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**

**New Training Program – Initial Application**

**Table of Contents**

Instructions 3

Today’s Date 4

Name of School 4

Name of Training Program 4

Mailing Address 4

Site Address 4

Administrative Authority 4

Program Coordinator 4

Program Type 4

Community College Only 4

Program Philosophy 4

Program Objectives 5

Minimum Requirements 5

Proposed Program Hours 5

Course Schedule and Supplemental Teaching Methodologies 5

Primary Instructional Resource 5

Facility Orientation and In-Service 5

Registered Nurse Supervision 6

Instructor/Student Ratios 6

Identification of a Nurse Aide I Trainee in the Clinical Setting 6

Monitoring/Maintenance of Student Records 6

Attendance 7

Student Grading Policy 7

Skill Performance Checklists 8

Classroom 8

Classroom Diagram 8

Laboratory 9

Laboratory Diagram 9

Proprietary Schools 9

Documentation Required with the Submission of Application 9

Statement of Understanding 10

**Instructions:**

* Complete this application if you are establishing a new Nurse Aide I training program.
* 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. Incomplete forms will be denied.
  + 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.

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

|  |
| --- |
| **Name of School:**  **Name of Training Program:** |
| |  | | --- | | **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:**

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:

**Program Philosophy:**

The Nurse Aide I 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 per 42 CFR §483.152 and to successfully meet the competency requirements for listing on the North Carolina Nurse Aide I Registry. The Nurse Aide I program will focus on innovative ways to deliver services that are consistent with providing compassionate, quality, cost-effective basic nursing care.

**Program Objectives:**

The Nurse Aide I 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, lab, 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).

**Minimum Requirements:**

OBRA 1987 was established to ensure that nurse aides have the education, practical knowledge, and skills to care for Medicare and Medicaid residents living in a skilled nursing facility (SNF) or nursing facility (NF).

42 CFR §483.152 mandates at least a total of 16 hours of training in the following areas prior to any direct contact with a resident:

* communication and interpersonal skills
* infection control
* safety/emergency procedures including the Heimlich maneuver
* promoting residents’ independence
* respecting residents’ rights

This information can be found in [Modules A through G](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/index.html) of the North Carolina State-approved Nurse Aide I training program curriculum.

**Proposed Program Hours:**

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

**Course Schedule and Supplemental Teaching Methodologies:**

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

**Primary Instructional Resource:**

The North Carolina State-approved Nurse Aide I curriculum is the primary instructional resource which includes teaching guides, curriculum content, PowerPoint presentation, and classroom activities. Lecture, cooperative learning, individual or class projects and group presentations are also considered forms of primary instruction.

Nurse Aide I training programs are required to use the most current version of the North Carolina State-approved Nurse Aide I [curriculum](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/index.html) provided by the North Carolina Division of Health Service Regulation.

**Facility Orientation and In-Service:**

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

* Approved program policies
* North Carolina State-approved curriculum
* New directives and program changes from the North Carolina Division of Health Service Regulation as soon as they are released.

Documentation of orientation and in-services should be maintained and available to DHSR upon request.

Briefly describe the process to orient new program faculty for the items listed above:

Briefly describe the process for annual in-service training for the items listed above:

**Registered Nurse Supervision:**

Nurse aide students must be under the direct supervision of a North Carolina State-approved registered nurse per 42 CFR §483.152.

Complete the New Training Program – Faculty Approval Form and submit with this application.

**Instructor/Student Ratios:**

|  |  |  |
| --- | --- | --- |
| Classroom | 1 instructor per | students |
| Lab | 1 instructor per | students |
| Clinical | 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.

**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.

Nurse Aide I training 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 per 42 CFR §483.151. Documents to be completed and maintained in the student record include:

* Appendix A
  + The skill performance checklist summary for the North Carolina State-approved Nurse Aide I curriculum.
* Skill performance checklists (optional)
* Attendance records
* Absences documented
  + Include dates missed, content/lab/clinical experiences missed, and dates content was made-up and completed.
* Test scores
* Tests and answer sheets
  + Must be labeled with date or version.
* 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

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

**Attendance:**

Successful completion of the Nurse Aide I 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, laboratory and clinical experiences must be completed in order for the students to complete the Nurse Aide I training program.

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

* Date absence occurred
* Content in class/lab/clinical missed
* Date content was made-up or completed

**Student Grading Policy:**

Theory Component

To successfully complete the Nurse Aide I 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 theory passing grade for the training program:

List the number of 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 Training Program:**

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

Practical Component

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

* At a minimum, each starred skill for laboratory (located in [Appendix A](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/pdf/appendixA.pdf))
* At a minimum, fifteen starred skills for clinical (located in [Appendix A](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/pdf/appendixA.pdf)).

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 program’s definition of proficiency and student performance on skills.

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

Note:

Students cannot perform any services to residents for which they have not been trained and found proficient by the instructor per 42 CFR §483.152.

**Skill Performance Checklists:**

A skill performance checklist must be developed for each skill listed in [Appendix A](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/pdf/appendixA.pdf). 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 performance checklists must be provided to students for use during laboratory practice in order to learn, practice and demonstrate proficiency. Nurse Aide I training programs must develop a complete set of skill performance checklists and have readily available for review by the North Carolina Divison of Health Service Regulation during the onsite inspection for program approval. The checklists must include all skills listed in [Appendix A](https://info.ncdhhs.gov/dhsr/hcpr/curriculum/pdf/appendixA.pdf).

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

**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
* 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):

**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)
  + 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)

**Laboratory:**

Each laboratory must be set up similar to a resident’s room complete with the equipment and supplies normally found in a resident’s room, as well as those items from the New Training Program – Basic Equipment and Supply List, 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 regarding the training program’s laboratory.

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

Provide additional laboratory components (if applicable):

**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
* Site address
* Building name
* 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).

**Proprietary Schools:**

For-profit Nurse Aide I training programs are required to contact the [North Carolina Community College System, Office of Proprietary Schools](https://www.nccommunitycolleges.edu/proprietary-schools) to secure licensure information in order to offer a proprietary education program in North Carolina.

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

If you answered YES, you must provide a copy of your license and accompanying letter with the submission of this application.

If you answered NO, when did you submit the preliminary application to the Office of Proprietary Schools (mm/dd/yyyy):

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

1. New Training Program – Basic Equipment and Supply List
2. New Training Program – Clinical Site Approval Form
3. New Training Program – Course Schedule and Supplemental Teaching Methodology Form
4. New Training Program – Faculty Approval Form
   * One form must be completed per faculty member
5. Class Diagram
6. Lab Diagram
7. Proprietary Schools – Provide Your Approval Letter from the Office of Proprietary Schools

**Statement of Understanding:**

I certify that the information in this application, including additional forms and attachments, accurately represents the Nurse Aide I training program for which the North Carolina Division of Health Service Regulation approval is being requested.

I certify that the Nurse Aide I training program will meet the requirements set forth by state and federal rules, regulations, and requirements.

I understand that Nurse Aide I 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 understand that training program modifications, including faculty and clinical sites, must be approved by the North Carolina Division of Health Service Regulation prior to implementation.

I understand that modifications which are required by the North Carolina Division of Health Service Regulation will be incorporated into the Nurse Aide I training program in a timely manner.

I certify that the Nurse Aide I training program will 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 State-approved registered nurse per 42 CFR §483.152.

I certify that the Nurse Aide I training program will incorporate innovative instructional strategies that enable students to deliver quality, compassionate, and consistent basic nursing care. I further certify that the Nurse Aide I training program will ensure objectives are met through instructor demonstration, student practice and demonstration of proficiency.

I certify that each Nurse Aide I training program laboratory will be designed and equipped in accordance with 42 CFR §483.90 and will contain a sufficient quantity of supplies as shown in the New Training Program – Basic Equipment and Supply List.

I understand that the Nurse Aide I training program policies must be made available to the North Carolina Division of Health Service Regulation upon request.

I understand that the North Carolina Division of Health Service Regulation may withdraw approval of a Nurse Aide I training program if it determines that the Nurse Aide I training program does not meet federal or state regulations and requirements. I further understand 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 State.

I certify that the Nurse Aide I training program documents and student records will be kept in a secure location and made available to North Carolina Division of Health Service Regulation upon request.

By answering Yes to the question below, you (Administrative Authority) acknowledge and agree to the following:

* You have completed and reviewed the entire application for accuracy.
* You will implement the contents of this application to include the most current version of the North Carolina State-approved curriculum, established North Carolina Division of Health Service Regulation directives, policies, forms, and checklists as mandated by federal regulations and state standards.
* The classroom will contain instructional equipment and supplies, seating for the approved number of students as required, and adequate space to accommodate activities.
* Each laboratory will contain the items listed on the New Training Program – Basic Equipment and Supply List and will adhere to 42 CFR §483.90.
* The Administrative Authority for the proposed training program and the information in this application is truthful, accurate and complete.

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.