

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Existing Training Program – Reapproval 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 the enrollment of students in the training program.
- Email the completed form to 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. Proprietary Schools:
Does the school operate under an exemption based on North Carolina General Statute 115D-87 (Yes/No): _____
11. Training Program Number:
- 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: _____

PRIMARY INSTRUCTIONAL RESOURCE:

Training programs are required to use the current version of the state-approved curriculum provided by the North Carolina Division of Health Service Regulation.

PROGRAM HOURS:

The program hours for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

COURSE SCHEDULE & SUPPLEMENTAL TEACHING METHODOLOGIES:

The course schedule and supplemental teaching methodologies for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

FACULTY:

The faculty for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

FACULTY ORIENTATION & IN-SERVICE:

The processes to orient new program faculty and annual in-service training should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

INSTRUCTOR/STUDENT RATIOS:

The Instructor-to-student ratios for the training program should reflect the information currently approved by the Division of Health Service Regulation. In alignment with the North Carolina Board of Nursing, the Instructor-to-student ratio for clinical instruction cannot be greater than 1:10.

STUDENT IDENTIFICATIONS:

In alignment with the North Carolina Board of Nursing, students are required to wear a nametag in a clinical setting. The nametag should include the student's name, followed by the words, "Nurse Aide I Trainee" or "Nurse Aide I Student." The nametag should be worn facing outward.

ATTENDANCE:

The minimum number of clock hours of instruction for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation. All missed classroom, laboratory and clinical experiences must be completed in order for the student to successfully complete the training program.

SKILL PERFORMANCE CHECKLISTS:

A skill check-off sheet must be developed for each skill listed in Appendix A in the state-approved curriculum. Each skill must include proficiency requirement(s) which identifies the number of steps performed correctly, or starred critical steps, or both. As an example, if a skill has 17 total steps and the proficiency statement says that 80% of the steps must be performed correctly, the statement on the 17-step skill should say, "To pass this skill, 14 of the 17 steps plus each critical step must be performed correctly."

Skill check-off sheets must be provided to students for use during laboratory practice in order for them to learn, practice and demonstrate proficiency. Training programs must develop a complete set of skill check-off sheets. Skill check-off sheets must be readily available for review by the North Carolina Division of Health Service Regulation. The check-off sheets must include all skills listed in Appendix A in the state-approved curriculum.

STUDENT GRADING POLICY – THEORY COMPONENT:

To successfully complete the training program, students must achieve a minimum passing grade of 75 in the theory component. The derivation of the theory grade for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

STUDENT GRADING POLICY – PRACTICAL COMPONENT:

To pass the practical (laboratory and clinical) component of the training program, students must be proficient in demonstrating tasks and skills. Students cannot perform any services to patients or residents for which they have not been trained and found proficient by the Instructor. The practical component grade for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation

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. Student records must be made available for review by the North Carolina Division of Health Service Regulation upon request. Student records must be kept onsite, 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

CLASSROOM:

The classroom for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

CLASSROOM DIAGRAM:

The classroom diagram for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

LABORATORY:

The laboratory for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

LABORATORY DIAGRAM:

The laboratory diagram for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

CLINICAL SITES:

The clinical sites for the training program should reflect the information currently approved by the North Carolina Division of Health Service Regulation.

PROPRIETARY SCHOOLS:

For-profit training programs are required to contact the North Carolina Community College System, Office of Proprietary Schools to secure a license to offer a proprietary education program in North Carolina. You must have a current license before the North Carolina Division of Health Service Regulation will approve your application to offer Nurse Aide I training. Provide a copy of your license and approval letter with the submission of this application.

DOCUMENTATION REQUIRED WITH THE SUBMISSION OF THE APPLICATION:

Proprietary School license and approval letter, if applicable.

If the training program wishes to make modifications, then they should submit the required forms with the submission of this application.

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 Coordinator:

First Name: _____

Last Name: _____

Signature: _____

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

Program Administrator:

First Name: _____

Last Name: _____

Signature: _____

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

REAPPROVAL CHECKLIST:

Answer the questions below.

Training Programs: Are You Meeting the Program Component (Yes/No)?	DHSR Only: Is the Training Program Meeting the Program Component (Yes/No)?	Program Component:	DHSR Notes:
<hr/>	<hr/>	1. The DHSR class schedule reflects each State Curriculum module letter and name with corresponding class hours, lab hours, and clinical hours. Totals for class hours, lab hours, and clinical hours are included and equal to State-approved totals. (1 class hour of instruction is equal to 60 minutes)	<hr/> <hr/> <hr/>
<hr/>	<hr/>	2. The schedule for each corresponding class roster is maintained.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	3. A minimum of 16 clock hours of training prior to any direct contact with a resident or patient in the areas of communication and interpersonal skills; infection control; safety/emergency procedures, including the Heimlich maneuver; promoting residents' rights independence; and respecting residents' rights.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	4. Absences that occur during the defined areas of instruction listed in Item 3 above are made up prior to resident contact.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	5. Supplemental teaching methodologies are State-approved.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	6. Instructional resources, including primary textbook, are State-approved.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	7. Textbooks and audiovisuals are no more than 5 years old and meet current nursing practice standards.	<hr/> <hr/> <hr/>
<hr/>	<hr/>	8. The DHSR-approved minimum instructor/student ratios are maintained.	<hr/> <hr/> <hr/>

		9. Classroom and lab space and layout are State-approved.	
		10. DHSR-approved equipment, materials and supplies are available and in working order.	
		11. Faculty are State-approved.	
		12. DHSR has been notified to remove past faculty from the program's faculty list.	
		13. State required faculty orientation and in-service activities are documented and available to DHSR upon request.	
		14. Students are under the direct supervision of a DHSR-approved Registered Nurse while providing services to residents or patients.	
		15. Students perform only the services for which they have been trained and been found proficient by a DHSR-approved Registered Nurse Instructor.	
		16. All students wear nametags in clinical sites that include the word "trainee" or "student" after the student's name.	
		17. Documentation of student records monitoring is available to DHSR upon request.	
		18. The Instructor ensures and maintains the integrity of the testing process.	
		19. Student absences do not exceed program policy.	
		20. The DHSR-approved method for determining theory, lab and clinical grades is followed including the proficiency policy.	

		21. DHSR-approved passing grades for theory, lab and clinical are followed.	
		22. Current clinical sites are DHSR-approved.	
		23. Student records include the minimum required documents.	
		24. Student records are maintained for at least three years.	
		25. If a school has a State-approved Geriatric Aide Training Program, then the program requirements are being met.	
		26. If a school has a State-approved Home Care Specialty Training for Nurse Aides Program, then the program requirements are being met.	
		27. If a school has a State-approved Nurse Aide I Refresher Training Program, then the program requirements are being met.	