

**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Education and Credentialing Section  
Existing Training Program – Course Schedule & Supplemental  
Teaching Methodology Form**

**INSTRUCTIONS:**

- Complete the form if you're an existing state-approved training program.
- Approval from the North Carolina Division of Health Service Regulation (DHSR) is required prior to the enrollment of students in the training program.
- Email the completed form to [dhsr.educationconsultant@dhhs.nc.gov](mailto:dhsr.educationconsultant@dhhs.nc.gov).
- Contact the DHSR Education Consultant for your region with any questions.

**PROGRAM INFORMATION:**

Answer the questions below.

1. Date Submitted to DHSR (mm/dd/yyyy):

2. Name of School: \_\_\_\_\_

3. Name of Training Program: \_\_\_\_\_

4. Mailing Address (Street, City, Zip Code, County): \_\_\_\_\_

5. Site Address (Street, City, Zip Code, County): \_\_\_\_\_

6. Program Coordinator:

a. First and Last Name: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_

d. Fax Number: \_\_\_\_\_

7. Program Administrator:

a. First and Last Name: \_\_\_\_\_

b. Telephone Number: \_\_\_\_\_

c. Email: \_\_\_\_\_

d. Title: \_\_\_\_\_

8. Program Modification:

Place an X beside the correct response.

a. Program Hours: \_\_\_\_\_

b. Course Schedule: \_\_\_\_\_

c. Supplemental Teaching Methodology (Instructional Resource): \_\_\_\_\_

9. Inclement Weather:
  - a. Is the training program making modifications due to inclement weather (Yes/No):  
\_\_\_\_\_
  - b. What is the time period for the modifications:  
\_\_\_\_\_
  - c. How many students are impacted by the modifications:  
\_\_\_\_\_
10. Training Program Numbers:
  - a. Nurse Aide I Training Program:  
\_\_\_\_\_
  - b. Nurse Aide I Refresher Training Program:  
\_\_\_\_\_
  - c. Geriatric Aide Training Program:  
\_\_\_\_\_
  - d. Home Care Specialty Training for Nurse Aides Program:  
\_\_\_\_\_

**PROGRAM HOURS:**

Provide the program (clock) hours for the training program. A training program must be approved by the North Carolina Division of Health Service Regulation and be operational with students for at least one (1) year prior to offering online hours. The Division of Health Service Regulation will not approve laboratory or clinical hours to be offered or completed online.

- Classroom Hours: \_\_\_\_\_
- Online Hours: \_\_\_\_\_
- Laboratory Hours: \_\_\_\_\_
- Clinical Hours: \_\_\_\_\_
- Total Program Hours: \_\_\_\_\_

Is the training program requesting to offer online classroom instruction (Yes/No): \_\_\_\_\_

**COURSE SCHEDULE:**

The North Carolina Division of Health Service Regulation will not approve laboratory hours or clinical hours to be offered or completed online.

- Day:
  - Enter day number designations (e.g., Day 1, Day 2, Day 3). Do not use actual dates or include vacation dates or breaks (spring break or lunch breaks).
  - Training programs may choose which day of the week a course begins.
  - Each clinical day must be listed as a separate day.
- Module Letter/Name:
  - Enter each module letter and name.
- Audiovisuals:
  - List audiovisuals with run times.
  - Run times should be included in the classroom program hours.
- Program Hours
  - 1 hour = 60 minutes of instructions. Do not include breaks or mealtimes.
  - Classroom: record the number of classroom theory hours required each day.
  - Laboratory: record the number of hours spent in the laboratory each day.
  - Clinical: record the number of hours spent in a clinical facility each day.
  - Include online hours, if applicable.

Provide the course schedule below.

1. Week and Day: \_\_\_\_\_
  - a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

2. Week and Day: \_\_\_\_\_
  - a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

3. Week and Day: \_\_\_\_\_
  - a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

4. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

5. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

6. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

7. Week and Day: \_\_\_\_\_

a. Module Letter and Name: \_\_\_\_\_

b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_

c. Audio Visual Name and Run Time: \_\_\_\_\_

d. Program Hours:

- Classroom: \_\_\_\_\_
- Online: \_\_\_\_\_
- Laboratory: \_\_\_\_\_
- Clinical: \_\_\_\_\_

8. Week and Day: \_\_\_\_\_

a. Module Letter and Name: \_\_\_\_\_

b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_

c. Audio Visual Name and Run Time: \_\_\_\_\_

d. Program Hours:

- Classroom: \_\_\_\_\_
- Online: \_\_\_\_\_
- Laboratory: \_\_\_\_\_
- Clinical: \_\_\_\_\_

9. Week and Day: \_\_\_\_\_

a. Module Letter and Name: \_\_\_\_\_

b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_

c. Audio Visual Name and Run Time: \_\_\_\_\_

d. Program Hours:

- Classroom: \_\_\_\_\_
- Online: \_\_\_\_\_
- Laboratory: \_\_\_\_\_
- Clinical: \_\_\_\_\_

10. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

11. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

12. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

13. Week and Day: \_\_\_\_\_

- a. Module Letter and Name: \_\_\_\_\_
- b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
- c. Audio Visual Name and Run Time: \_\_\_\_\_
- d. Program Hours:
  - Classroom: \_\_\_\_\_
  - Online: \_\_\_\_\_
  - Laboratory: \_\_\_\_\_
  - Clinical: \_\_\_\_\_

14. Week and Day: \_\_\_\_\_

- a. Module Letter and Name: \_\_\_\_\_
- b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
- c. Audio Visual Name and Run Time: \_\_\_\_\_
- d. Program Hours:
  - Classroom: \_\_\_\_\_
  - Online: \_\_\_\_\_
  - Laboratory: \_\_\_\_\_
  - Clinical: \_\_\_\_\_

15. Week and Day: \_\_\_\_\_

- a. Module Letter and Name: \_\_\_\_\_
- b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
- c. Audio Visual Name and Run Time: \_\_\_\_\_
- d. Program Hours:
  - Classroom: \_\_\_\_\_
  - Online: \_\_\_\_\_
  - Laboratory: \_\_\_\_\_
  - Clinical: \_\_\_\_\_

16. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

17. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

18. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

19. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
 \_\_\_\_\_  
 \_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

20. Week and Day: \_\_\_\_\_
- a. Module Letter and Name: \_\_\_\_\_
  - b. Skill Number/Appendix A (include skill number, test/quiz/exam associated with each module letter, and any other classroom or laboratory activities):  
 \_\_\_\_\_  
 \_\_\_\_\_
  - c. Audio Visual Name and Run Time: \_\_\_\_\_
  - d. Program Hours:
    - Classroom: \_\_\_\_\_
    - Online: \_\_\_\_\_
    - Laboratory: \_\_\_\_\_
    - Clinical: \_\_\_\_\_

**SUPPLEMENTAL TEACHING METHODOLOGY – GAMES, ROLE-PLAY, CASE STUDIES, PAMPHLETS, QUICK REFERENCE GUIDES, ETC.:**

List the modifications below. Lecture, discussion, presentations, the use of manikins, handouts, skills demonstration and clinical are teaching methodologies used in the applicable state-approved curriculums and do not need to be listed.

- Supplemental Teaching Methodology #1:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Supplemental Teaching Methodology #2:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Supplemental Teaching Methodology #3:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Supplemental Teaching Methodology #4:  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the training program requesting approval to use games, role-play, case studies, pamphlets, quick reference guides, etc., that are older than 5 years (Yes/No): \_\_\_\_\_

**SUPPLEMENTAL TEACHING METHODOLOGY – VIDEO/CD/DVD:**

List the modifications below. Videos, CDs, and DVDs referenced in the applicable state-approved curriculums do not need to be listed.

- Video/CD/DVD #1:
  - a. Name of Video/CD/DVD:  
\_\_\_\_\_
  - b. Production Year:  
\_\_\_\_\_
  - c. Name of Company:  
\_\_\_\_\_
  - d. Run Time in Minutes:  
\_\_\_\_\_
  
- Video/CD/DVD #2:
  - a. Name of Video/CD/DVD:  
\_\_\_\_\_
  - b. Production Year:  
\_\_\_\_\_
  - c. Name of Company:  
\_\_\_\_\_
  - d. Run Time in Minutes:  
\_\_\_\_\_
  
- Video/CD/DVD #3:
  - a. Name of Video/CD/DVD:  
\_\_\_\_\_
  - b. Production Year:  
\_\_\_\_\_
  - c. Name of Company:  
\_\_\_\_\_
  - d. Run Time in Minutes:  
\_\_\_\_\_
  
- Video/CD/DVD #4:
  - a. Name of Video/CD/DVD:  
\_\_\_\_\_
  - b. Production Year:  
\_\_\_\_\_
  - c. Name of Company:  
\_\_\_\_\_
  - d. Run Time in Minutes:  
\_\_\_\_\_

Is the training program requesting approval to use videos, CDs, DVDs that are older than 5 years (Yes/No): \_\_\_\_\_

**SUPPLEMENTAL TEACHING METHODOLOGY – COMPUTER ASSISTED INSTRUCTION:**

List the modifications below. Software referenced in the applicable state-approved curriculums do not need to be listed.

- Software #1:
  - a. Name of Software:  
\_\_\_\_\_
  - b. Production Year:  
\_\_\_\_\_
  - c. Name of Company:  
\_\_\_\_\_
  - d. Run Time in Minutes:  
\_\_\_\_\_

- Software #2:
  - a. Name of Software: \_\_\_\_\_
  - b. Production Year: \_\_\_\_\_
  - c. Name of Company: \_\_\_\_\_
  - d. Run Time in Minutes: \_\_\_\_\_
  
- Software #3:
  - a. Name of Software: \_\_\_\_\_
  - b. Production Year: \_\_\_\_\_
  - c. Name of Company: \_\_\_\_\_
  - d. Run Time in Minutes: \_\_\_\_\_

Is the training program requesting approval to use software that is older than 5 years (Yes/No):  
 \_\_\_\_\_

**SUPPLEMENTAL TEACHING METHODOLOGY – TEXTBOOK:**

List the modifications below. Textbooks referenced in the applicable state-approved curriculums do not need to be listed.

- Textbook #1:
  - a. Name of Textbook: \_\_\_\_\_
  - b. Author: \_\_\_\_\_
  - c. Publisher: \_\_\_\_\_
  - d. Edition: \_\_\_\_\_
  - e. Publication Year: \_\_\_\_\_
  
- Textbook #2:
  - a. Name of Textbook: \_\_\_\_\_
  - b. Author: \_\_\_\_\_
  - c. Publisher: \_\_\_\_\_
  - d. Edition: \_\_\_\_\_
  - e. Publication Year: \_\_\_\_\_
  
- Textbook #3:
  - a. Name of Textbook: \_\_\_\_\_
  - b. Author: \_\_\_\_\_
  - c. Publisher: \_\_\_\_\_

d. Edition:

e. Publication Year:

Is the training program requesting approval to use textbooks that are older than 5 years (Yes/No):

**SUPPLEMENTAL TEACHING METHODOLOGY – WORKBOOK:**

List the modifications below. Workbooks referenced in the applicable state-approved curriculums do not need to be listed.

• Workbook #1:

a. Name of Workbook:

b. Author:

c. Publisher:

d. Edition:

e. Publication Year:

• Workbook #2:

a. Name of Workbook:

b. Author:

c. Publisher:

d. Edition:

e. Publication Year:

• Workbook #3:

a. Name of Workbook:

b. Author:

c. Publisher:

d. Edition:

e. Publication Year:

Is the training program requesting approval to use workbooks that are older than 5 years (Yes/No):

**STATEMENT OF UNDERSTANDING:**

- I understand the training program must meet the requirements set forth by federal and state rules, regulations, and requirements.
- I understand, per federal regulation 42 CFR §483.152, that students cannot perform any services to residents or patients for which they have not been trained and found proficient by the Instructor.
- I understand, per federal regulation 42 CFR §483.151, that the approval of a training program must be renewed by the North Carolina Division of Health Service Regulation every two (2) years.
- I understand, per federal regulation 42 CFR §483.152, that the training program must use the current version of the North Carolina State-approved curriculum and adhere to the policies and procedures approved by the North Carolina Division of Health Service Regulation.
- I understand, per federal regulations 42 CFR §483.151 and 42 CFR §483.152, that the training program faculty and clinical sites must be approved by the North Carolina Division of Health Service Regulation prior to implementation and the enrollment of students.
- I understand, per federal regulation 42 CFR §483.151, that modifications to the training program must be approved by the North Carolina Division of Health Service Regulation prior to implementation.
- I understand modifications to the training program required by the North Carolina Division of Health Service Regulation must be made in a timely manner.
- I understand, per federal regulation 42 CFR §483.152, that all classroom, laboratory and supervised practical training must be under the direct supervision of a North Carolina Division of Health Service Regulation approved Registered Nurse.
- I understand the training program must incorporate innovative instructional strategies that enable students to deliver quality, compassionate, and consistent basic nursing care. I further understand the training program must ensure objectives are met through instructor demonstration, student practice and demonstration of proficiency.
- I understand the classroom must contain instructional equipment and supplies, seating for the approved number of students as required, and adequate space to accommodate activities.
- I understand, per federal regulation 42 CFR §483.152, that each training program laboratory must be designed, equipped, and contain a sufficient quantity of supplies as shown in the Existing Training Program – Basic Equipment and Supply List.
- I understand, per federal regulation 42 CFR §483.151, that the training program location and policies must be made available to the North Carolina Division of Health Service Regulation upon request.
- I understand, per federal regulation 42 CFR §483.151, that the training program is required to maintain student records for a minimum of three (3) years. I further understand student records must be kept on site, kept in a locked file cabinet, kept in a locked area, and made available for review by the North Carolina Division of Health Service Regulation upon request.
- I understand, per federal regulation 42 CFR §483.151, that the North Carolina Division of Health Service Regulation may withdraw approval of a training program if it determines that the training program does not meet federal or state rules, regulations, and requirements.
- I understand, per federal regulation 42 CFR §483.151, that the North Carolina Division of Health Service Regulation may withdraw approval of a training program if it determines that the training program is not adhering to program documentation approved by the North Carolina Division of Health Service Regulation.

- I understand, per federal regulation 42 CFR §483.151, that the North Carolina Division of Health Service Regulation must withdraw approval of the training program if the training program refuses to permit unannounced visits by the North Carolina Division of Health Service Regulation.

**ELECTRONIC SIGNATURE AGREEMENT:**

You acknowledge and agree to the following statements:

- I certify that I have reviewed the entire document before signing.
- Your electronic signature will have the same legal effect and enforceability as your manual signature.
- No certification authority or other third-party verification is necessary to validate your electronic signature and the lack of such certification or third-party verification will not in any way effect the enforceability of your electronic signature.

**ATTESTATION:**

- I have read and agree to the Statement of Understanding
- I certify that the information in this form, and in the documentation required with the submission of this form, is truthful, accurate, and complete.
- I certify that the information in this form, and in the documentation required with the submission of this form, accurately represents the training program for which the North Carolina Division of Health Service Regulation approval is being requested.
- I will implement directives, policies, forms, and checklists as mandated by federal and state regulations and the North Carolina Division of Health Service Regulation.

Program Coordinator or Program Administrator:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Today's Date (mm/dd/yyyy): \_\_\_\_\_