The Nurse Aide I Training program is designed to provide entry level Nurse Aide students with nurse aide skills essential for providing resident care under the general supervision of a registered nurse per 42 CFR §483.152(a)(5)(i) and to successfully meet the competency requirements for listing on the Nurse Aide I Registry. The program will focus on innovative ways to deliver services that are consistent with providing compassionate, quality, cost-effective basic nursing care.

PROGRAM OBJECTIVES

This Nurse Aide I Training Program shall provide the resources and enhanced learning opportunities for students to develop appropriate nurse aide skills. This will be accomplished through structured, comprehensive, supervised classroom, lab and clinical experience, consistent with current standards of practice upheld by the North Carolina Board of Nursing and inclusive of knowledge and skills required by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987).

MINIMUM REQUIRMENTS

OBRA 1987 was established to ensure that nurse aides have the education, practical knowledge, and skills to care for Medicare and Medicaid residents living in a skilled nursing facility or nursing facility.

42 CFR §483.152(b) mandates at least a total of 16 hours of training in the following areas prior to any direct contact with a resident: communication and interpersonal skills; infection control; safety/emergency procedures including the Heimlich maneuver; promoting residents' independence; and respecting residents' rights. This information can be found in Modules A – G of the North Carolina State-approved Nurse Aide I Training Program.

Proposed Program Hours:

Classroom Hours: _____   Online Hours (if applicable): _____   Lab Hours: _____

Clinical Hours: _____   Total Hours: _____

COURSE SCHEDULE

The blank course schedule should be used to develop your program schedule; it can be located at www.ncnar.org. The following information should be submitted as outlined in columns shown on the schedule:

- Day: Use day designations (e.g., Day 1, Day 2, Day 3). Do not use actual dates (ex: "December 1") or include vacation dates, breaks or lunch (ex: "spring/fall" break).
- Module Letter/Name: Enter each module letter and name.
- List audiovisuals with run times.
- Program Hours: One hour equals 60 minutes of instruction, do not include breaks.
    - Class: Record the number of class theory hours required each day.
    - Online: Record the number of online hours required each week, if applicable.
    - Lab: Record the number of lab hours spent in the laboratory each day.
    - Clinical: Record the number of hours spent in the clinical facility each day.
- Total hours must be calculated and documented at the end of the class, online (if applicable), lab, and clinical columns. Ensure that totals on the schedule reconcile with proposed hours in the Minimum Requirements section above.
- Complete the course schedule and return with the application.

PRIMARY INSTRUCTIONAL RESOURCE

NC State-approved Nurse Aide I Curriculum 2019 is your primary instructional resource which includes teaching guides, curriculum content, PowerPoints and classroom activities. Lecture, cooperative learning, individual or class projects and group presentations are means of primary instruction.

SUPPLEMENTAL TEACHING METHODOLOGIES

Please list <u>additional proposed supplemental methodologies</u> which may include, games, role-play, case studies, laboratory simulation, pamphlets, quick reference guides, etc. (Note: Lecture, discussion, PowerPoint presentations, use of manikins, handouts, skills demonstration and clinical are teaching methodologies used in the curriculum and do not need to be listed).

1.

2.

3.

4.

5.

VIDEOS

Name of Video/CD/DVD	Production Year	Name of Company	Run Time in Minutes
1.			
2.			
3.			
4.			
5.			
6.			
7.			

If any video(s), CD(s), and/or DVD(s) listed are older than five years, have been reviewed, and meet current nursing standards, check the box below to request permission to use.

☐ **YES, I would like permission to use**.

COMUPUTER ASSISTED INSTRUCTION

Name of Computer Assisted Software	Production Year	Name of Company	Run Time in Minutes
1.			
2.			
3.			
4.			
5.			
6.			

TEXTBOOK/WORKBOOK

Textbooks must no be older than five (5) years; however, the use of textbooks/workbooks is optional.

Textbook	Author	Publisher	Edition	Publication Year
1.				
2.				

Workbook	Author	Publisher	Edition	Publication Year
1.				
2.				

FACILITY ORIENTATION AND IN-SERVICE

Faculty must be oriented upon hire and at least annually to:

- Approved program policies
- State-approved curriculum
- New directives and program changes from the Division of Health Service Regulation (DHSR) as soon as they are released

Describe **your** process to orient and in-service your program faculty:

RN SUPERVISION AND INSTURCTOR/STUDENT RATIOS	
Nurse aides must be under the direct supervision of a (State-approved) registered nurse per 42 CFR §483.152(a)(3).	
Instructor-to-student ratio for **classroom**	1 Instructor: _____ Students
Instructor-to-student ratio for **lab**	1 Instructor: _____ Students
Instructor-to-student ratio for **clinical** shall be no greater than 1:10 per 21 NCAC 36.0318	1 Instructor: _____ Students

IDENTIFICATION OF A NURSE AIDE I TRAINIEE IN THE CLINICAL SETTING
• Students are required to wear a nametag in the clinical setting to include the student's name, followed by the word "Nurse Aide I Trainee" or "Nurse Aide I Student" • The nametag is to be worn facing outward. Reference NCBON link: https://www.ncbon.com/laws-rules-badge-law-license-required-and-exceptions.

MONITORING/MAINTENANCE OF STUDENT RECORDS

The Program Coordinator will continuously monitor student records for accuracy. A system for monitoring student records will be in place and followed consistently.

Programs are required to maintain records for a **minimum of 3 years** in a locked file cabinet in a locked area **on site** and made available for review by DHSR upon request per 42 CFR §483.151(f)(3). Documents to be completed and maintained in the student record include:

☐ Appendix A Skill Performance Checklists Summary from the State-approved NA I Curriculum
☐ Skill Performance Checklists (optional)
☐ Attendance records
☐ Absences documented including date(s) missed, content/lab/clinical experience(s) missed, and date(s) content made-up
☐ Test scores
☐ Tests/answer sheets labeled with date or version
☐ Student Identification (The student's identity will be **verified and documented** by observing two forms of identification

- A current, government issued signature-bearing, picture identification card, such as a driver's license, passport, DMV identification card, or military ID; and,
- A signed, non-laminated US government-issued social security card.

Student records should be made available for review by the Division of Health Service Regulation upon request.

Describe your process for monitoring (auditing) and maintaining student records including the location of student records:

ATTENDANCE

Successful completion of the program is dependent upon the student completing a minimum of _____ clock hours (your total program hours minus those your program allows by policy for absence) of instruction. All missed classroom, laboratory and clinical experiences will be made-up for the students to complete the Nurse Aide I Training program.
When an absence occurs, it must be documented and placed in the student record:
☐ Date absence occurred
☐ Content in class/lab/clinical missed
☐ Date content was made up

STUDENT GRADING POLICY

Theory Component:

To successfully complete the Nurse Aide I Training Program, the student will achieve a minimum passing grade of _____ in the theory component. (Minimum theory passing grade is 75). Derivation of theory grade may consist of tests (include the number), a comprehensive exam, quizzes, homework/activities, a project, etc. Each component must include a weighted percentage and when totaled, the percentages must equal 100%. The derivation of the theory grade will be based on the following:

Component:	Weight _____%
Component:	Weight _____%
Component:	Weight _____%
Component:	Weight _____%
Component:	Weight _____%
Component:	Weight _____%
Component:	Weight _____%
	Total Weight = 100%

Practical Components:

To pass the practical (laboratory and clinical) portion of the Nurse Aide I Training Program, the individual will be proficient in demonstrating skills – at a minimum, each starred skill for lab and at a minimum, fifteen starred skills for clinical, which are located on Appendix A – Skill Performance Checklist Summary. Proficiency is defined as the ability to perform a skill in a competent and safe manner. In order to be deemed proficient, the student must correctly perform each identified critical step for each required skill. In addition, the student must perform _____% of steps correctly for each required skill. Lab and clinical components are graded as pass/fail, based on the program's definition of proficiency and student performance on skills.

Any additional criteria for demonstration of proficiency are included here:

Students do not perform any services to residents for which they have not trained and been found proficient by the instructor per §483.152(a)(4)(i).

SKILL PERFORMANCE CHECKLISTS

A Skills Performance Checklist must be developed for each skill listed on Appendix A – Skill Performance Checklists Summary. Skill Performance Checklists will be provided to students for use during laboratory practice in order to learn, practice and demonstrate proficiency. You must develop a complete set of Skill Performance Checklists and have readily available for review by DHSR during the onsite inspection for program approval. The checklists must include all skills listed on Appendix A, Skill Performance Checklists Summary. An example of a sample Skill Performance Checklist is included in this application packet.

CLASSROOM(S)

Classroom Description:

Room _____ located in the _____ Building will be used as the classroom. It has tables and chairs to accommodate _____ adult learners comfortably and includes adequate lighting and provide an atmosphere conducive to student learning and testing. It contains a dry erase board, audiovisual equipment, computer/ projector or smart technology and an instructor area.

Include additional classroom components/descriptions below (if applicable):

Classroom Diagram(s):

Attach a diagram (may be hand-drawn) for **each classroom** with the facility name, room number, address and building name at the top of each page. Include room dimensions – length, width, square footage; physical layout – dry erase board, student tables, chairs or desks; instructor's desk; audio-visual equipment; smart technology; and other furniture. Label items in the drawing.

LABORATORY/LABORATORIES

Laboratory Description:

Room _____ located in the _____ Building will be set up similar to a resident's room, complete with the equipment and supplies normally found in a resident's room, as well as those items from the Basic Equipment and Supply List to use for skills instruction, practice, and return demonstration. This room contains a minimum of 100 square feet for one bed or a minimum of 80 square feet per bed for two or more beds.

Include additional laboratory components/descriptions below (if applicable):

Laboratory Diagram(s):

Attach a diagram (may be hand-drawn) for **each laboratory** with the facility name, room number, address, and building name at the top of each page. Include room dimensions – length, width, square footage;

physical layout; each resident care area to include a resident bed, bedside table, over-bed table, chair, non-functioning call signal, and wastebasket, surrounded by a privacy curtain hung from the ceiling, provides 100% privacy; sink (or sinks); open storage; cabinetry; and other furniture. Label items in the drawing.

BASIC EQUIPMENT AND SUPPLY LIST

In order to receive program approval, the items listed on the Basic Equipment and Supply List are required.

Attach a copy of the Basic Equipment and Supply List included in this application packet.

STATEMENT OF UNDERSTANDING

I certify that the information in this application, including attachments, accurately represents the Nurse Aide I Training Program for which NC DHSR approval is being requested in accordance with 42 CFR §483.35, 42 CFR §483.70, 42 CFR §483.150, 42 CFR §483.151 and 42 CFR §483.152.

I understand that program approval is based on our agency using the 2019 NC State-approved Nurse Aide I Curriculum and adhering to the policies approved by DHSR. Modifications that may be required by DHSR will be incorporated into our program. Requests for program modifications by our agency will be submitted and approved prior to implementation.

I confirm that the program will provide supervised practical training to ensure students demonstrate the knowledge and entry level skills required for performing tasks and providing care under the direct supervision of a DHSR State-approved registered nurse per 42 CFR §483.152(a)(3). The program will incorporate innovative instructional strategies that enable students to deliver quality, compassionate and consistent basic nursing care. The program will ensure objectives are met through instructor demonstration, student practice and demonstration of proficiency.

I affirm that our Nurse Aide I training laboratory will be designed and equipped in accordance with 42 CFR §483.90(e)(1)(ii) and will contain a sufficient quantity of supplies as shown on the current Basic Equipment and Supply List.

I acknowledge that DHSR may withdraw approval of this Nurse Aide I training program if it determines that the program does not meet federal or state requirements. In accordance with 42 CFR §483.151(f)(3), the State must withdraw approval of a nurse aide training and competency evaluation program or a nurse aide competency evaluation program if the entity providing the program refuses to permit unannounced visits by the State.

I verify that program documents and student records will be kept in a secure location and made available to DHSR upon request. By checking the box below, you (Administrative Authority) acknowledge and agree that:
- You have completed and reviewed the entire application for accuracy.
- You will implement the contents of this application to include the State-approved curriculum, established Division of Health Service Regulation (DHSR) directives, policies, forms and checklists as mandated by Federal Regulations and State Standards

- Your classroom will contain instructional equipment and supplies seating for your approved number of students as required, as well as space to accommodate activities.
- Your lab will contain the items shown on the Basic Equipment and Supply List and laboratory areas will measure as stated in 42 CFR §483.90(e)(1)(ii).
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- The Administrative Authority for the proposed training program and the information in this application is truthful, accurate and complete

☐ I have read and agree to the Statement of Understanding.

Name (print): _____

Signature: _____

Date: _____

NOTE: For-profit training programs are required to contact the North Carolina Community College System, Office of Proprietary Schools (https://www.nccommunitycolleges.edu/proprietary-schools) to secure licensure information in order to offer a proprietary education program, including a Nurse Aide I program, in North Carolina.

I confirm that I have obtained, read and submitted the preliminary application to the Office of Proprietary Schools on

Month:_____   Day:_____   Year:_____, with the intent to obtain licensure on

Month: _____   Day: _____   Year :_____.