

**North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Education and Credentialing Section
New Training Program – Home Care Specialty Training For
Nurse Aides Application**

INSTRUCTIONS:

- Complete the application if you're a community college and establishing a new 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.

STUDENTS:

Students must be listed in active status on the North Carolina Nurse Aide I Registry on the first day of the training course.

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

PROGRAM HOURS:

The training program must have at minimum 100 total program (clock) hours. 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 North Carolina Division of Health Service Regulation will not approve laboratory hours or clinical hours to be offered or completed online. Provide the program hours for the training program below.

- Classroom hours: _____
- Online hours: _____
- Laboratory hours: _____
- Total program hours: _____

COURSE SCHEDULE & SUPPLEMENTAL TEACHING METHODOLOGIES:

Complete the New Training Program – Course Schedule and Supplemental Teaching Methodology Form and submit with this application. The training program must use the current curriculum approved by the North Carolina Division of Health Service Regulation.

PRIMARY INSTRUCTIONAL RESOURCE:

The training program is required to use the current 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 New 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. Students must be under the direct supervision of a Registered Nurse and all faculty must be approved by the North Carolina Division of Health Service Regulation prior to instruction.

INSTRUCTOR/STUDENT RATIOS:

Answer the questions below.

- Classroom = 1 Instructor per _____ students.
- Online = 1 Instructor per _____ students.
- Laboratory = 1 Instructor per _____ students.

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.

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) 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:

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.

- 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.

- 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 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

DOCUMENTATION REQUIRED WITH THE SUBMISSION OF THE APPLICATION:

- New Training Program – Course Schedule and Supplemental Teaching Methodology Form
- New Training Program – Faculty Approval Request Form
- Classroom Diagram
- Laboratory Diagram

REGISTRY:

I understand the training program must notify the North Carolina Division of Health Service Regulation, within five (5) business days of course completion, the information of the students who successfully passed the training program in order for them to be listed on the appropriate registry.

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 students must be listed in active status on the Nurse Aide I Registry prior to enrolling in a course.
- I understand that students cannot perform any services to patients or residents for which they have not been trained and found proficient by the Instructor.
- I understand 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 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 that the training program faculty must be approved by the North Carolina Division of Health Service Regulation prior to implementation and the enrollment of students.
- I understand 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 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 the training program must be made available to the North Carolina Division of Health Service Regulation upon request.
- I understand the policies for the training program must be made available to the North Carolina Division of Health Service Regulation upon request.
- I understand 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 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 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 that the North Carolina Division of Health Service Regulation will withdraw approval if the training program refuses to permit unannounced visits by the North Carolina Division of Health Service Regulation.
- I understand the training program must notify the North Carolina Division of Health Service Regulation, within five (5) business days of course completion, the information of the students who successfully passed the training program in order for them to be listed on the appropriate registry.

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 or Program Administrator:

First Name: _____

Last Name: _____

Signature: _____

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