**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 application if you’re establishing a new Nurse Aide I training program.
* You may type your response in the space provided.
* Submit the required documentation with this application for review and approval.
* Approval from the North Carolina Division of Health Service Regulation (DHSR) is required prior to the enrollment of students in the training program.
* The Program Coordinator or Program Administrator must sign the application.
* 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):**

|  |
| --- |
| 1. **Name of School:** 2. **Name of Training Program:** |
| |  | | --- | | 1. **Mailing Address:** | | * Street: | | * City: * Zip Code: * County: | | 1. **Site Address:** | | * Street: | | * City: * Zip Code: * County: | |

1. **Program Administrator:**

* Name:
* Title:
* Telephone (include area code):
* Email:

1. **Program Coordinator:**

* Name:
* Telephone (include area code):
* Email:
* Fax (include area code):

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. **Community College Only:**

Place an X beside the correct response.

* Continuing Education:
* Curriculum:
* Career and College Promise:

1. **Proprietary Schools Only:**

|  |
| --- |
| The school continues to operate under an exemption based on North Carolina General Statue [115D-87](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_115D/GS_115D-87.pdf).  Place an X beside the correct response.  Yes:       No: |

1. **Program Philosophy:**

Per [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), the training program shall be designed to provide entry level nurse aide students with nurse aide skills essential for providing resident care under the general supervision of a Registered Nurse and to successfully meet the competency requirements for listing on the North Carolina Nurse Aide I Registry. The training program will focus on innovative ways to deliver services that are consistent with providing compassionate, quality, cost-effective basic nursing care.

1. **Program Objectives:**

The training program shall provide the resources and enhanced learning opportunities for students to develop appropriate nurse aide skills. This will be accomplished through structured, comprehensive, supervised classroom, laboratory, and clinical experience, consistent with current standards of practice upheld by the North Carolina Board of Nursing and inclusive of knowledge and skills required by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987).

1. **Minimum Requirements:**

OBRA 1987 and federal regulation [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152) were established to ensure that nurse aides have the minimum education, practical knowledge, and skills to care for Medicare and Medicaid residents in a skilled nursing facility (SNF) or nursing facility (NF).

1. **Program Hours:**

Provide the program (clock) hours for the training program.

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

*Important Notices:*

* The North Carolina Division of Health Service Regulation will not approve a training program to have at minimum 75 clock hours based on the expectations of the Nurse Aide role in a clinical setting. The suggested program hours for a new training program are 36 classroom hours, 52 laboratory hours, and 32 clinical hours.
* Per the Medicare State Operations Manual, North Carolina has the discretion to require additional clock hours of instruction above the minimum required 75 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 1 year prior to offering online classroom hours. Please contact your [Education Consultant](https://info.ncdhhs.gov/dhsr/hcpr/consultants.html) for additional information.
* The North Carolina Division of Health Service Regulation will not approve laboratory hours or clinical hours to be offered or completed online.

1. **Course Schedule and Supplemental Teaching Methodologies:**

Complete the [New Training Program – Course Schedule and Supplemental Teaching Methodology Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP) and submit with the application.

*Important Notice:*

The training program must use the current curriculum approved by the North Carolina Division of Health Service Regulation.

1. **Primary Instructional Resource:**

The training program is required to use the current [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND) approved by the North Carolina Division of Health Service Regulation.

Other forms of primary instruction include teaching guides, PowerPoint presentations, classroom activities, lectures, cooperative learning, individual or class projects, and group presentations.

1. **Faculty Orientation and In-Service:**

Faculty must be oriented upon hire and at least annually to:

* Approved program policies
* Current curriculum approved by the North Carolina Division of Health Service Regulation.

Briefly describe the process to orient new program faculty:

Briefly describe the process for annual in-service training:

*Important Notices*:

* 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.

1. **Faculty:**

Review the qualifications required for each faculty member in the [New Training Program – Faculty Approval Requirements Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP).

Upon completion of your review, submit the [New Training Program – Faculty Approval Request Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP) with the application. One form must be submitted for each faculty member.

*Important Notices*:

* Per [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), nurse aide students must be under the direct supervision of a Registered Nurse.
* All faculty for the training program, including the Registered Nurse providing supervision, must be approved by the North Carolina Division of Health Service Regulation prior to instruction.

1. **Instructor/Student Ratios:**

Complete the instructor/student ratios in the table below.

|  |  |  |
| --- | --- | --- |
| Classroom | 1 instructor per | students |
| Online (if applicable) | 1 instructor per | students |
| Laboratory | 1 instructor per | students |
| Clinical | 1 instructor per | students |

*Important Notice*:

Per [21 NCAC 36.0318](http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0318.pdf), the instructor-to-student ratio for clinical cannot be greater than 1:10.

1. **Student Identification:**

Students are required to wear a nametag in the clinical setting. The nametag should include the student’s name, followed by the word “Nurse Aide I Trainee” or “Nurse Aide I Student.”

The nametag should be worn facing outward.

Refer to the [North Carolina Board of Nursing](https://www.ncbon.com/badge-lawlicense-required-exceptions) for more information.

1. **Attendance:**

Successful completion of the training program is dependent upon the student completing a minimum of       clock hours (your total program hours minus the hours your program allows by policy for absences) of instruction.

All missed classroom, laboratory and clinical experiences must be completed in order for the student to successfully complete the training program and take the North Carolina State-approved competency evaluation.

*Important Notice*:

Refer to the *Monitoring/Maintenance of Student Records* section within this document for more information*.*

1. **Skill Performance Checklists:**

A skill check-off sheet must be developed for each skill listed in Appendix A in the [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND). 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, “Topass 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. They also need to be readily available for review by the North Carolina Divison of Health Service Regulation. The check-off sheets must include all skills listed in Appendix A in the [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND).

1. **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.

**Example Only:**

|  |  |
| --- | --- |
| Theory Component: 5 Quizzes (Each Quiz Equals 4%) | Weight: 20 % |

**To Be Completed By The Training Program:**

|  |  |
| --- | --- |
| Theory Component: | Weight:       % |
| Theory Component: | Weight:       % |
| Theory Component: | Weight:       % |
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| Theory Component: | Weight:       % |
| Theory Component: | Weight:       % |
| Theory Component: | Weight:       % |
| **Total Weight** | **100%** |

Practical Component

To pass the practical (laboratory and clinical) portion of the training program, students must be proficient in demonstrating skills.

* At a minimum, each starred skill for laboratory (located in Appendix A in the [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND)).
* At a minimum, fifteen (15) starred skills for clinical (located in Appendix A in the [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND)).

Proficiency is defined as the ability to perform a skill in a competent and safe manner.

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.

Laboratory and clinical components are graded as pass/fail, based on the training program’s definition of proficiency and student performance on skills.

Provide additional criteria for demonstration of proficiency (if applicable):

*Important Notice*:

Per [42 CFR §483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), students cannot perform any services to residents for which they have not been trained and found proficient by the Instructor.

1. **Monitoring/Maintenance of Student Records:**

The Program Coordinator is required to monitor (audit) student records for accuracy. A system for monitoring student records must be in place and followed consistently.

Documents to be completed and maintained in the student record include:

* Appendix A in the state-approved [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#ND)
* 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
  + The following information must be included:
    - 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
  + Start date and end date of class
  + Training program number issued by the Division of Health Service Regulation
  + Instructor information (First and Last Name and RN Licensed Number)
* Missed instruction
* When – date of missed instruction
* How much time missed – hours/minutes
* What was missed – classroom (content), laboratory (demo, practice, checkoffs), and/or clinical (hours/minutes)
* What was assigned for makeup – worksheet, paper, laboratory (demo, practice, checkoffs) and/or hour-for-hour clinical
* When missed instruction was completed – completion date
* Test scores
* Tests and answer sheets
  + - Labeled with the version of test and the date given to students
    - Student identification
      * Copies of identifications or a student ID verification statement must be kept in each student record

Describe the process for monitoring (auditing) and maintaining student records. Also, include the location of the student records:

*Important Notices:*

* Per [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.151), student records must be made available for review by the North Carolina Division of Health Service Regulation upon request.
* The training program is required to keep and maintain student records for a minimum of 3 years.
* Student records must be kept onsite, in a locked file cabinet, and in a locked area.

1. **Classroom:**

* Facility name:
* Room number:
* Location/Site address:
* Building:
* The classroom has tables and chairs to accommodate       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):

1. **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
* Location/Site address
* Building
* Room dimensions (length, width, square footage)
  + Note: length x width = square footage
* Physical layout (dry erase board, tables, chairs, desks, instructor desk, audio-visual equipment, smart technology, and any other furniture)

1. **Laboratory:**

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 [New Training Program – Basic Equipment and Supply List](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP), 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.

Provide the following information for the training program’s laboratory.

* Facility name:
* Room number:
* Location/Site address:
* Building:
* Number of beds:

Provide additional laboratory components (if applicable):

1. **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
* Location/Site address
* Building
* Room dimensions (length, width, square footage)
  + Note: length x 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 deemed necessary).

**29. Clinical Sites:**

Complete the [New Training Program – Clinical Site Approval Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP) and submit with this application.

*Important Notice*:

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.

**30. Proprietary Schools:**

For-profit training programs are required to contact the [North Carolina Community College System, Office of Proprietary Schools](https://www.nccommunitycolleges.edu/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.

Are you currently licensed by the Office of Proprietary Schools (Yes/No):

If Yes, you must provide a copy of your license and approval letter with the submission of this application.

If No, when did you submit your request for licensure (mm/dd/yyyy):

**31. Documentation Required with the Submission of the Application:**

* [New Training Program – Basic Equipment and Supply List](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP)
* [New Training Program – Clinical Site Approval Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP)

* [New Training Program – Course Schedule and Supplemental Teaching Methodology Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html" \l "TP)
* [New Training Program – Faculty Approval Request Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP)
* Classroom Diagram
* Laboratory Diagram
* Proprietary School – provide a copy of the license and approval letter from the Office of Proprietary Schools

**32. 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 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](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 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 [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.

**33. Attestation:**

* I have read and agree to the Statement of Understanding.
* I certify the information in this application, and in the documentation required with the submission of this application, is truthful, accurate, and complete.
* I certify 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.

First Name:

Last Name:

Title (Program Coordinator or Program Administrator):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy):

*Note: The North Carolina Division of Health Service Regulation will not accept an electronic signature. However, you may type your First Name, Last Name, Title, and the Date.*