North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
Existing Training Program – Nurse Aide I Refresher 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 application to dhsr.educationconsultant@dhhs.nc.gov.
- Contact the DHSR Education Consultant for your region with any questions.

PROGRAM REQUIREMENTS:

- Only available to community colleges and proprietary schools.
- Must be approved by the North Carolina Division of Health Service Regulation (DHSR) to be a Nurse Aide I training program for at minimum one (1) year.
- Conducted a Nurse Aide I training course within the previous 24 consecutive months.
- Must obtain a new training program number, issued by DHSR, prior to the enrollment of students.
- DHSR will not approve a training program to be a test preparation course for the state-approved competency examination.

STUDENTS:

On the first day of the training course, each student must meet at least one (1) of the following criteria.

- Must be listed on the North Carolina Nurse Aide I Registry.
- Has a school transcript identifying successfully completed courses equivalent to the North Carolina state-approved Nurse Aide I training program and curriculum requirements.
- Military health care training that is equivalent to the North Carolina state-approved Nurse Aide I training program and curriculum requirements.
- Holds a state recognized health care credential from any state.

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 Statue 115D-87 (Yes/No): _____
11. Training Program Numbers:
    The training program must be currently approved by the North Carolina Division of Health Service Regulation to offer Nurse Aide I training. Provide all Nurse Aide I training program numbers below.

    _____

    _____

ONLINE PROGRAM:
A new training program is not approved for online delivery because instructional methods and learning processes differ significantly between in-person and online formats. The Division of Health Service Regulation recognizes that instructional quality directly affects public safety and workforce readiness.

A North Carolina established training program that has been operational for at minimum one (1) year and wishes to implement an online program should contact the Education Consultant assigned to their region for additional information.

The Division of Health Service Regulation will not approve the delivery or completion of laboratory or clinical hours in an online format. This requirement applies to both new and existing training programs.

PROGRAM HOURS:
The training program must have at minimum 40 total program hours. Clinical program hours are optional and not required.

Provide the program hours for the training program below.

- Classroom Hours: _____
- Online Hours (if applicable): _____
- Laboratory Hours: _____
- Clinical Hours (if applicable): _____
- Total Program Hours: _____

COURSE SCHEDULE & SUPPLEMENTAL TEACHING METHODOLOGIES:
Complete the Existing Training Program – Course Schedule and Supplemental Teaching Methodology Form and submit with this application.

Per federal regulation 42 CFR §483.152, the training program must include the following components of the North Carolina state-approved Nurse Aide I curriculum.

- Basic nursing skills;
- Personal care skills;
- Mental health and social service needs;
- Care of cognitively impaired residents;
- Basic restorative services; and
- Residents rights

Per federal regulation 42 CFR §483.152, the training program must include at least a total of 16 hours of training in the following areas prior to any direct contact with a resident or patient. Refer to the North Carolina state-approved Nurse Aide I curriculum.

- Communication and interpersonal skills;
- Infection control;
- Safety/emergency procedures, including the Heimlich maneuver;
- Promoting residents' independence; and
- Respecting residents' rights.

PRIMARY INSTRUCTIONAL RESOURCE:
The training program is required to use the current Nurse Aide I curriculum approved by the North Carolina Division of Health Service Regulation. Other forms of primary instruction include teaching guides, presentations, classroom activities, lectures, cooperative learning, and individual or class projects.

FACULTY:
Review the qualifications required for each faculty member in the Existing Training Program – Faculty Approval Requirements Form. Upon completion of your review, submit the New Training Program – Faculty Approval Request Form with this application. One form must be submitted for each faculty member. Per federal regulation 42 CFR §483.152, students must be under the direct supervision of a Registered Nurse. All faculty must be approved by the North Carolina Division of Health Service Regulation prior to instruction.

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:

_____
_____
_____

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. Clinical program hours are optional and not required.

- Classroom = 1 Instructor per _____ students.
- Online (if applicable) = 1 Instructor per _____ students.
- Laboratory = 1 Instructor per _____ students.
- Clinical (if applicable) = 1 Instructor per _____ students.

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:
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 and laboratory 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.

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. 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:

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:

_____

_____

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 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)
    - What was assigned for makeup – worksheet, paper, laboratory (demo, practice),
    - 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:
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:
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 DIAGRAM:
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).

CLINICAL SITES:
If applicable, complete the Existing Training Program – Clinical Site Approval Form and submit with this application. All clinical sites for the training program must be approved by the North Carolina Division of Health Service Regulation prior to instruction and the enrollment of students.

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:

- Existing Training Program – Basic Equipment and Supply List
- Existing Training Program – Course Schedule and Supplemental Teaching Methodology Form
- Existing Training Program – Faculty Approval Request Form
- Existing Training Program – Clinical Site Approval Form, If Applicable

- Classroom Diagram
- Laboratory Diagram
- Proprietary School License and Approval Letter, If Applicable

STATEMENT OF UNDERSTANDING:

- I understand the training program must meet the requirements set forth by federal and state rules, regulations, and requirements.
- I understand the training program must be approved by the North Carolina Division of Health Service Regulation to offer Nurse Aide I training.
- 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): _____