**Program Request Form In Response To COVID-19 For INDIVIDUAL STUDENT**

**Effective Date: May 6, 2022**

**Instructions:**

* Review page 3 of this document to learn more about the temporary policy for students unable to attend class, lab and/or clinical due to COVID-19.
* Email the completed form to the Division of Health Service Regulation (DHSR). Incomplete forms will be returned.
	+ Email: DHSR.EducationConsultant@dhhs.nc.gov.
* Contact your [Education Consultant](https://info.ncdhhs.gov/dhsr/hcpr/consultants.html) with any questions or concerns.
* Click in the middle of each cell to begin entering information.

**Name of Training Program/School:**

**County Location of Training Program:**

**Name of Individual Completing Form:**

**Date Submitted to DHSR:**

**Name of Student:**

| **PROGRAM HOURS OVERVIEW FOR SEATED CLASS** | **Program#**      |
| --- | --- |
| 1. Total number of approved program hours
 |       |
| 1. Number of approved classroom hours
 |       |
| 1. Number of seated classroom hours completed by student prior to online/remote learning
 |       |
| 1. Number of hours of absence allowed by DHSR-approved attendance policy
 |       |
| 1. Number of hours student was absent prior to being unable to attend due to COVID-19
 |       |
| 1. If the student is unable to attend scheduled lab and/or clinical hours due to COVID-19, I agree that sufficient time will be provided for student to observe demonstration, practice and achieve proficiency for skills from Appendix A by following the directions on Page (i) of Appendix A.
 | Initials:      |
| **ONLINE/REMOTE INSTRUCTION REQUEST**  |
| 1. Number of seated classroom hours requested for transition to online/remote instruction
 |       |
| 1. List of state-approved Nurse Aide I Curriculum modules requested for transition to an online/remote learning format (list module letters)
 |       |
| 1. First date student was unable to attend scheduled classroom, lab and/or clinical hours
 | Date (mm/dd/yyyy):      |
| 1. Date student returned to seated classroom
 | Date (mm/dd/yyyy):      |
| **COMMENTS:**        |

**I certify that the information submitted to DHSR is complete and accurate to the best of my knowledge.**

Name:

Title:

Signature:

Date:

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

|  |
| --- |
| **DHSR STAFF ONLY*** Date received:
* Consultant:
* Will the adjustments allow the program to meet state and federal requirements (Yes/No)?
* Decision: [ ]  Approved [ ]  Denied
* Decision date:
* Date decision communicated to program:
* Reason for denial:
* Comments:
 |

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**Temporary Policy for Students Unable to Attend Class, Lab and/or Clinical Due to COVID-19**

1. State-approved nurse aide training programs are expected to adhere to their NC DHSR-approved absence policies.
2. If a nurse aide student is unable to attend DHSR-approved class, lab and/or clinical hours as scheduled due to COVID-19, the student would be considered present if the following actions are taken:
3. If a nurse aide student is unable to attend DHSR approved classroom hours due to COVID-19, the program may request an adjustment of hours for the individual student by using online/remote instruction for the time the student is unable to attend the hours in the classroom. Online/remote instruction sessions will teach the same materials in the same number of hours as the students who are physically attending the class. Classroom hours may be adjusted to online/remote instruction by DHSR until the student is able to return to the classroom.
4. If a nurse aide student is unable to attend DHSR approved lab and/or clinical hours due to COVID-19, the program may adjust the hours for the individual student by setting up lab and/or clinical hours for the time the student was unable to attend the scheduled hours in the lab and/or clinical hours. The same materials will be covered for the individual student as were covered for the rest of the class. Lab hours for the individual student must allow sufficient time for the student to observe demonstration, practice and achieve proficiency for skills from Appendix A by following the directions on Page (i) of Appendix A. The student should be able to perform skills in a proficient manner while in clinical.
5. Programs should request these adjustments for each individual student by completing the appropriate DHSR form. The form should be submitted to their regional consultant for approval by the second day a student is unable to attend DHSR-approved hours as scheduled due to COVID-19.
6. The DHSR approval form for the adjustments should be retained in the student’s record.
7. This policy will no longer be in effect if a student is unable to attend class, lab and/or clinical for more than 14 instruction days due to COVID-19.