**HOME CARE AIDE**

**New Training Program – Initial Application for Community Colleges**

|  |
| --- |
| **Instructions:*** Complete this application if you are establishing a new Home Care Aide training program.
* Submit the required supportive documentation with this application for review and approval.
* Sign the document. An electronic signature will not be accepted.
* Email or fax completed documents to the Division of Health Service Regulation. Incomplete forms will be returned.
	+ 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.

**Date (mm/dd/yyyy):**       |
| **Community College Name:**        |
| **Mailing Address:**  |
| * Street:
 |
| * City:
* Zip Code:
* County:
 |
| **Site Address:**  |
| * Street:
 |
| * City:
* Zip Code:
* County:
 |

 **Administrative Authority:**

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

**Program Coordinator:**

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

**Program Type for Community Colleges:**

Place an X beside the correct response.

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

**Minimum Required Program Hours:**

Total Program: 100 hours

**Proposed Program Hours:**

* Classroom:       hours
* Laboratory:       hours
* Total Program:       hours

**Course Schedule and Supplemental Teaching Methodologies:**

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

**Primary Instructional Resource:**

The North Carolina State-approved Home Care Aide curriculum is the primary instructional resource. Home Care Aide training programs are required to use the most current version of the North Carolina State-approved curriculum provided by the North Carolina Division of Health Service Regulation.

**Attendance:**

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

All missed classroom and laboratory experiences must be completed in order for the student to complete the Home Care Aide training program.

When an absence occurs, it must be documented and placed in the student record.

* Date absence occurred
* Content missed
* Date content was made-up or completed

**Student Grading Policy:**

Theory Component

To successfully complete the Home Care Aide 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%. Include the number of tests.

Provide the minimum passing grade in the theory component for the training program:

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

**Classroom:**

* Room:
* Location:
* Building:
* The classroom has tables and chairs to accommodate       students
* Must include adequate lighting
* Must provide an atmosphere conducive to learning and testing

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)

**Laboratory:**

Home Care Aide training programs must have a laboratory space that closely resembles a home environment.  Each laboratory will be different based upon the instructor’s creativity and access to resources.  Many of the activities may be completed in the simulated laboratory but are not mandatory. 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

**Nurse Aide I Registry Requirement:**

Students must be listed on the North Carolina Nurse Aide I Registry prior to attending the course.

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

1. New Training Program – Course Schedule and Supplemental Teaching Methodology Form
2. New Training Program – Faculty Approval Form (one form must be completed per faculty member)

**Statement of Understanding:**

|  |
| --- |
| I certify that the information in this application, including additional forms and attachments, accurately represents the Home Care Aide training program for which the North Carolina Division of Health Service Regulation approval is being requestedI certify that the Home Care Aide training program will meet the requirements set forth by State rules, regulations, and requirements. I understand that the Home Care Aide training program approval is based on our agency using the most current version of the North Carolina State-approved curriculum and adhering to the policies approved by the North Carolina Division of Health Service Regulation. I further understand that the Home Care Aide training program must teach, at a minimum, 100 hours of content, to include all modules as written in the curriculum. I understand that students must be listed on the North Carolina Nurse Aide I Registry prior to attending the course. I understand that modifications which are required by the North Carolina Division of Health Service Regulation will be incorporated into the Home Care Aide training program in a timely manner.  |
| I understand that requests for Home Care Aide training program modifications will be submitted to the North Carolina Division of Health Service Regulation for approval prior to implementation. I understand that the Home Care Aide training program policies must be made available to the North Carolina Division of Health Service Regulation upon request. I understand that the Home Care Aide training program must require a minimum numerical grade of 75 as the final theory grade and a laboratory/activity grade of pass/fail.  |
| In addition to approval as a Nurse Aide I instructor, the home care aide instructor must have a minimum of one year (2000 hours) of home care/home health experience. I understand that changes in faculty must be approved by the North Carolina Division of Health Service Regulation prior to implementation.  |
|  |
| I understand that the North Carolina Division of Health Service Regulation may withdraw approval of a Home Care Aide training program if it determines that the Home Care Aide training program does not meet State regulations and requirements.  |
|  |
| I certify that the Home Care Aide training program files and student records will be kept in a secure location and made available to the North Carlina Division of Health Service Regulation upon request. I understand that the Home Care Aide training program must submit the completion certificates of all students who successfully pass the training program to the North Carolina Division of Health Service Regulation in order for them to be listed on the North Carolina Home Care Aide Registry. Place an X beside the correct response.I have read and agree to the Statement of Understanding.Yes:       No:        |

Name of Program Coordinator:

Signature of Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy):

Name of Administrator:

Signature of Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy):