North Carolina Department of Health and Human Services

Division of Health Service Regulation

Health Care Personnel Education and Credentialing Section

Phone: 919-855-3970

**NURSE AIDE I**

**Existing Training Program – Refresher Program Application**

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**Instructions:**

* Complete this application if you’re establishing a new Nurse Aide I Refresher training program.
* Only submit this application if you’ve been an established Nurse Aide I training program for a minimum of one year.
* Submit the required supportive documentation with this application for review and approval.
* Sign the document.
* Email or fax completed documents to the Division of Health Service Regulation (DHSR). Incomplete forms will be denied.
	+ Email: 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.

**Eligibility Criteria and Policy Statement**

Nurse Aide I Refresher Programs will be approved by DHSR in order to promote consistent minimum standards among nurse aide training programs. State-approved nurse aide training programs may offer this training option to enrollees who have been or are currently listed on the Nurse Aide I (NAI) Registry, have successfully completed a state-approved nurse aide training program, or hold a state recognized health care credential from any state. Military personnel who have had medical/corpsman training or individuals who have completed courses equivalent to NAI training may also enroll.

The following criteria for a NAI Refresher Program approval must be met.

1. Enrollees must, at minimum, meet one of the following eligibility criteria:
	* Current or expired NAI Registry listing number
	* Any state recognized health care credential
	* A school transcript listing successfully completed courses equivalent to NAI training
	* Military health care training equivalent to NAI training.
2. Have a current NAI training program and conducted a NAI class within the previous reapproval time-period.
3. Consist of at least forty (40) clock hours.
4. Program Coordinator and Faculty must meet NAI faculty requirements prior to teaching in the program.
5. Obtain a program approval number from DHSR prior to conducting a NAI Refresher Program.
6. Proprietary schools must submit a request to the [North Carolina Community College System, Office of Proprietary Schools](https://www.nccommunitycolleges.edu/proprietary-schools) for license amendment prior to submitting this application and conducting a NAI Refresher Program.
7. DHSR will not approve any test prep type course.
8. Utilize the currently approved basic equipment and supply list for NAI training programs.
9. The class will meet in a State-approved classroom and include at least the following content:
	* Basic nursing skills
	* Personal care skills
	* Recognition of mental health and social service needs
	* Care of cognitively impaired residents
	* Basic restorative services
	* Residents rights
10. The course schedule must include the following content:
	* Basic nursing skills
	* Personal care skills
	* Recognition of mental health and social service needs
	* Care of cognitively impaired residents
	* Basic restorative services
	* Residents rights
11. Instructional resources, such as textbooks, student workbooks, videos, video disks, or computer-assisted instruction, are less than five (5) years old.­
12. Laboratory activities are required and must be performed in a State-approval NAI laboratory, but clinical rotations are optional.
13. If clinical rotations are offered, the following minimal standards must be met:
	* A student nametag worn in clinical that includes “Nurse Aide I Trainee” or “Nurse Aide I Student” after the student’s name
	* An instructor to student ratio of 1:10
	* Clinical sites must be approved, in advance, by DHSR prior to their use.
	* Proof of proficiency validation of skills prior to resident contact
14. The school will issue a completion certificate that will include the school’s name, student’s name, name of course, ending date of course and signature of school representative.
15. Student records must be maintained onsite in a locked filing cabinet for three (3) years and include the following information:
	* Attendance roster
	* Verification of student ID
	* Verification of current or expired NAI Registry listing number, any state recognized health care credential, successful completion of a State-approved NAI training program, school transcript listing successfully completed courses equivalent to NAI training, or military health care training equivalent to NAI training.
16. Student records must be available to DHSR upon request.

**I agree to and will comply with the criteria for the Nurse Aide I Refresher Program as outlined in this document.**

Signature of College/School/Agency Administrator:

Name:

Title:

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

Date (mm/dd/yyyy):

An electronic (typed) signature is considered to be the legal signature for this document.

**Date (mm/dd/yyyy):**

**Individual Completing Application:**

|  |
| --- |
| * Name:
* Title:
* Telephone (including area code):
* Email:

**Name of School:**      **Name of Training Program:**        |
| DHSR Approved Nurse Aide I Training Program Number(s):       (Note: List program numbers associated with the site of the proposed Refresher course) |

|  |
| --- |
| **Mailing Address:**  |
| * Street:
 |
| * City:
* Zip Code:
* County:
 |
| **Site Address:**  |
| * Street:
 |
| * City:
* Zip Code:
* County:
 |

**Administrative Authority:**

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

 **Program Coordinator:**

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

**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:

**Community College Only:**

Place an X beside all that apply.

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

**Proposed Program Hours:**

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

Note: A NAI Refresher Program must consist of at least forty (40) clock hours.

**Course Schedule and Supplemental Teaching Methodologies:**

Complete the Existing Training Program – Course Schedule and Supplemental Teaching Methodology Form and submit with this application.

**Registered Nurse Supervision:**

Nurse aide students must be under the direct supervision of a North Carolina State-approved registered nurse.

Attach a document with a list of faculty associated with the NAI Refresher Program. Also include each faculty member’s Registered Nurse license number.

You must complete the Existing Training Program – Faculty Approval Form and submit with this application for all faculty not approved and on file with DHSR.

**Instructor/Student Ratios:**

|  |  |  |
| --- | --- | --- |
| Classroom | 1 instructor per |       students |
| Lab | 1 instructor per |       students |
| Clinical (optional) | 1 instructor per |       students |

The instructor-to-student ratio for clinical cannot be greater than 1:10 per 21 NCAC 36.0318.

**Identification of a Nurse Aide I Trainee in the Clinical Setting:**

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

The nametag is to be worn facing outward. Refer to the North Carolina Board of Nursing [website](https://www.ncbon.com/laws-rules-badge-law-license-required-and-exceptions) for more information.

**Skill Performance Checklists:**

A skill performance checklist must be developed for each skill included in the course. Each skill must include proficiency requirements 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 performance checklists must be provided to students for use during laboratory practice in order to learn, practice and demonstrate proficiency.

Do not include skill performance checklists with the submission of this application. However, they should be maintained and available to DHSR upon request.

**Current State-Approved Classroom:**

* Room:
* Location:
* Building:

**Current State-Approved Laboratory:**

* Facility name:
* Room number:
* Site address:
* Building name:

**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.

NAI Refresher Programs are required to maintain student records for a minimum of 3 years in a locked file cabinet in a locked area on site and made available for review by the North Carolina Division of Health Service Regulation upon request. Documents to be completed and maintained in the student record include:

* Attendance roster
* Verification of current or expired NAI registry listing number, any state recognized health care credential, a school transcript listing successfully completed courses equivalent to NAI training, or military health care training equivalent to NAI training.
* Verification of student identification
	+ The student’s identity will be verified and documented by observing two forms of identification.
		- One form of identification must be a U.S. government-issued Social Security card, signed and non-laminated.
		- The second form of identification must be one of the following:
			* Current, non-expired driver’s license
			* U.S. government-issued Military I.D. (if not used in lieu of social security card)
			* State-issued identification card
			* Passport (US or foreign, current, non-expired)
			* Current, non-expired, federal-issued employment authorization document (EAD) photo identification card
			* Alien registration card
				+ Also known as**Form I-551**, a green card, or a permanent residence card
			* Current, non-expired NC Learner's Permit

**Documentation Required with the Submission of this Application:**

1. Existing Training Program – Course Schedule and Supplemental Teaching Methodology Form
2. Existing Training Program – Clinical Site Approval Form
	* Only required if the clinical site is not approved and on file with DHSR.
3. Existing Training Program – Faculty Approval Form
	* Only required for faculty not approved and on file with DHSR.
	* One form must be completed per faculty member.
4. Existing Proprietary Schools – Provide Your Amended License Approval Letter from the Office of Proprietary Schools

**Statement of Understanding:**

I certify that this program, as outlined, meets State requirements set forth and will be delivered as outlined in this program. I understand that all substantive changes to the program, including hours of instruction, faculty, classroom, lab, and clinical sites (if clinical hours of instruction are included), must be approved by the Division of Health Service Regulation (DHSR) prior to implementation.

I understand that approval to offer this program is based on our agency adhering to the policies approved by DHSR as part of this approval. I further understand our agency may be required to make modifications to this program as requested by DHSR. Modifications made by the State and provided to our agency will be incorporated into the currently approved program under which our agency operates in a timely manner.

I understand DHSR may withdraw approval of this NAI Refresher Program if it determines that the program does not meet State requirements. I further understand that DHSR will withdraw approval of this NAI Refresher Program if the entity administering the program refuses to permit unannounced visits by the State.

I certify that program files and student records will be kept in a secure location and made available to DHSR upon request.

I certify that the information in this application, including attachments, accurately represents the NAI Refresher Program for which DHSR approval is requested.

**College/School/Agency Administrator:**

Place an X beside the correct response.

I have read and agree to the Statement of Understanding.

Yes:       No:

Name:

Title:

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

Date (mm/dd/yyyy):

An electronic (typed) signature is considered to be the legal signature for this document.

**Program Coordinator:**

Place an X beside the correct response.

I have read and agree to the Statement of Understanding.

Yes:       No:

Name:

Title:

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

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