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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR DHSR USE ONLY:**   * Date DHSR Received Document From Training Program (mm/dd/yyyy): * Status Determination of Document (Approved or Denied): * Date Status Determination Communicated to Training Program (mm/dd/yyyy): * Review Completed By:   **INSTRUCTIONS:**   * Complete the form if you’re an existing Nurse Aide I training program seeking reapproval from the North Carolina Division of Health Service Regulation (DHSR). * The form must be completed for each training program number. * You may type your response in the space provided. * Approval from DHSR is required prior to modifications being implemented in the training program. * The Program Coordinator must sign the document. * Email or fax completed documents to DHSR. Incomplete documents will be denied. You must submit all pages of the document. * Email: [DHSR.EducationConsultant@dhhs.nc.gov](mailto:DHSR.EducationConsultant@dhhs.nc.gov) * Fax: 919-733-9764 * Contact your [Education Consultant](https://info.ncdhhs.gov/dhsr/hcpr/consultants.html) with any questions or concerns.   **PROGRAM INFORMATION:**   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:  1. **Site Address:**  * Street: * City: * Zip Code: * County:  1. **Training Program Number:**   *Important Notice*:  The form must be submitted for each training program number.   1. **Program Type:**   Place an X beside the correct response.   * Community College: * Proprietary School: * State Mental Health Facility: * Nursing Home: * Hospital: * Other:       If Selected, Please Specify the Type of Training Facility:  1. **Definitions:**  |  |  | | --- | --- | | As Needed: | Defined as 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. | | Various: | Defined as 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). | | Per Student: | Defined as 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. | | Per Lab: | Defined as having enough supplies for the maximum approved number of labs. | | Per Bed: | Defined as having enough supplies for the maximum approved number of beds. | | Per Sink: | Defined as having enough supplies for the maximum approved number of sinks. | | Optional: | If the training program chooses to include the optional equipment/supply, the recommended amount is listed in the corresponding column. | |

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| 1. **General Laboratory:**  | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | --- | --- | --- | --- | --- | --- | --- | | Bedside commode | 1 |  |  |  |  |  | | Hand rub/sanitizer | 1 |  |  |  |  |  | | Hand wipes |  |  |  |  | X |  | | IV pole with IV bag/tubing | 1 |  |  |  |  |  | | Paper towel dispenser | 1 |  |  |  |  |  | | Pump soap |  |  |  | 1 |  |  | | Alcohol-based handrub |  |  |  | 1 |  |  | | Sink with hot & cold running water | 1 |  |  |  |  |  | | Wastebasket with liner |  |  |  | 1 |  |  | | Training manikin  (Adult male/female full bodied, functionally & anatomically correct) |  |  | 1 per 10 |  |  |  |  1. **Resident Area:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Bedside chair |  | 1 |  |  |  |  | | Bedside stand |  | 1 |  |  |  |  | | Full privacy curtain, suspended  (not screen) |  | 1 |  |  |  |  | | Hospital bed with rails, functioning |  |  | 1 per 10 |  |  |  | | Non-functioning call signal (attached to head of bed/wall) | 1 |  |  |  |  |  | | Overbed table | 1 |  |  |  |  |  | | Wastebasket | 1 |  |  |  |  |  |  1. **Bedding:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Dirty Laundry Container | 1 |  |  |  |  |  | | Bedspread or Blanket |  | 2 |  |  |  |  | | Bottom sheet (flat or fitted) |  | 2 |  |  |  |  | | Turning sheet |  | 2 |  |  |  |  | | Incontinence pads |  | 2 |  |  |  |  | | Pillows |  | 4 |  |  |  |  | | Pillowcases |  | 8 |  |  |  |  | | Top sheets |  | 2 |  |  |  |  |  1. **Personal Care:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Bath thermometer | 1 |  |  |  |  |  | | Bath towel |  |  | 1 |  |  |  | | Disposable razor |  |  | 1 |  |  | X | | Hairbrush or comb |  |  | 1 |  |  |  | | Hair dryer | 1 |  |  |  |  | X | | Nail clippers |  |  | 1 |  |  |  | | Nail file or emery board |  |  | 1 |  |  |  | | Orangewood sticks |  |  | 1 |  |  |  | | Shaving cream |  |  |  |  | X | X | | Washcloth |  |  | 2 |  |  |  | | Bath blanket (or equivalent) |  | 2 |  |  |  |  | | Standard bedpan |  | 1 |  |  |  |  | | Fracture bedpan |  | 1 |  |  |  |  | | Deodorant |  | 1 |  |  |  |  | | Liquid soap with pump dispenser |  | 1 |  |  |  |  | | Lotion |  | 1 |  |  |  |  | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Urinal |  | 1 |  |  |  |  | | Wash basin |  | 1 |  |  |  |  | | Water pitcher |  | 1 |  |  |  |  |  1. **Oral Care:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Cotton-tipped applicators |  |  |  |  | X |  | | Demonstration teeth with tongue | 1 |  |  |  |  | X | | Dentures (1 set) | 1 |  |  |  |  |  | | Denture brush or toothbrush labeled for denture care |  | 1 |  |  |  |  | | Denture cleaning tablets (1 box) | 1 |  |  |  |  |  | | Denture paste/cream |  |  |  |  | X |  | | Disposable cups |  |  |  |  | X |  | | Emesis basin |  |  | 1 |  |  |  | | End tuft toothbrush |  |  |  |  | X |  | | Gauze pads (4x4) |  |  |  |  | X |  | | Inter-dental brush/go-between |  |  |  |  | X |  | | Medication cups (30 ml plastic) |  |  |  |  | X |  | | Prepared swabs/toothettes |  |  |  |  | X |  | | Straws |  |  |  |  | X |  | | Tongue blades |  |  |  |  | X |  | | Toothbrush (soft) |  |  | 1 |  |  |  | | Toothpaste |  |  |  |  | X |  | | Denture cup with lid |  | 1 |  |  |  |  | | Mouthwash (non-alcohol) |  | 1 |  |  |  |  | | Tissues (1 box) |  | 1 |  |  |  |  |  1. **Nutrition:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Eating utensils & napkins |  |  |  |  | X |  | | Food (two varieties) & beverage (water) |  |  |  |  | X |  | | Food thickening agents |  |  |  |  | X |  | | Paper plates |  |  |  |  | X |  | | Paper towels |  |  |  |  | X |  | | Clothing protector or equivalent for meals |  | 1 |  |  |  |  | | Meal tray including plate cover & name card |  | 1 |  |  |  |  |  1. **Elimination:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** | | Adult Briefs |  |  |  |  | X |  | | Condom Catheter |  |  |  |  | X |  | | Enemas (various types) |  |  |  |  | X |  | | Foley catheter & urinary drainage bag (per manikin) |  |  |  |  | X |  | | Syringe for catheter |  |  |  |  | X |  | | Stool & urine specimen containers |  |  | 1 per 5 |  |  |  | | Water soluble lubricant  (disposable packets) |  |  |  |  | X |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Graduated specimen container |  | 1 |  |  |  |  |
| Toilet tissue (roll) |  | 1 |  |  |  |  |

1. **Clothing:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Extra-large clothing for men & women (assorted colors & designs with buttons or snaps; tops should open in front) |  |  |  |  | X |  |
| Non-skid footwear |  |  |  |  | X |  |
| Socks |  |  |  |  | X |  |
| Hospital gown |  | 2 |  |  |  |  |

1. **Assistive Devices:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Assistive dining devices (various) | 2 |  |  |  |  |  |
| Canes (various) | 2 |  |  |  |  |  |
| Crutches (pair) | 1 |  |  |  |  |  |
| Eye glasses | 1 |  |  |  |  |  |
| Hearing aid | 1 |  |  |  |  |  |
| Restraints (various types & sizes) |  |  |  |  | X |  |
| Walker | 1 |  |  |  |  |  |
| Wheelchair (adult)  (with removable footrests) | 1 |  |  |  |  |  |
| Gait belt |  | 2 |  |  |  |  |

1. **Vital Signs:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Blood pressure: manual (aneroid) adult size |  |  | 1 per 2 |  |  |  |
| Blood pressure: manual (aneroid) Large adult size |  |  | 1 per 2 |  |  |  |
| Electronic sphygmomanometer | 1 |  |  |  |  | X |
| Stethoscope |  |  | 1 per 2 |  |  |  |
| Teaching Stethoscope  (per instructor) | 1 |  |  |  |  |  |
| Electronic thermometer of choice |  |  | 2 per 5 |  |  |  |
| Oral, non-mercury liquid-filled glass thermometer |  |  | 1 per 5 |  |  |  |
| Rectal, non-mercury liquid-filled glass thermometer |  |  | 1 per 5 |  |  |  |
| Thermometer sheaths |  |  |  |  | X |  |
| Swim noodles (various sizes cut in 1½ foot sections) |  |  | 1 per 2 |  |  |  |

1. **Standard Precautions and Isolation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Alcohol wipes |  |  |  |  | X |  |
| Antimicrobial spray/wipes for equipment/supplies |  |  |  |  | X |  |
| Disposable gloves (various sizes, non-sterile, non-latex) |  |  |  |  | X |  |
| Face mask |  |  | 1 per 2 |  |  |  |
| Goggles |  |  | 1 per 2 |  |  |  |
| Isolation gown |  |  | 1 per 2 |  |  |  |
| Trash/biohazard bags |  |  |  |  | X |  |

1. **Miscellaneous:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Cold pack & warm pack of choice (per Instructor) |  |  |  |  | X |  |
| Elastic bandage |  |  | 1 per 5 |  |  |  |
| Non-sterile dressings |  |  |  |  | X |  |
| Tape (various sizes) |  |  |  |  | X |  |
| Anti-embolism stockings (various sizes) |  |  | 1 |  |  |  |
| Fire extinguisher | 1 |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Equipment/Supply** | **Per Lab** | **Per**  **Bed** | **Per**  **Student** | **Per**  **Sink** | **As Needed** | **Optional** |
| Scales, standing with height bar | 1 |  |  |  |  |  |
| Sitz bath (built-in or disposable) | 1 |  |  |  |  |  |
| Stool (medical step stool without handrail) | 1 |  |  |  |  |  |
| Geri chair | 1 |  |  |  |  | X |
| Lift (mechanical) | 1 |  |  |  |  | X |
| Scales (bed or chair) | 1 |  |  |  |  | X |

1. **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 [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), that students cannot perform any services to residents for which they have not been trained and found proficient by the Instructor.
* I understand, per [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.151) and [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), that the training program must provide supervised practical training to ensure students demonstrate the knowledge and skills required to perform nurse aide tasks and provide care 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 [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), that each Nurse Aide I 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](https://test.ncdhhs.gov/dhsr/hcpr/nat.html#TP).
* I understand, per [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.151), that the policies for the training program must be made available to the North Carolina Division of Health Service Regulation upon request.
* I understand, per [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 available 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 [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-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 [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.151), that the North Carolina Division of Health Service Regulation must withdraw approval of a Nurse Aide I training and competency evaluation program or a Nurse Aide I competency evaluation program if the entity administering the Nurse Aide I training program refuses to permit unannounced visits by the North Carolina Division of Health Service Regulation.

1. **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.

1. **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:**  First Name: |

Last Name:

Signature:

Date (mm/dd/yyyy):

*Note: The North Carolina Division of Health Service Regulation will accept an electronic signature.*