

Guidelines for Approval and Operation of a Nurse Aide Training Program



University of the State of New York
State Education Department
Albany, New York 12234

Office of Career and Technical Education

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Part I: Orientation

Introduction

These guidelines address the evaluation, initial, and continuing approval of New York State Nurse Aide Training Programs (NATPs) under the jurisdiction of the Office of Career and Technical Education in the New York State Education Department (NYSED). These programs include secondary and adult level programs in public high schools and Boards of Cooperative Educational Services (BOCES). NYSED oversees the NATPs delivered by educational facilities, which must meet training and competency evaluation requirements established to align with the New York State Department of Health (NYSDOH). This guidance should be used by educational institutions to apply for approval of their program to train nurse aides for employment in residential health care facilities (RHCFs) participating in Medicare and Medicaid programs.

The national Nursing Home Reform Law of the Omnibus Budget Reconciliation Acts of 1987 (OBRA, '87, PL 100-203), 1989, and 1990 created new federal mandates for the training and qualifications of nurse aides in residential health care facilities. Specifically, OBRA requires that all individuals employed by RHCFs as nurse aides successfully complete a state-approved nurse aide training program and pass a two-part competency test to ensure that all nurse aides have the knowledge and skills to provide safe and appropriate supervised nursing care to residents.

The Omnibus Budget Reconciliation Act mandated states to establish a nurse aide registry that contains specific information on all RHCF nurse aides who successfully complete a state-approved nurse aide training and competency evaluation program. OBRA further requires that all nurse aide training programs offered by facility based and non-facility-based sites be approved by the State. The Code of Federal Regulations directs states to specify the training and competency evaluation programs that they have approved to prepare nurse aides for employment in RHCFs (see, 42 CFR §483.151, 483.152, 483.154 and 483.156).

The New York State Department of Health (NYSDOH) has been identified as the primary agency in New York State responsible for the implementation of these federal regulations. The regulations that govern New York State nurse aide training programs are located in the Department of Health regulations, Title 10 NYCRR 415.26(d). These regulations are found on the NYSDOH website at <http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm>. Since June 1989, the Department of Health and the State Education Department (NYSED) have operated under a memorandum of agreement that establishes guidelines governing approval criteria for programs under the jurisdiction of the New York State Education Department. The guidelines specify content areas that must be addressed in order for a program to receive approval (e.g., minimum training hours; qualifications of nurse aide instructors and program coordinators; minimum curriculum requirements; methodology for state (on-site) review; and the required competency evaluation program—written and performance skills [New York State Department of Health certified nurse assistant exam]). Programs must meet the standards set for preparation of candidates to take the New York State Department of Health RHCF Nurse Aide Competency Evaluation.

Definitions

| | |
|--|--|
| Certified Nurse Aide/ Certified Nurse Assistant | An unlicensed individual who has successfully completed a state-approved nurse aide training program and a competency evaluation as documented by the State Registry, and who performs appropriate tasks in support of a professional plan of care as delegated by a licensed nurse |
| Client, Patient, Resident | The individual to whom health care services are provided |
| Competency-based Education | An educational process planned and managed by the teacher that shares with the student specific objectives, including the acceptable conditions and levels of achievement of observable actions or behaviors that the student will be expected to consistently demonstrate to meet those objectives |
| Facility Space and Equipment | Training area which provides adequate room size, lighting and ventilation; sufficient number and placement of electrical outlets; tables and chairs; supplies, equipment and storage for supplies and records are all adequate for reported class size along with presence of a sink with running water. Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction. |
| Laboratory | An extension of the classroom that provides adequate contemporary equipment, supplies, and workstations for the number of students assigned to the site to practice skills before being introduced and demonstrating competency in a clinical patient care setting |
| Non-facility Based Training Program | Training that takes place in a school or community setting, as opposed to training that takes place in a residential health care facility |
| Nurse Aide/Nurse Assistant | An unlicensed individual who is currently enrolled in or has completed a state-approved nurse aide training program but has not yet successfully completed the competency evaluation necessary to be considered certified and entered into the State Registry |
| Nurse Aide Instructor | The individual who develops lesson plans and teaches the curriculum; coordinates theory, clinical experiences, and maintains program standards; must be a registered professional nurse (RN, associate degree or higher), have two years of experience in a nursing home caring for the elderly and/or chronically ill; and must provide documentation of at least one of the following: <ul style="list-style-type: none"> a) be certified to teach nurse aide or practical nursing, or b) hold a license as a trade school teacher of nurse aides, or c) have three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the Commissioner of Education, or d) have three years of experience teaching nurse aides in a residential health care facility, or |

- e) have completed a professionally recognized course in teaching adult learners

*Proof of teacher certification is required for secondary programs

Omnibus Budget Reconciliation Act

The original act of 1987 that requires all states establish state-approved nurse aide training programs with minimum competencies and specified training qualifications of nurse aides and the development of a state registry containing specific information on all residential health care facility certified nurse aides

Program Coordinator

The individual who is assigned the administrative responsibility and accountability of the program; must be a registered professional nurse (RN, associate degree or higher), with at least two-years of experience in a nursing home caring for the elderly and/or chronically ill; and must provide documentation of at least one of the following:

- a) be certified to teach nurse aide or practical nursing, or
- b) hold a license as a trade school teacher of nurse aides, or
- c) have three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the New York State Commissioner of Education, or
- d) have three years of experience teaching nurse aides in a residential health care facility, or
- e) have completed a professionally recognized course in teaching adult learners

Residential Health Care Facility (RHCF)

Skilled Nursing and Licensed Long-Term Care facilities or nursing homes

Supervised Clinical Experience

An extension of classroom and laboratory instruction to a Long-Term Care (LTC)/Skilled Nursing Facility (SNF) to teach the application of previously introduced skills for direct patient care; clinical experience must be supervised and directed by the RN nurse aide instructor

Program Requirements

The Omnibus Budget Reconciliation Act of 1987 requires specific minimum areas to be covered in a nurse aide program—introductory curriculum; basic nursing skills; personal care skills; mental health and social service needs; care of cognitively impaired residents; basic restorative services; and residents’ rights (CFR Title 42, Part 483, Subpart D §483.152(b)). The introductory curriculum inclusive of: communication and interpersonal skills; infection control; safety and emergency procedures, including Heimlich maneuver; promoting residents’ independence; and residents’ rights must consist of at least a total of 16 hours of training and must be delivered prior to any direct contact with a resident.

The New York State Department of Health, in collaboration with the NYSED, requires the development and approval of nurse aide training and competency evaluation programs for individuals providing nursing or nursing-related services to residents of a residential health care facility. (This excludes those who are health professionals or volunteers providing services without monetary compensation.) After the completion of the nurse aide training program, including satisfactory performance of all duties and skills listed in the performance record, the educational institution shall arrange for the nurse aide student to take the New York State authorized residential healthcare facility nurse aide clinical competency examination and the written or oral competency examination (currently Prometric), which leads to New York State certification for nurse aide. The NATP is responsible for scheduling the certification examination for its successful students within ten business days of the last day of the NATP.

All components of a nurse aide training program must be delivered for regulatory compliance of an operationally approved nurse aide training program. When in-person delivery is unavailable, program theoretical content may be delivered through remote platforms (e.g., Google Class or Zoom). Skills lab student performance and evaluation must be in-person and overseen by the NYSED operationally approved RN primary instructor. Supervised clinical hands-on patient care requirements must be completed in a long-term care facility (nursing home) under the supervision and direct oversight of the NYSED operationally approved primary instructor. Federal regulations and NYSDOH have not approved simulation or alternative forms of delivery for NATP program content.

If a student enrolled in a NYSED approved nurse aide training program is also an employee of a health care facility, no employee work hours may be counted or applied as instructional hours in the NYSED operationally approved nurse aide training program. Students must be at least 16 years of age to enter or be enrolled in a New York State Education Department approved nurse aide training program. Student completers are eligible to test for New York State nurse aide certification (Prometric) at 17 years of age. Employment as a Certified Nurse Assistant (CNA) is based upon local employer age policy.

Facility Space and Equipment

The facility space and equipment must be adequate for reported and NYSED-approved class size. The facility space and equipment must provide for a training area which has adequate room size, lighting and ventilation; sufficient number and placement of electrical outlets; tables and chairs; supplies and equipment as would be found in a residential health care facility and necessary to deliver the required skills instruction; storage for supplies and records; and the presence of a sink with running water <https://www.prometric.com/sites/default/files/ClinicalSkillsAdministrationChecklist.pdf>.

Curriculum

Minimum curriculum requirements were designed to assist states, residential health care facilities, health care agencies, and educational facilities in developing training and competency evaluation programs for nurse aides. The goal of such a program is to provide quality services to residents of residential health care facilities by training nurse aides to be able to:

- form a relationship, communicate, and interact with the resident;
- demonstrate sensitivity to the resident’s emotional, social, and mental health needs through skillful direct interactions;
- assist residents in attaining and maintaining functional independence;
- exhibit behavior in support of an individual’s rights; and
- demonstrate observational and documentation skills in the evaluation of a resident’s physical and emotional well-being.

The program must address the psychosocial, physical, and environmental needs, as well as nursing and medical needs of residents. Students must develop the attitudes and behaviors needed to promote healthy and independent functioning of the resident.

- Secondary and adult nurse aide and practical nursing programs in secondary agencies must identify how they are implementing the required NYSDOH nurse aide curriculum and NYSED Health Science Education Core which includes:
 - New York State Department of Health required curriculum
 - Introductory curriculum (as outlined previously)
 - Basic nursing skills
 - Personal care skills
 - Mental health and social service needs
 - Care of cognitively impaired residents
 - Basic restorative services and
 - Residents’ rights
 - NYSED Health Occupations Education Core
 - Academic Foundation
 - Communication
 - Health Care Systems
 - Education and Career Preparation/Employability Skills
 - Legal responsibilities
 - Ethics
 - Safety Practices
 - Teamwork

- Health Maintenance Practices
- Technical Skills
- Information Technology in Healthcare
- Nurse Aide NYSDOH Curriculum (content outline, Appendix A), or
- New York State Practical Nursing Syllabus (sample content outline, Appendix C), or
- locally-developed curriculum, including performance objectives.
- Any of the above selected, must be inclusive of and reflect the NYSDOH required nurse aide training program curriculum and requirements of the NYSED Health Sciences Core.

Any curriculum developed and used by the educational facility will be reviewed to ensure its consistency with federal and state regulations.

Program Training Hours

The *minimum* number of hours required by NYSED for the implementation of a nurse aide training program:

Secondary Nurse Aide Training Program: 432 total program hours: 216 health science core, 108 hours of theory (NYSDOH nurse aide training program required curriculum and content hours of nurse assisting theory), and 108 hours of supervised clinical experience. The supervised clinical experience must consist of patient care skills performed in an approved long-term care facility.

Adult Nurse Aide Training Program: 120 total program hours: a minimum of 90 hours of classroom instruction (NYSDOH nurse aide training program required curriculum, NYSED health sciences core standards, and content hours of nurse assisting theory) and 30 hours of supervised clinical experience. The supervised clinical experience must consist of patient care skills performed in an approved long-term care facility. Orientation, observational/shadowing, and similar experiences are not to be included in the 30 hours.

Didactic and clinical hours may be increased, but they cannot be fewer than the prescribed minimums.

The maximum number of students to the approved RN Nurse Instructor ratio is twenty-four to one (24:1) in the classroom setting, eight to one (8:1) for supervised practical training in the skills laboratory and eight to one (8:1) for the supervised clinical experience, as required, in the long-term care facility settings. The number of students must also be appropriate to the available classroom space, supervised practical training location and instructional staff. Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

Supervised Clinical Experience

During the supervised clinical experience component of the training program, a performance record shall be kept for each student. This record is to include each of the skills, as prescribed by the NYSDOH. Documentation must consist of, at minimum, clear records of:

- duties/skills expected to be learned in the program,
- date of initial demonstration by RN instructor, with instructor initials (and corresponding full RN signature on form), and
- date of student successful return demonstration, with initials of RN instructor or program RN coordinator who supervised the performance (and corresponding full RN signature on form).

The student/teacher ratio for the supervised clinical experience in the long-term care facility may not exceed eight to one (8:1).

Nurse Aide Student Identification

Each nurse aide student shall be clearly identified as a “student” during the clinical education portion of the program. This identification must be easily discerned by residents, family members, visitors, and staff.

Clinical Affiliation Agreements

An affiliation agreement is a legal contract between the educational institution and the nursing facility and/or health care agency in which the supervised clinical experience portion of the program is being conducted. The agreement must be written and duly signed by both parties. If the educational institution affiliates with more than one agency, each agency must be identified on the Cover Sheet (Form 1) and an agreement with each agency must be submitted with the application (see sample affiliation agreement, Appendix E). A valid contract for each indicated clinical agency must be maintained on file at all times.

The contract must:

- specify a starting date, and an end date or specific termination clause,
- termination clauses must either allow students to complete a current clinical rotation or allow sufficient time (e.g., 90 days) for the school to seek other clinical options so that students’ program completion is not jeopardized,
- should be reviewed annually and rewritten as needed,
- state the rights and responsibilities of the educational institution, the affiliating agency, and the students,
- state the instructor to student ratio,
- contain a non-discrimination clause consistent with state and federal regulations, and
- if contract is “ongoing”, there must be a letter from the affiliating agency indicating the contract terms are valid during the NATPs NYSED two-year operational approval period.

Nursing Program Students Requiring Nurse Aide Certification

Adult and secondary nursing assistant students, who have successfully completed the content and competencies per the NYSDOH and NYSED requirements, after a minimum of the outlined hours of nursing theory and supervised clinical experience, will be eligible to take the performance and written nurse aide competency evaluation.

The adult and secondary student eligibility is also contingent upon the status of the Nurse Aide Training Program. An “Application for Approval of a Nurse Aide Training Program” form must have been completed and approved with a program code having been issued by NYSED/NYSDOH for a program’s student to be eligible for the post-training evaluations.

Program Application and Approval Process

Initial Approval

Nurse Aide Training Programs shall submit an application for review and approval consideration by the New York State Education Department. Following approval of the application, the training program will receive conditional department approval. A program must have submitted an application and received written conditional approval before training begins. Full approval is contingent upon the successful outcome of a site visit conducted by the New York State Education Department. After a complete program review, successful applicants will receive a program approval letter. In cases where applications cannot be approved, applicants will be sent a letter that details deficiencies that must be corrected for the program to be approved. Upon full approval by the New York State Education Department, the program will be issued a program code.

To begin the approval process, the program must submit the Application for a Nurse Aide Training Program Cover Sheet (Form 1), Program Coordinator Verification (Form 2), Nurse Aide Instructor Verification (Form 3), and Curriculum Identification/Verification (Form 4), including all attachments and supporting documentation requested. This material will be reviewed by representatives of the appropriate NYSED office for compliance with the federal and state curriculum and program requirements. Applications must be complete to be reviewed for approval. The Site Visit Evaluation Self-Study (Form 5) may be used to guide programs in this process. Please do not submit Form 5 with the application.

Continuing Approval

An onsite program review will be conducted every two years to determine approved programs' continued compliance with the requirements. NYSED will contact the program coordinator in writing 30 days prior to the scheduled on-site visit, notifying them they are due for the bi-annual on-site visit required by 10 NYCRR 415.26(d).

Unannounced visits may be conducted at any time pursuant to 10 NYCRR 415.26(d). The program coordinator will use the "Site Visit Evaluation Self-Study" (Form 5) in preparation for the site evaluation. NYSED's review of the New York State certified nurse assisting exam (Prometric) pass rate data may be taken into consideration when making determinations for continued operational approval.

During the alternate year in which a site evaluation is not required or conducted, the program coordinator must submit a Program Continuity Form (Form 6) to the New York State Education Department to maintain approval to operate the program. The completed Program Continuity Form (Form 6) must be submitted by July 1 of the year in which site visits are not scheduled.

NOTE: If the training program makes any significant changes within the two-year approval period, including changes in faculty or sites for training and/or supervised practical training, a change in the status of RN program coordinator or RN instructor, or curriculum, the program MUST notify the Office of CTE of such changes in writing, in order to obtain prior approval of the change.

Withdrawal of Approval

Withdrawal of approval of a nurse aide training program may occur if it is determined by NYSDOH or NYSED that any of the applicable requirements of 42 CFR, §§ 483.152 or 483.154 and 10 NYCRR, Part 415 are not met by the program. The Departments must withdraw approval if the agency refuses to permit unannounced visits by the state per 10 NYCRR 415.26(d).

Approval to provide training by or in the agency will be withdrawn for up to two years each time the agency:

- fails to permit unannounced visits,
- fails to meet all the applicable federal and state requirements for a nurse aide training and competency evaluation, or
- has a temporary manager, receiver or appointed caretaker.

If approval is withdrawn, the NYSED will notify the program in writing, indicating the reason(s) for withdrawal of approval of the program. Students who have started a training program from which approval has been withdrawn must be allowed to complete the course.

Record Keeping and Reporting Obligations

Program Records

The agency delivering the program must develop a record-keeping system which will maintain the following information:

- A record of all students admitted to the program, dates of attendance and a record of the skills the students mastered, i.e., a performance task list.
- The names of the program coordinator and nurse aide instructor and a record of his or her credentials. (In some instances, these may be the same individual.)

Reporting Changes in Approved Programs

The New York State Education Department must be notified of any major proposed changes in a nurse aide training program. The following list represents some of the changes and information that are to be submitted for prior approval:

| If there is a change in... | Information needed... |
|--|--|
| The delivery agency | Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet (Form 1) and Curriculum Identification/Facilities Verification (Form 4). |
| The school/site name | Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet (Form 1), noting change in school/site name. |
| The clinical site(s) | Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet (Form 1), noting clinical site change(s). Submit mutually signed and current affiliation agreement for each new site. |
| The program coordinator or nurse aide instructor | Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet (Form 1), noting change in program coordinator/instructor along with the Program Coordinator (Form 2) and/or Nurse Aide Instructor Verification (Form 3). |
| The curriculum | Submit the Curriculum Identification/Facilities Verification (Form 4). |

If there is a complete revision of course structure, the school/program must resubmit the entire application packet. A separate and complete application is required for the request of an additional site/program.

Part II: Application Forms and Instructions

General Instructions

The forms found in this section constitute a complete application for approval of a Nurse Aide Training Program. Make sure that all forms are complete and that all attachments and supporting documents are included as missing information will delay review and program approval.

Four months prior to the anticipated start date of the Nurse Aide Training Program, submit the completed application to the appropriate office found below. *Retain copies of your records.*

| Program type | Send application to: |
|--|--|
| Secondary and Adult Nurse Aide and Practical Nursing programs in public secondary agencies | New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234 |

Application Forms and Attachments

A complete application packet is comprised of the following forms and attachments:

- Form 1:** Application Cover Sheet
- Copy of Clinical Affiliation Agreement(s)
- Form 2:** Program Coordinator Verification
- Copy of current New York State Professional Nurse Registration
 - Acceptable professional work experience
 - Teaching qualifications
- Form 3:** Nurse Aide Instructor Verification
- Copy of current New York State Professional Nurse Registration
 - Acceptable professional work experience
 - Teaching qualifications
- Form 4:** Curriculum Identification/Facilities Verification
- Curriculum
 - Facility, supplies and equipment (pictures if new or change in site)

Forms and Attachment Completion Reminders

Submit the following application form(s). Retain copies of your records.

| Form | Remember to... |
|---|---|
| Form 1: Application Cover Sheet | <p>Supply <i>all</i> information requested.</p> <p>Submit an individual application (Application Cover Sheet-Form 1) for each program (multiple sites, secondary and adult programs, e.g., a BOCES with multiple campuses that use a common curriculum).</p> |
| <p>Form 2: Program Coordinator Verification</p> <p>Form 3: Nurse Aide Instructor Verification</p> | <ul style="list-style-type: none"> • Individuals must be hired and approved prior to the program's start for the program to receive approval. • Prior to the submission of forms, programs are to verify all criteria for a RN Program Coordinator and/or RN Nurse Aide Instructor are met. • Collect required documentation for RN Program Coordinator and RN Instructor(s). • RN Program Coordinator and/or RN Nurse Aide Instructor must complete and sign the forms, then have forms signed by the school administrator. • Send Form 2 and Form 3 with required documentation. |
| Form 4: Curriculum Identification and Facilities Verification | <ul style="list-style-type: none"> • Indicate which curriculum is being used. If a locally developed curriculum is used, submit the curriculum and performance objectives. • Verification of appropriate facilities, supplies, and equipment by submitted pictures and map of new or revised site. |
| Form 6: Program Continuity | <p>To indicate status of program, this form must be submitted <i>during years in which a site evaluation is not scheduled.</i></p> |

FORM 1: Application Cover Sheet

Submit an individual application for each program (multiple sites, secondary and adult).

A. Program Information

| | |
|---|---|
| School District or BOCES: | Program Number: (Ex. 33XXXX) |
| <input type="checkbox"/> New Program Request <input type="checkbox"/> Continuing Program Approval (Site Visit) <input type="checkbox"/> Change(s) Request: <input type="checkbox"/> Program site/clinical facility <input type="checkbox"/> RN Program Coordinator <input type="checkbox"/> RN Primary Instructor <input type="checkbox"/> Curriculum | |
| Level: <input type="checkbox"/> Secondary <input type="checkbox"/> Adult Program Type: <input type="checkbox"/> Nurse Aide <input type="checkbox"/> Practical Nursing | School/Site Name: Address: Phone: () |
| RN Program Coordinator: Name: Address: Phone: () E-mail address: | RN Instructor: Name: Address: Phone: () E-mail address: |

B. Course Detail

| | | | |
|---|---|--------------------------------------|--|
| RN to student ratio Lab (8:1 max): Clinical (8:1 max.): | <i>Minimum required hours:</i> <u>Secondary</u> - 432 total hours: 216 health science core, 108 theory, 108 supervised clinical in a long-term care facility <u>Adult</u> - 120 total hours: 90 class, 30 supervised clinical in a long-term care facility Class hours: Clinical hours: Total hours: | Number of course offerings per year: | Number of students per class (24:1 max): |
|---|---|--------------------------------------|--|

C. Supervised Clinical Experience Site

List all long-term care facilities used and attach a copy of clinical affiliation agreement for each. Use additional sheets if needed.

| Name | Address | Phone | Contract Expiration Date |
|------|---------|--------|--------------------------|
| | | () | |
| | | () | |
| | | () | |

For State Use Only

| | | |
|--|---------------------|-------|
| Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> | NYSED Staff Person: | Date: |
|--|---------------------|-------|

FORM 2: Program Coordinator Verification

Submit this form with the application cover sheet (Form 1). Attach a separate form for each program code number/site.

| | |
|------------------------------|-------------------------------------|
| School District or BOCES: | Program Code Number: (Ex. 33x-xxxx) |
| RN Program Coordinator Name: | School/Site Name: |
| Address: | Address: |
| Phone: () | Phone: () |
| E-mail address: | |

| Required Documentation | Yes | No |
|---|--------------------------|--------------------------|
| A. Professional Credential: copy of current New York State Professional Nurse Registration (attach) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Professional Work Experience: verification of two years-experience in nursing home caring for the elderly and/or chronically ill (attach) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Teaching Qualifications (at least one of the following - attach): | | |
| • Certification to teach nurse aide or practical nursing, or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Licensure as a trade school teacher of nurse aides, or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the NYS Commissioner of Education, or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Three years of experience teaching nurse aides in a residential health care facility, or | <input type="checkbox"/> | <input type="checkbox"/> |
| • Completion of a professionally recognized course in teaching adult learners. | <input type="checkbox"/> | <input type="checkbox"/> |

Attestation Signature

I certify that the above information is correct and attest to program compliance with regulatory requirements:

| | |
|-----------------------------------|-------|
| RN Program Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |

Mailing Instructions

| | |
|--|--|
| Secondary and Adult NATP programs in public secondary and BOCES agencies | New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234 |
|--|--|

FORM 3: Nurse Aide Instructor Verification

Submit this form with the application cover sheet (Form 1). Attach a separate form for each program code number/site.

| | |
|---------------------------|-------------------------------------|
| School District or BOCES: | Program Code Number: (Ex. 33x-xxxx) |
| RN Nurse Instructor Name: | School/Site Name: |
| Address: | Address: |
| Phone: () | Phone: () |
| E-mail address: | |

| Required Documentation | | Yes | No |
|------------------------|---|--------------------------|--------------------------|
| A. | Professional Credential: copy of current New York State Professional Nurse Registration (attach) | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Professional Work Experience: verification of two years-experience in nursing home caring for the elderly and/or chronically ill (attach) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Teaching Qualifications (at least one of the following - attach): | | |
| | • Certification to teach nurse aide or practical nursing, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Licensure as a trade school teacher of nurse aides, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the NYS Commissioner of Education, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Three years of experience teaching nurse aides in a residential health care facility, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • Completion of a professionally recognized course in teaching adult learners. | <input type="checkbox"/> | <input type="checkbox"/> |
| | *Proof of teacher certification is required for secondary programs | | |

Attestation Signature

I certify that the above information is correct and attest to program compliance with regulatory requirements:

| | |
|-------------------------------------|-------|
| RN Nurse Aide Instructor Signature: | Date: |
| RN Program Coordinator Signature: | Date: |
| School Administrator Signature: | Date: |

Mailing Instructions

| | |
|--|--|
| Secondary and Adult NATP programs in public secondary and BOCES agencies | New York State Education Department Office of Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234 |
|--|--|

FORM 4: Curriculum Identification and Facilities Verification

Program – please check one

Secondary Adult

School District or BOCES:

Program Code Number: (Ex. 33x-xxxx)

| Program | Yes | No |
|---|--------------------------|--------------------------|
| A. This program uses the <i>New York State Department of Health required curriculum and NYSED health science core standards.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. This program uses the <i>New York State Practical Nursing Syllabus.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. This program uses locally developed curriculum, inclusive of the required NYSDOH curriculum and health science core standards. If yes, a copy of the curriculum must be submitted. | <input type="checkbox"/> | <input type="checkbox"/> |

| Curriculum Identification and Facilities Verification | Yes | No |
|--|--------------------------|--------------------------|
| The facility space and equipment provide a training area which has: | | |
| Adequate room size (as outlined in guide), lighting and ventilation; sufficient number and placement of electrical outlets; tables and chairs; | <input type="checkbox"/> | <input type="checkbox"/> |
| Supplies and equipment as would be found in a residential facility and necessary to deliver the required skills; storage for supplies and records; and | <input type="checkbox"/> | <input type="checkbox"/> |
| Presence of a sink with running water | <input type="checkbox"/> | <input type="checkbox"/> |

Attestation Signature

I certify that the above information is correct and attest to program compliance with regulatory requirements:

RN Nurse Aide Instructor Signature:

Date:

RN Program Coordinator Signature:

Date:

School Administrator Signature:

Date:

Mailing Instructions

Secondary and Adult NATP programs in public secondary and BOCES agencies

New York State Education Department
Office of Career and Technical Education
89 Washington Avenue, Room 315 EB
Albany, New York 12234

FORM 5: Site Visit Evaluation Self-Study

The following sample evaluation is provided to assist in preparation for the site visit by representatives of the New York State Education Department. During the on-site visit, you will be asked to produce evidence of compliance with the regulations (e.g., a copy of each student’s performance record). The evaluator will review the items found in the following checklist to assess the program’s compliance. This form is for your use and should not be submitted with your application.

| Program Content | Yes | No |
|--|--------------------------|--------------------------|
| <p>A. The high school program minimum of 432 total hours must include: a minimum of 216 health science core, 108 hours of theory and 108 hours of supervised clinical experience, as previously outlined under “Program Training Hours”. The adult program minimum of 120 total hours must include a minimum 90 hours of classroom instruction and 30 hours of supervised clinical experience. Both secondary and adult programs are required to include the NYSDOH nurse aide curriculum and NYSED health science core standards.</p> <p>If there have been recent changes to your program, have the necessary accompanying documents ready to provide evaluator at time of visit. Make a copy of your current Form 1 to provide to evaluator at start of site visit.</p> <p>Have a copy of the curriculum indicating: total number of hours with a breakdown of theory and supervised clinical hours; NYSDOH curriculum and NYSED health science standards highlighted; and highlight specialized area of instruction if a clinical site is used which provides care for specialized populations. Provide a copy of two theoretical lesson plans and two lesson plans for skills lab instruction and two completed supervised clinical evaluation instruments (with written objectives and skills performance at a minimum of those prescribed by NYSDOH).</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The NYSDOH-developed nurse aide curriculum and NYSED health science core standards are being used. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. A locally developed curriculum, approved by the New York State Education Department and in compliance with federal and state regulations, is being used. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Instruction reflects the curriculum as evidenced by daily lesson plans, expanded outlines and/or classroom observations. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. The written objectives and evaluation instruments used in supervised clinical experience reflect the curriculum and the skills performance are a minimum of those prescribed by the NYSDOH. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. If the health care facility serves special populations, the curriculum has been supplemented to address the needs of such populations. | <input type="checkbox"/> | <input type="checkbox"/> |

| Coordinator Qualifications (see Form 2) | | Yes | No |
|---|--|--------------------------|--------------------------|
| A. | The coordinator on file with the New York State Education Department is a currently registered professional nurse. PLEASE make sure the copy of the NYS RN license is current. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | The coordinator has at least two years of experience in a nursing home caring for the elderly and/or chronically ill. PLEASE highlight this experience on the resume. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | The coordinator meets at least one of the following criteria: | | |
| | • has certification to teach nurse aide or practical nursing, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has licensure as a trade school teacher of nurse aides, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the NYS Commissioner of Education, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has three years of experience teaching nurse aides in a residential health care facility, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has completed a professionally recognized course in teaching adult learners. | <input type="checkbox"/> | <input type="checkbox"/> |

| Instructor Qualifications (see Form 3) | | Yes | No |
|--|---|--------------------------|--------------------------|
| A. | The instructor on file with the New York State Education Department is a currently registered professional nurse. PLEASE make sure the copy of the NYS RN license is current. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | The instructor has at least two years of experience in a nursing home caring for the elderly and/or chronically ill. PLEASE highlight this experience on the resume. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | The instructor meets at least one of the following criteria: | | |
| | • has certification to teach nurse aide or practical nursing, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has licensure as a trade school teacher of nurse aides, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the NYS Commissioner of Education, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has three years of experience teaching nurse aides in a residential health care facility, or | <input type="checkbox"/> | <input type="checkbox"/> |
| | • has completed a professionally recognized course in teaching adult learners. | <input type="checkbox"/> | <input type="checkbox"/> |

***Proof of teacher certification is required for secondary programs so please have this ready to present in a hard copy format.**

| Nurse Aide Student | | Yes | No |
|--------------------|--|--------------------------|--------------------------|
| A. | <p>Evidence is provided that the nurse aide student is identified as such during the clinical education portion of the program. PLEASE review all program information/ advertisement and verify all program information indicates Nurse Assistant and NOT Certified as a student does not become certified until successful completion of the Prometric exam.</p> <p>At the time of visit, present a student badge. The badge is to identify the student as such, e.g., “Student Nurse Assistant” or “SNA”. Make a copy of this badge in advance and provide this to the evaluator at time of site visit.</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | <p>Evidence is provided that the nurse aide student only assumes specific duties involving direct patient care after completing at least 16 hours of core classroom instruction, and only performs duties for which previous instruction has been given.</p> <p>Prepare and provide a school program calendar which <i>clearly</i> outlines content for theory, skills in lab, and skills in clinical (listing which skills are being introduced/ performed in clinical and on which dates).</p> <p>Lesson plans are to be aligned with the school program calendar for cross reference. If using lesson plan as example, lesson plans are to indicate hours of instruction completed to date for skills demonstrated and performed in lab and when same skill was performed in clinical.</p> <p>Clinical dates/calendar along with a copy of a completed student NYS Skills Performance sheet (indicating prior instruction has been delivered before student performance in patient care setting).</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | <p>The nurse aide student is supervised by an approved nursing instructor in a health care facility. <i>Provide copy of letter to affiliating facility/facilities</i> (this may be an email from the operationally approved Program Coordinator or operationally approved Primary Instructor to the affiliating facility contact) <i>indicating:</i> dates and times of clinical experience, Location/Nursing Unit(s) while at facility, Supervising RN(s), Student roster (listing names of students), Signature of NA Instructor (RN).</p> | <input type="checkbox"/> | <input type="checkbox"/> |

| Records | Yes | No |
|--|--------------------------|--------------------------|
| A. There is a program record on file which includes the following: | | |
| <ul style="list-style-type: none"> the names of the RN program coordinator and RN nurse aide instructor and a copy of credentials (This will have been met when sections above for <i>Program Content, Coordinator Qualifications</i> and <i>Instructor Qualifications</i> have been completed. Additional RN’s and their roles must also be identified.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> a current, signed affiliation agreement for each agency used (must match those on Form 1) in the clinical experience portion of the nurse aide training program must have: valid contract dates (if “ongoing”, letter from the facility must be on file indicating terms are still in place), BOTH educational and clinical facility signatures, termination clause with time frames (to ensure adequate time to find another facility should agreement be terminated), instructor to student ratio (no greater than 8 students per 1 instructor) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> proof of current liability insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> the names of all students admitted to the program and their actual dates of attendance (this will be for prior and current academic year, to date) | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> a record of program completers (for previous two years). This is to identify those who attempted Prometric exam along with those who passed the Prometric exam. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. There is an individual student performance record on file (these are ones that have been completed and reviewed by the student): | | |
| <ul style="list-style-type: none"> <i>Student clinical evaluation</i> – the evaluation tool used in the clinical setting to identify student skill performance with instructor feedback. Provide at least two examples, one of which is for the first clinical day (orientation) and then at least one other | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> <i>Individual student performance record</i> (the NYSDOH required skills performance checklist which is the required instrument for use). Provide one completed copy for each student completer <i>from the prior full academic year and a copy for each enrolled student to date</i>. Each completed NYS NA Skills Performance form must include: minimum NYSDOH measurable performance requirements/list of skills expected to be learned in program, dates of performance, documented satisfactory performance of skills, and the approved RN Instructor’s initials and signature for professional attestation. | <input type="checkbox"/> | <input type="checkbox"/> |

| Physical Facilities | Yes | No |
|--|--------------------------|--------------------------|
| Both the classroom and the skills training laboratory provide the following: | | |
| <ul style="list-style-type: none"> adequate room size*, lighting and ventilation, sufficient number and placement of electrical outlets, tables and chairs; | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> supplies and equipment as would be found in a residential facility and necessary to deliver the required skills, and storage for supplies and records; and | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> the presence of a sink with running water. | <input type="checkbox"/> | <input type="checkbox"/> |

*Each student is to have approximately 12-20 square feet of space in the classroom setting and 30 square feet of space in the clinical laboratory setting. Training space can be flexible in nature, meaning used for formal classroom instruction and rearranged for clinical laboratory instruction.

Arrange program binder in order - to facilitate the operational re-approval process while **highlighting and/or tabbing** the artifacts of which the evaluator will specifically be looking for as outlined above. For example, the order for each program number may be tabbed according to the headers found on the Form 5 and then organized within as formatted above.

Reminder – (Continuity Form – Form 6) to be submitted in the off-year prior to July 1st, as well as throughout the operational approval cycle, as outlined in the NATP Guide.

Lastly, information pertaining to records retention is being provided to assist you should you need it. These are the guidelines as per New York State and are that which the operational evaluators follow.

http://www.archives.nysed.gov/records/retention_ed-1_student-records

“f” would be considered the report card, employability profile, skills checklists and clinical evaluations (permanent) and then the items used to determine what is on the report card would be “g” (so, six years for those records) and 1 year for tests.

- c. Examination (including Regent’s examination) test results, papers and answer sheets, and duplicate copies of report cards when information regarding subjects taken and final grades received is posted to the pupil's cumulative achievement record:
RETENTION: 1 year after end of school year
- f. Cumulative achievement record maintained by BOCES, including information on: credits, grades, attendance, instructors' comments, employability profile, skills performance sheets and clinical performance records:
RETENTION: Permanent
- g. Other student records maintained by BOCES, including annual and periodic progress reports, from which information is posted to cumulative achievement record:
RETENTION: 6 years after student graduates or would normally have graduated from high school

FORM 6: Program Continuity

To maintain continuous program approval, this form must be submitted by July 1 of each year a State Education Department site evaluation is not conducted.

| | |
|---------------------------|------------------------------|
| School District or BOCES: | Program Number: (Ex. 33XXXX) |
|---------------------------|------------------------------|

Level: Secondary
 Adult

Program Type:

Nurse Aide
 Practical Nursing

School/Site Name:

Address:

Phone: ()

RN Director Coordinator:

Name:

Address:

Phone: ()

E-mail address:

RN Instructor:

Name:

Address:

Phone: ()

E-mail address:

Program Continuity

- There have been no changes in this program since the last site visit/approval.
- All changes in this program since its last site visit/approval have been submitted and approved by the State Education Department.
- Since the last site visit/approval, the following change(s) are proposed (corresponding forms and documents are attached):
 - Clinical and/or classroom site
 - RN Program Coordinator
 - RN Instructor
 - Curriculum

Attestation Signature

I certify that the above information is correct and attest to program compliance with regulatory requirements:

RN Program Coordinator Signature:

Date:

Mailing Instructions

Secondary and Adult NATP programs in public secondary and BOCES agencies

New York State Education Department
 Office of Career and Technical Education
 89 Washington Avenue, Room 315 EB
 Albany, New York 12234

Appendices

- A. New York State Department of Health Curriculum Requirements
- B. New York State Department of Health Skills Performance Record
- C. Sample Content Outline from the Practical Nursing State Syllabus
- D. Sample Affiliation Agreement

Appendix A

New York State Department of Health Curriculum Requirements

| Unit | Topics | Hours:Min |
|---|---|-----------|
| Introductory Curriculum (Must be taught first and must be delivered prior to clinical entry) | Communication and Interpersonal Skills | 16:35 |
| | Infection Control | |
| | Safety and Emergency Procedures, including the Heimlich maneuver | |
| | Promoting Residents' Independence | |
| | Respecting Residents' Rights | |
| Basic Nursing Skills | Taking and recording vital signs | 7:40 |
| | Measuring and recording height and weight | |
| | Caring for the resident's environment | |
| | Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor | |
| | Freedom from pain | |
| | Care for resident when death is imminent | |
| Personal Care Skills | Overview for personal care | 28:15 |
| | Bathing | |
| | Grooming | |
| | Dressing | |
| | Toileting | |
| | *Assisting with eating and hydration | |
| | *Proper feeding techniques | |
| | Skin care and alternations in skin | |
| | Transfers, positioning, and turning | |
| | Ambulation | |
| | *Must be taught together | |

| Unit | Topics | Hours:Min |
|--|---|-----------|
| Mental Health and Social Service Needs | Developmental tasks that occur with the aging process How to respond to resident behaviors Modifying aide's behavior in response to resident's behavior Allowing the resident to make personal choices, providing, and reinforcing other behavior consistent with the resident's dignity Family as a source of emotional support | 2:00 |
| Care of Cognitively Impaired Residents | Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others) Communicating with cognitively impaired residents Understanding behaviors of cognitively impaired residents Appropriate responses to the behavior of cognitively impaired residents Methods of reducing the effects of cognitive impairments | 4:45 |
| Basic Restorative Services | Training the resident in self-care according to the resident's abilities Use of assistive devices in transferring, ambulating, eating and dressing Maintenance of range of motion Proper turning and positioning in bed and chairs Bowel and bladder training Care and use of prosthetic and orthotic devices | 5:10 |
| Resident Rights | Providing privacy and maintenance of confidentiality Promoting resident's rights Giving assistance in resolving grievances and disputes Providing needed assistance in getting to and participating in resident and family groups and other activities Maintaining care and security of resident's personal possessions Promoting the resident's rights to be free from abuse, mistreatment, and neglect and the need to report any instance of such treatment to appropriate facility staff | 5:35 |

| Unit | Topics | Hours:Min |
|------------------------------|---|-----------|
| | Avoiding the need for restraints in accordance with current professional standards | |
| Supervised Clinical Training | <p>Training on the resident unit with residents, in a LTC facility, under the direct supervision of an approved nurse aide instructor</p> <p>This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training</p> <p>During this time, the nurse aide student practices, with residents in real situations, the skills learned during the training program, prior to the return demonstration to the program coordinator or primary instructor</p> | 30:00 |

Appendix B

NURSE AIDE TRAINING PROGRAM

Clinical Skills Performance Record Evaluation Checklist

NA STUDENT: _____

NA TRAINING PROGRAM: _____

PRIMARY INSTRUCTOR: _____

DATE OF NA TRAINING: FROM _____ TO _____

| CLINICAL SKILLS | DATE INITIAL DEMO. BY INSTR. | Instructor INITIALS | DATE FINAL SUCCESSFUL RETURN DEMO. BY STUDENT | Instructor INITIALS | COMMENTS |
|---|---------------------------------------|------------------------|---|------------------------|----------|
| UNIT I. INTRODUCTORY CURRICULUM | | | | | |
| 1. Hand washing | | | | | |
| 2. Using an ABC fire extinguisher | | | | | |
| 3. Heimlich maneuver | | | | | |
| UNIT II. BASIC NURSING SKILLS | | | | | |
| 4. Measure/Record Respiration | | | | | |
| 5. Measure/Record Oral Temp (Non-Digital Thermometer) | | | | | |
| 6. Measure/Record Rectal Temp (Non-Digital Thermometer) | | | | | |
| 7. Measure/Record Radial Pulse | | | | | |
| 8. Measure/Record Height | | | | | |
| 9. Measure/Record Weight (Balance Scale/Chair Scale) | | | | | |
| 10. Make unoccupied bed | | | | | |
| 11. Make occupied bed | | | | | |
| 12. Use of Personal Protective Equipment (PPE) | | | | | |
| a. gloves | | | | | |
| b. gown | | | | | |
| c. mask | | | | | |
| d. goggles | | | | | |
| 13. Follow isolation procedures in the disposal of soiled linen | | | | | |
| 14. Provide post-mortem care | | | | | |
| UNIT III. PERSONAL CARE SKILLS | | | | | |
| 15. Give complete bed bath | | | | | |
| 16. Give partial bed bath | | | | | |
| 17. Provide AM and PM care | | | | | |
| 18. Give shower | | | | | |
| 19. Give tub bath/whirlpool bath | | | | | |
| 20. Provide hair care | | | | | |
| a. shampoo resident | | | | | |
| b. grooming, brushing, combing | | | | | |
| 21. Provide mouth care (natural teeth) | | | | | |
| 22. Provide mouth care (no teeth) | | | | | |
| 23. Provide mouth care (unconscious) | | | | | |
| 24. Provide denture care | | | | | |
| 25. Shave resident | | | | | |
| 26. Provide hand and nail care | | | | | |
| 27. Provide foot care | | | | | |
| 28. Dress residents | | | | | |
| a. care of eyeglasses | | | | | |
| b. care of hearing aides | | | | | |

Appendix B

NURSE AIDE TRAINING PROGRAM

Clinical Skills Performance Record Evaluation Checklist

NA STUDENT: _____

| CLINICAL SKILLS | DATE INITIAL DEMO. BY INSTR. | Instructor INITIALS | DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY STUDENT | Instructor INITIALS | COMMENTS |
|--|------------------------------|---------------------|--|---------------------|----------|
| 29. Perineal care – female | | | | | |
| 30. Perineal care – male | | | | | |
| 31. Perineal care – incontinent resident | | | | | |
| 32. Assist with bedpan (offer/remove/clean) | | | | | |
| 33. Assist with urinal (offer/remove/clean) | | | | | |
| 34. Use bedside commode | | | | | |
| 35. Urinary catheter care | | | | | |
| 36. Care of/emptying of urinary drainage bag | | | | | |
| 37. Measure/Record Food and Fluid Intake | | | | | |
| 38. Measure/Record Urinary Output | | | | | |
| 39. Provide ostomy care | | | | | |
| 40. Collect urine specimen | | | | | |
| 41. Collect stool specimen | | | | | |
| 42. Feed resident | | | | | |
| a. set-up tray | | | | | |
| b. partial assistance | | | | | |
| c. total assistance | | | | | |
| d. adaptive devices | | | | | |
| e. residents with dysphasia | | | | | |
| f. alternative feeding methods | | | | | |
| 43. Provide skin care | | | | | |
| a. protective devices | | | | | |
| b. provide back rub | | | | | |
| 44. Position resident in chair | | | | | |
| 45. Move resident up in bed | | | | | |
| 46. Position resident on side in bed | | | | | |
| 47. Transfer resident | | | | | |
| a. one assist | | | | | |
| b. two assist | | | | | |
| c. mechanical lift | | | | | |
| d. transfer belt | | | | | |
| e. lift sheets | | | | | |
| UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS | | | | | |
| 48. Response with abusive resident | | | | | |
| UNIT V: CARE OF COGNITIVELY IMPAIRED RESIDENTS | | | | | |
| 49. Communication skills | | | | | |
| UNIT VI: BASIC RESTORATIVE SERVICES | | | | | |
| 50. Assist with ambulation using gait belt | | | | | |
| 51. Easing resident (about to fall) to floor during ambulation | | | | | |
| 52. Ambulation assistive devices | | | | | |

Appendix B

NURSE AIDE TRAINING PROGRAM

Clinical Skills Performance Record Evaluation Checklist

NA STUDENT: _____

| CLINICAL SKILLS | DATE INITIAL DEMO. BY INSTR. | Instructor INITIALS | DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY STUDENT | Instructor INITIALS | COMMENTS |
|--|------------------------------|---------------------|--|---------------------|----------|
| 53. Ambulation adaptive equipment | | | | | |
| 54. Feeding adaptive equipment | | | | | |
| 55. Range of motion to upper extremities | | | | | |
| 56. Range of motion to lower extremities | | | | | |
| 57. Use of positioning devices in bed | | | | | |
| 58. Use of positioning devices in chair | | | | | |
| 59. Use of prosthetic/orthotic devices | | | | | |
| 60. Apply hand splint | | | | | |
| UNIT VII: RESIDENT'S RIGHTS | | | | | |
| 61. Apply waist restraint | | | | | |

| KNOWLEDGE PERFORMANCE EVALUATIONS | DATE | Instructor INITIALS | PASS OR FAIL? | If Failed, DATE OF SUCCESSFUL PERFORMANCE EVALUATION FOR UNIT | Instructor INITIALS |
|--|------|---------------------|---------------|---|---------------------|
| UNIT I: INTRODUCTORY CURRICULUM | | | | | |
| UNIT II: BASIC NURSING SKILLS | | | | | |
| UNIT III: PERSONAL CARE SKILLS | | | | | |
| UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS | | | | | |
| UNIT V: CARE OF COGNITIVELY IMPAIRED RESIDENTS | | | | | |
| UNIT VI: BASIC RESTORATIVE SERVICES | | | | | |
| UNIT VII: RESIDENT'S RIGHTS | | | | | |
| DATE OF FINAL NATP PERFORMANCE EVALUATION | | | | | |
| ADMINISTRATION DATE OF STATE COMPETENCY EXAMINATIONS | | | | | |

NOTES/COMMENTS: _____

Appendix B
NURSE AIDE TRAINING PROGRAM
Clinical Skills Performance Record Evaluation Checklist

NA STUDENT: _____

Attestation Signature

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Student has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Nurse Aide student.

| Instructor | | | |
|------------|-----------------------------|-----------|----------|
| Date | Name/Title of RN Instructor | Signature | Initials |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Director/Administrator | | |
|------------------------|------------------------------------|-----------|
| Date | Name/Title of School Administrator | Signature |
| | | |

Date(s) of New York State Department of Health Nurse Aide Certification Competency Examination:

| | DATE | CLINICAL SKILLS TEST P/F | WRITTEN/ORAL TEST P/F |
|--------------------------|-------|--------------------------|-----------------------|
| 1 st Attempt: | _____ | _____ | _____ |
| 2 nd Attempt: | _____ | _____ | _____ |
| 3 rd Attempt: | _____ | _____ | _____ |

Appendix C

Sample Content Outline from the Practical Nursing State Syllabus

| Module | Topics |
|--------------------------------------|---|
| Introduction to Practical Nursing | Evolution of nursing and nursing education Roles and responsibilities of the LPN Terminology |
| Community and Personal Health | Public health organizations and responsibilities Community health Health care Factors affecting health Personal health decisions Terminology |
| Introduction to Human Development | Generalizations common to growth and development Developmental theories Human needs Coping mechanisms Terminology |
| Special Needs of the Child | The child and society The child and the family play Community resources Terminology |
| The Child: Infant through School Age | Development assessment Nutrition Health maintenance Parent teaching Terminology |
| The Adolescent | Physical and psychosocial development Health maintenance Community Resources Terminology |
| The Adult | Physical and psychosocial development Health maintenance and counseling Terminology |

| Module | Topics |
|---|--|
| Microbiology | Characteristics of microbes Disease transmission and control Terminology |
| Introduction to Pharmacology | Measurements and calculations Drug classification Terminology |
| Physical Sciences | Biochemistry Physics Terminology |
| Body Organization | Structural levels Body cavities and planes Skin and skin appendages Terminology |
| Support and Movement | Skeletal system Muscular system Terminology |
| Regulation of Body Activities | Endocrine system Nervous and sensory system Terminology |
| Internal Transport | Circulatory system Lymphatic system Respiratory system Terminology |
| Nutrient Process and Waste Elimination | Gastrointestinal system Nutrition Urinary system Terminology |
| Reproduction of Life | Male reproductive system Female reproductive system Genetics Terminology |
| Introduction to the Fundamentals of Nursing | Introduction to nursing skills Communications Nursing process Client teaching |

| Module | Topics |
|---|--|
| | Comfort and safety in client environment Health care facilities Terminology |
| Personal Care | Procedures Terminology |
| Promoting Client Mobility | Procedures Devices Management of potential problems of client Immobility Terminology |
| Promoting Client Nutrition and Diet Therapy | Management of alterations in nutritional status Procedures Terminology |
| Promoting Bowel and Bladder Elimination | Management of alterations in bowel and bladder functions Procedures Specimen collection Terminology |
| Assessment | Homeostasis Vital signs Terminology |
| Infection Control | Medical asepsis Isolation technique Surgical asepsis Terminology |
| Wound and Tissue Healing | Procedures Nursing management Wound healing Terminology |
| Admission/Transfer/Discharge | Procedures Emotional adjustment Terminology |
| Care of the Surgical Client | Preoperative preparation Postoperative preparation Related procedures Terminology |

| Module | Topics |
|--|---|
| Care of the Dying Client | Nursing management Procedures Terminology |
| Documentation | Client records Procedures Terminology |
| Introduction to Supervised Clinical Experience | Professional appearance Personal hygiene Interpersonal relationships Ethics Nursing process Patient teaching Infection control Documentation |
| Nursing Diagnosis | |

Appendix D

Sample Affiliation Agreement

School

Address

AGREEMENT OF AFFILIATION WITH [name of clinical agency]

The [name of school] has been approved to start a nurse aide training program which requires clinical experience in a nursing facility. The [name of facility] has agreed to provide this supervised clinical experience. Therefore, the nursing facility now referred to as the affiliating institution, and the school enter into the following agreement:

The agreement will begin on [date] and terminate on [date]. The agreement will be reviewed annually by both parties before the agreement is renewed. Either party may terminate during this contract with at least [number of days] days of notice.

The school will arrange for a maximum of [number of students] students to affiliate at [name of nursing facility] for a period of [number of days] days. The specific days will be agreed upon by a designee of each party and each will keep a copy of the schedule.

The student and the instructor will carry liability insurance and a signed statement indicating that they have a policy which covers this.

The school recognizes that the affiliating agency has a service responsibility to the resident. If the student jeopardizes this in any way, the affiliating institution has the right to ask that the student be removed from the clinical experience.

Before the student begins the supervised clinical experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties.

The students will be under the direct supervision of the clinical instructor employed by the school and will have received classroom instruction before being authorized to perform patient care. The clinical instructor will make assignments and, with the help of professional staff of the institution, evaluate each student's performance.

The affiliating institution and the school agree to accept and place students in clinical assignments without regard to sex, race, color, national origin or disability.

Signature of Agency Representative:

Title of Agency Representative:

Date:

Signature of School Representative:

Title of School Representative:

Date: