

**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Education and Credentialing Section  
New Training Program – Basic Equipment and Supply List**

**INSTRUCTIONS:**

- Complete the form if you're 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](mailto:dhsr.educationconsultant@dhhs.nc.gov).
- Contact the DHSR Education Consultant for your region at 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. Training Program

Place an X beside the correct response.

a. Nurse Aide I Training Program: \_\_\_\_\_

b. Nurse Aide I Refresher Training Program: \_\_\_\_\_

9. 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): \_\_\_\_\_

**DEFINITIONS:**

- 10. As Needed: Having sufficient quantity of supplies appropriate to the number of students that will permit class objectives to be met by instructor demonstration, student practice, and proficiency demonstration by students.
- 11. Various: Having at least two types of an item. For example, two different types of canes (quad cane/stick cane) or two different types of enemas (bag enema/bulb enema).
- 12. Per Student: Having enough supplies for the maximum approved number of students. For example, if a program is approved for 20 students, then the program is required to have enough supplies in each lab for 20 students.
- 13. Per Lab: Having enough supplies for the maximum approved number of labs.
- 14. Per Bed: Having enough supplies for the maximum approved number of beds.
- 15. Per Sink: Having enough supplies for the maximum approved number of sinks.
- 16. Optional: If the training program chooses to include the optional Equipment and supplies, then the recommended amount is provided.

**GENERAL LABORATORY:**

- 17. Beside Commode = 1 Per Lab
- 18. Hand Rub/Sanitizer = 1 Per Lab
- 19. Hand Wipes = As Needed
- 20. IV Pole With IV Bag/Tubing = 1 Per Lab
- 21. Paper Towel Dispenser = 1 Per Lab
- 22. Pump Soap = 1 Per Sink
- 23. Alcohol-Based Handrub = 1 Per Sink
- 24. Sink With Hot & Cold Running Water = 1 Per Lab
- 25. Wastebasket With Liner = 1 Per Sink
- 26. Training Manikin (Adult Male/Female Full Bodied, Functionally & Anatomically Correct) = 1 per 10 Students

**RESIDENT AREA:**

- 27. Bedside Chair = 1 Per Bed
- 28. Bedside Stand= 1 Per Bed
- 29. Full Privacy Curtain, Suspended (Not Screen) = 1 Per Bed
- 30. Hospital Bed With Rails, Functioning = 1 Per 10 Students
- 31. Non-Functioning Call Signal (Attached To Head Of Bed/Wall) = 1 Per Bed
- 32. Overbed Table = 1 Per Bed
- 33. Wastebasket = 1 Per Bed

**BEDDING:**

- 34. Dirty Laundry Container = 1 Per Lab
- 35. Bedspread Or Blanket = 2 Per Bed
- 36. Bottom Sheet (Flat or Fitted) = 2 Per Bed
- 37. Turning Sheet = 2 Per Bed

38. Incontinence Pads = 2 Per Bed
39. Pillows = 4 Per Bed
40. Pillowcases = 8 Per Bed
41. Top sheets = 2 Per Bed

**PERSONAL CARE:**

42. Bath Thermometer = 1 Per Lab
43. Bath Towel = 1 Per Student
44. Disposable Razor = 1 Per Student & Optional
45. Hairbrush or Comb = 1 Per Student
46. Hair Dryer = 1 Per Lab & Optional
47. Nail Clippers = 1 Per Student
48. Nail File or Emery Board = 1 Per Student
49. Orangewood Sticks = 1 Per Student
50. Shaving Cream = As Needed & Optional
51. Washcloth = 2 Per Students
52. Bath Blanket (Or Equivalent) = 2 Per Bed
53. Standard Bedpan = 1 Per Bed
54. Fracture Bedpan = 1 Per Bed
55. Deodorant = 1 Per Bed
56. Liquid Soap With Pump Dispenser = 1 Per Bed
57. Lotion = 1 Per Bed
58. Urinal = 1 Per Bed
59. Wash Basin = 1 Per Bed
60. Water Pitcher = 1 Per Bed

**ORAL CARE:**

61. Cotton-Tipped Applicators = As Needed
62. Demonstration Teeth With Tongue = 1 Per Lab & Optional
63. Dentures (1 Set) = 1 Per Lab
64. Denture Brush Or Toothbrush Labeled For Denture Care = 1 Per Bed
65. Denture Cleaning Tablets (1 Box) = 1 Per Lab
66. Denture Paste/Cream = As Needed
67. Disposable Cups = As Needed
68. Emesis Basin = 1 Per Student
69. End Tuft Toothbrush = As Needed
70. Gauze Pads (4x4) = As Needed
71. Inter-Dental Brush/Go-Between = As Needed
72. Medication Cups (30 ml Plastic) = As Needed
73. Prepared Swabs/Toothettes = As Needed
74. Straws = As Needed
75. Tongue Blades = As Needed
76. Toothbrush (Soft) = 1 Per Student
77. Toothpaste = As Needed
78. Denture Cup With Lid = 1 Per Bed
79. Mouthwash (Non-Alcohol) = 1 Per Bed
80. Tissues (1 Box) = 1 Per Bed

**NUTRITION:**

81. Eating Utensils & Napkins = As Needed
82. Food (2 Varieties) & Beverage (Water) = As Needed
83. Food Thickening Agents = As Needed
84. Paper Plates = As Needed
85. Paper Towels = As Needed

- 86. Clothing Protector Or Equivalent For Meals = 1 Per Bed
- 87. Meal Tray Including Plate Cover & Name Card = 1 Per Bed

**ELIMINATION:**

- 88. Adult Briefs = As Needed
- 89. Condom Catheter = As Needed
- 90. Enemas (Various Types) = As Needed
- 91. Foley Catheter & Urinary Drainage Bag (Per Manikin) = As Needed
- 92. Syringe for Catheter = As Needed
- 93. Stool & Urine Specimen Containers = 1 Per 5 Students = As Needed
- 94. Water Soluble Lubricant (Disposable Packets)
- 95. Graduated specimen container = 1 Per Bed
- 96. Toilet Tissue (Roll) = 1 Per Bed

**CLOTHING:**

- 97. Extra-Large Clothing For Men & Women (Assorted Colors & Designs With Buttons Or Snaps; Tops Should Open In Front) = As Needed
- 98. Non-Skid Footwear = As Needed
- 99. Socks = As Needed
- 100. Hospital gown = 2 Per Bed

**ASSISTIVE DEVICES:**

- 101. Assistive Dining Devices (Various) = 2 Per Lab
- 102. Canes (Various) = 2 Per Lab
- 103. Crutches (Pair) = 1 Per Lab
- 104. Eye Glasses = 1 Per Lab
- 105. Hearing Aid = 1 Per Lab
- 104. Restraints (Various Types & Sizes) = As Needed
- 105. Walker = 1 Per Lab
- 106. Wheelchair (Adult) (With Removable Foot Rests) = 1 Per Lab
- 107. Gait Belt = 2 Per Bed

**VITAL SIGNS:**

- 108. Blood Pressure: Manual (Aneroid) Adult Size = 1 Per 2 Students
- 109. Blood Pressure: Manual (Aneroid) Large Adult Size = 1 Per 2 Students
- 110. Electronic Sphygmomanometer = 1 Per Lab, Optional
- 111. Stethoscope = 1 Per 2 Students
- 112. Teaching Stethoscope (per instructor) = 1 Per Lab
- 113. Electronic Thermometer Of Choice = 2 Per 5 Students
- 114. Oral, Non-Mercury Liquid-Filled Glass Thermometer = 1 Per 5 Students
- 115. Rectal, Non-Mercury Liquid-Filled Glass Thermometer = 1 Per 5 Students
- 116. Thermometer Sheaths = As Needed
- 117. Swim Noodles (Various Sizes Cut In 1½ Foot Sections) = 1 Per 2 Students

**STANDARD PRECAUTIONS & ISOLATION:**

- 118. Alcohol Wipes = As Needed
- 119. Antimicrobial Spray/Wipes For Equipment/Supplies = As Needed
- 120. Disposable Gloves (Various Sizes, Non-Sterile, Non-Latex) = As Needed
- 121. Face Mask = 1 Per 2 Students
- 122. Goggles = 1 Per 2 Students
- 123. Isolation Gown = 1 Per 2 Students
- 124. Trash/Biohazard Bags = As Needed

**MISCELLANEOUS:**

- 125. Cold Pack & Warm Pack Of Choice (Per Instructor) = As Needed
- 126. Elastic Bandage = 1 Per 5 Students
- 127. Non-Sterile Dressings = As Needed
- 128. Tape (Various Sizes) = As Needed
- 129. Anti-Embolism Stockings (Various Sizes) = 1 Per Student
- 130. Fire Extinguisher = 1 Per Lab
- 131. Scales, Standing With Height Bar = 1 Per Lab
- 132. Sitz Bath (Built-In or Disposable) = 1 Per Lab
- 133. Stool (Medical Step Stool Without Handrail) = 1 Per Lab
- 134. Geri Chair = 1 Per Lab, Optional
- 135. Lift (Mechanical) = 1 Per Lab, Optional
- 136. Scales (Bed Or Chair) = 1 Per Lab, Optional

**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 New 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): \_\_\_\_\_