

**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Education and Credentialing Section  
Existing Training Program – Modification Application**

**INSTRUCTIONS:**

- Complete the application if you're an existing state-approved training program.
- Approval from the North Carolina Division of Health Service Regulation (DHSR) is required prior to modifications being implemented 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 Type:

Place an X beside the correct response.

- a. Community College: \_\_\_\_\_
- b. Proprietary School: \_\_\_\_\_
- c. State Mental Health Facility: \_\_\_\_\_
- d. Nursing Home: \_\_\_\_\_
- e. Hospital: \_\_\_\_\_
- f. Other (Please Specify): \_\_\_\_\_

9. Community College Type:  
Place an X beside the correct response.
- a. Continuing Education: \_\_\_\_\_
  - b. Curriculum: \_\_\_\_\_
  - c. Career and College Promise \_\_\_\_\_

10. Modification Type:  
Place an X beside the correct response.
- a. Instructor/Student Ratios: \_\_\_\_\_
  - b. Faculty Orientation & In-Service: \_\_\_\_\_
  - c. Attendance Policy: \_\_\_\_\_
  - d. Student Grading Policy – Theory Component: \_\_\_\_\_
  - e. Student Grading Policy – Practical Component: \_\_\_\_\_
  - f. Monitoring/Maintenance of Student Records: \_\_\_\_\_
  - g. Classroom: \_\_\_\_\_
  - h. Classroom Diagram: \_\_\_\_\_
  - i. Laboratory: \_\_\_\_\_
  - j. Laboratory Diagram: \_\_\_\_\_
  - k. Withdrawal of Program: \_\_\_\_\_
  - l. Other (Please Specify): \_\_\_\_\_  
\_\_\_\_\_

11. Training Program Number – Modification:
- a. Nurse Aide I Training Program: \_\_\_\_\_
  - b. Nurse Aide I Refresher Program: \_\_\_\_\_
  - c. Geriatric Aide Training Program: \_\_\_\_\_
  - d. Home Care Specialty Training for Nurse Aides Program: \_\_\_\_\_

12. Training Program Number - Withdrawal:
- a. Nurse Aide I Training Program: \_\_\_\_\_
  - b. Nurse Aide I Refresher Program: \_\_\_\_\_
  - c. Geriatric Aide Training Program: \_\_\_\_\_
  - d. Home Care Specialty Training for Nurse Aides Program: \_\_\_\_\_

13. Inclement Weather:
- a. Is the training program making modifications due to inclement weather (Yes/No): \_\_\_\_\_
  - b. What is the time frame for the modifications: \_\_\_\_\_
  - c. How many students are impacted by the modifications: \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTOR/STUDENT RATIOS:**

Answer the questions below. In alignment with the North Carolina Board of Nursing, the Instructor-to-student ratio for clinical instruction cannot be greater than 1:10.

- Classroom = 1 Instructor per \_\_\_\_\_ students.
- Online = 1 Instructor per \_\_\_\_\_ students.
- Laboratory = 1 Instructor per \_\_\_\_\_ students.
- Clinical = 1 Instructor per \_\_\_\_\_ students.

**FACULTY ORIENTATION & IN-SERVICE:**

Faculty must be oriented upon hire and at least annually to approved program policies and the current curriculum approved by the North Carolina Division of Health Service Regulation. New directives and program changes from the North Carolina Division of Health Service Regulation should be communicated to faculty as soon as they are released. Documentation of orientation and in-services should be maintained in employee files and available to the North Carolina Division of Health Service Regulation upon request.

Briefly describe the process to orient new program faculty:

---



---



---

Briefly describe the process for annual in-service training:

---



---



---

**ATTENDANCE:**

Successful completion of the training program is dependent upon the student completing a minimum of \_\_\_\_\_ clock hours of instruction (your total program hours minus the hours your program allows by policy for absences). All missed classroom, laboratory and clinical experiences must be completed in order for the student to successfully complete the training program. Refer to the Monitoring & Maintenance of Student Records section within this application for more information.

**STUDENT GRADING POLICY – THEORY COMPONENT:**

To successfully complete the training program, students must achieve a minimum passing grade of 75 in the theory component. Derivation of the theory grade may consist of tests, a comprehensive exam, quizzes, homework, activities, a project, etc. Each component must include a weighted percentage and when totaled, the percentage must equal 100%.

Provide the minimum passing grade in the theory component for the training program: \_\_\_\_\_

List each item which contributes to the theory component grade. Refer to the example below.

- Theory Component: 5 Quizzes (each quiz equals 4%); Total Weight is 20%

Theory Components:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**STUDENT GRADING POLICY – PRACTICAL COMPONENT – NURSE AIDE I TRAINING PROGRAM:**

To pass the practical (laboratory and clinical) component of the training program, students must be proficient in demonstrating tasks and skills. Per federal regulation 42 CFR §483.152, students cannot perform any services to patients or residents for which they have not been trained and found proficient by the Instructor.

- At a minimum, each starred skill for laboratory located in Appendix A in the state-approved curriculum.
- At a minimum, fifteen (15) starred skills for clinical located in Appendix A in the state-approved curriculum.

Proficiency is defined as the ability to perform a task or skill in a competent and safe manner. The laboratory and clinical components are graded as pass/fail, based on the training program’s definition of proficiency and student performance on tasks and skills.

In order to be deemed proficient, the student must perform \_\_\_\_\_% of steps correctly for each required skill. In addition, students must correctly perform each predetermined critical step for each required skill.

Provide additional criteria for demonstration of proficiency, if applicable:

---



---

**STUDENT GRADING POLICY – PRACTICAL COMPONENT – NURSE AIDE I REFRESHER TRAINING PROGRAM:**

To pass the practical (laboratory and clinical) component of the training program, students must be proficient in demonstrating tasks and skills. Per federal regulation 42 CFR §483.152, students cannot perform any services to patients or residents for which they have not been trained and found proficient by the Instructor.

- At a minimum, each starred skill for laboratory located in Appendix A in the state-approved curriculum.

Proficiency is defined as the ability to perform a task or skill in a competent and safe manner. The laboratory and clinical components are graded as pass/fail, based on the training program’s definition of proficiency and student performance on tasks and skills.

In order to be deemed proficient, the student must perform \_\_\_\_\_% of steps correctly for each required skill. In addition, students must correctly perform each predetermined critical step for each required skill.

Provide additional criteria for demonstration of proficiency, if applicable:

---



---

**STUDENT GRADING POLICY – PRACTICAL COMPONENT – HOME CARE SPECIALITY TRAINING FOR NURSE AIDES PROGRAM:**

To pass the practical (laboratory) component of the training program, students must be proficient in demonstrating tasks and skills.

Proficiency is defined as the ability to perform a task or skill in a competent and safe manner. The laboratory component is graded as pass/fail, based on the training program’s definition of proficiency and student performance on tasks and skills.

Provide additional criteria for demonstration of proficiency, if applicable:

---

---

**STUDENT GRADING POLICY – PRACTICAL COMPONENT – GERIATRIC AIDE TRAINING PROGRAM**

To pass the practical (laboratory and clinical) component of the training program, students must be proficient in demonstrating tasks and skills.

Proficiency is defined as the ability to perform a task or skill in a competent and safe manner. The laboratory and clinical components are graded as pass/fail, based on the training program’s definition of proficiency and student performance on tasks and skills.

To pass clinical, the student must be able to successfully demonstrate enhanced skills. Enhanced skills demonstration is defined as the performance of basic nurse aide skills while delivering care to an older adult, in a variety of clinical situations. Please be advised, students cannot perform any services to an older adult, in a variety of clinical situations, for which they have not been trained and found proficient by the Instructor. Enhanced skills included in the course shall be successfully performed prior to the completion of the training program.

Clinical Requirements:

- Students should attend and participate in clinical conference activities prior to and at the end of each clinical day.
- The following enhanced skills should be performed in a clinical setting with Instructor supervision:
  - Resident care interaction/person-centered care & stress management for nurse aides
  - Infection control/pressure ulcers/mobility/alternatives to restraints & safe restraint use
  - Hydration & nutrition
  - Challenging resident behavior
  - Pain management for nurse aides and palliative care

Provide additional criteria for demonstration of proficiency, if applicable:

---

---

**MONITORING & MAINTENANCE OF STUDENT RECORDS:**

The Program Coordinator is required to monitor and maintain student records for accuracy. A system for monitoring student records must be established and followed consistently. Per federal regulation 42 CFR §483.151, student records must be made available for review by the North Carolina Division of Health Service Regulation upon request. Student records must be kept on site, in a locked area, and in a locked file cabinet for at minimum three (3) years.

- Appendix A in the state-approved curriculum
  - Once completed it is optional for the skill check-off sheets to be maintained in the student record after the completion of class.
  - Skill check-off sheets
    - Student name
    - Skill title per Appendix A in the state-approved curriculum
    - Skill number per Appendix A in the state-approved curriculum
    - Numbered steps needed to perform the skill
    - Blanks at each step to use for checkoff
    - Proficiency requirements including the number of required steps performed correctly, or starred critical steps, or both.
- Attendance records must be completed and maintained in the student record
  - Start date and end date of class
  - Training program number issued by the Division of Health Service Regulation
  - Instructor name and Registered Nurse license number
- Missed instruction must be completed and maintained in the student record
  - When – date of missed instruction
  - How much time missed – hours/minutes
  - What was missed – classroom (content), laboratory (demo, practice), clinical (hours/minutes)
  - What was assigned for makeup – worksheet, paper, laboratory (demo, practice), hour-for-hour clinical
  - When missed instruction was completed – completion date
- Test scores must be completed and maintained in the student record
  - Tests and answer sheets – must be labeled with the version of test and the date given to students
- Copies of student identifications must be maintained in the student record

Describe the process for monitoring and maintaining student records. Also include the location of the student records:

---

---

**CLASSROOM:**

Place an X beside the correct response.

- Modifying an existing classroom (Yes/No): \_\_\_\_\_
- Relocating to a new classroom (Yes/No): \_\_\_\_\_
- Adding a new classroom (Yes/No): \_\_\_\_\_

Answer the questions below.

- Facility Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Building Name: \_\_\_\_\_

- The Classroom Has Tables and Chairs to Accommodate How Many Students:
- 
- Must include adequate lighting
  - Must provide an atmosphere conducive to learning and testing
  - Must contain a dry erase board
  - Must contain audiovisual equipment, computer/projector or smart technology
  - Must contain an instructor area

Provide additional classroom components, if applicable:

---



---

**CLASSROOM DIAGRAM:**

Attach a diagram (may be hand drawn) for each classroom that includes the items listed below. All items in the drawing must be labeled.

- Facility Name
- Room Number
- Site Address
- Building Name
- Room Dimensions (length, width, square footage)
- Physical Layout (dry erase board, tables, chairs, desks, instructor desk, audio-visual equipment, smart technology, and any other furniture or equipment)

**LABORATORY – NURSE AIDE I TRAINING PROGRAM & NURSE AIDE I REFRESHER TRAINING PROGRAM:**

Place an X beside the correct response.

- Modifying an existing laboratory (Yes/No): \_\_\_\_\_
- Relocating to a new laboratory (Yes/No): \_\_\_\_\_
- Adding a new laboratory (Yes/No): \_\_\_\_\_

Please submit the Basic Equipment and Supply List document for existing training programs with the submission of this application.

Answer the questions below. Each laboratory must be set up similar to a resident’s room. This includes the equipment and supplies normally found in a resident’s room. This also includes the items listed in the Existing Training Program – Basic Equipment and Supply List to use for skills instruction, practice and return demonstration. Each laboratory must contain a minimum of 100 square feet for one bed or a minimum of 80 square feet per bed for two or more beds.

- Facility Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Building Name: \_\_\_\_\_
- Number of Beds: \_\_\_\_\_

Provide additional laboratory components, if applicable:

---



---

**LABORATORY – HOME CARE SPECIALTY TRAINING FOR NURSE AIDES PROGRAM:**

Place an X beside the correct response.

- Modifying an existing laboratory (Yes/No): \_\_\_\_\_
- Relocating to a new laboratory (Yes/No): \_\_\_\_\_
- Adding a new laboratory (Yes/No): \_\_\_\_\_

Answer the questions below.

- Facility Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Building Name: \_\_\_\_\_

Each laboratory may be different based upon the Instructor’s creativity and access to resources. Suggestions for a simulated home environment include:

- A chair that would be found in a home (recliner, high back chair, etc.)
- A regular bed
- Something to simulate a tub, shower, etc.
- A simulated kitchen
- Clothes for sorting, simulated laundry
- Clutter (papers, empty boxes, etc.)
- A pill box filled with candy
- Over the counter empty bottles of medication (Tylenol, vitamins, etc.)
- Over the counter empty tubes of ointments (skin barrier, etc.)
- Walker, cane or other adaptive equipment
- Throw rugs

Provide additional laboratory components, if applicable:

---

---

**LABORATORY – GERIATRIC AIDE TRAINING PROGRAM:**

Place an X beside the correct response.

- Modifying an existing laboratory (Yes/No): \_\_\_\_\_
- Relocating to a new laboratory (Yes/No): \_\_\_\_\_
- Adding a new laboratory (Yes/No): \_\_\_\_\_

Answer the questions below.

- Facility Name: \_\_\_\_\_
- Room Number: \_\_\_\_\_
- Site Address: \_\_\_\_\_
- Building Name: \_\_\_\_\_

Provide additional laboratory components, if applicable:

---

---

**LABORATORY DIAGRAM – NURSE AIDE I TRAINING PROGRAM AND NURSE AIDE I REFRESHER TRAINING PROGRAM:**

Attach a diagram (may be hand drawn) for each laboratory that includes the items listed below. All items in the drawing must be labeled.

- Facility Name
- Room Number
- Site Address
- Building Name
- Room Dimensions (length, width, square footage)
- Physical Layout (each resident room must include a resident bed, bedside table, over-bed table, chair, non-functioning call signal, wastebasket, privacy curtain hung from the ceiling that surrounds the area and provides 100% privacy, sink, and any other furniture or equipment deemed necessary).

**LABORATORY DIAGRAM – HOME CARE SPECIALITY TRAINING PROGRAM FOR NURSE AIDES & GERIATRIC AIDE TRAINING PROGRAM:**

Attach a diagram (may be hand drawn) for each laboratory that includes the items listed below. All items in the drawing must be labeled.

- Facility Name
- Room Number
- Site Address
- Building Name
- Room Dimensions (length, width, square footage)
- Physical Layout

**OTHER TRAINING PROGRAM MODIFICATIONS:**

Complete and submit the forms below if the following modifications are being made to an existing state-approved training program.

- Program (Clock) Hours, Course Schedule, or Supplemental Teaching Methodology (Instructional Resource):
  - Existing Training Program – Course Schedule and Supplemental Teaching Methodology Form
- Faculty:
  - Existing Training Program – Faculty Approval Request Form
  - Existing Training Program – Faculty Removal Form
- Clinical Site:
  - Existing Training Program – Clinical Site Approval Form
  - Existing Training Program – Clinical Site Removal Form

**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, 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 onsite, 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 or requirements 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 application, and in the documentation required with the submission of this application, is truthful, accurate, and complete.
- I certify that the information in this application, and in the documentation required with the submission of this application, 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 Administrator:

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Today's Date (mm/dd/yyyy):

\_\_\_\_\_

Program Coordinator:

First Name:

\_\_\_\_\_

Last Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Today's Date (mm/dd/yyyy):

\_\_\_\_\_