

NURSE AIDE TRAINING PROGRAM

INITIAL PROGRAM INSTRUCTIONS AND APPLICATION

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

ELIGIBLE APPLICANTS:

An applicant for a Nurse Aide training program can be a *nursing or health care facility* (i.e., hospital long-term care unit, county medical care facility, nursing home, hospital, home health agency). Long-term care facilities must be in compliance with specified State and Federal licensing and certification requirements at the time of application (as determined by the Department). Non-nursing facilities that are public, private, or proprietary must be in compliance with Department of Education standards. Refer to the packet of information that was provided to you at the Introduction to Train-The-Trainer seminar offered by this Department.

APPLICATION REQUIREMENTS:

Requirements for program approval include the following items (not all inclusive):

1. Provisions for classroom, laboratory and clinical practice space for training the nurse aide. (The supplies/equipment list can be found on page 7 of these instructions).
2. Provisions for nursing instructor to teach the nurse aide in classroom/lecture.
3. Provisions for nursing instructor to supervise the nurse aide in the laboratory and clinical practice aspects of the program.
4. Compliance with specified State requirements for nurse aide training.
5. Compliance with specified Federal requirements for nurse aide training.
6. Provisions for other requirements as specified in PL 100-203 OBRA 1987 and Amendments.

APPLICATION SUBMISSION:

The applicant will submit the completed application form and all required documents, which include:

1. Application form.
2. Curriculum materials.
3. Credentials of administrative and teaching staff.
4. Copies of contracts with other agencies, health care facilities, or educational institutions, if applicable.
5. Submit one copy of the Nurse Aide Training (NAT) curriculum syllabus (Sections I through XI) typewritten with pages numbered.

Further information regarding the completion of the Initial Program Application can be found in this packet.

APPLICATION REVIEW:

The application review can result in one of two outcomes:

1. Program materials returned with a written request for clarification and/or additional information needed.
2. The program will be conditionally approved.

REQUIREMENTS OF NURSE INSTRUCTOR:

The ***Program Coordinator*** must be a Train-The-Trainer certified licensed Registered Nurse with the State of Michigan. This individual's responsibility is to over see the program.

The ***Primary Instructor/Alternate Primary Instructor*** must be a Train-The-Trainer certified licensed Registered Nurse with the State of Michigan. Often times one RN will hold the title of both *Program Coordinator and Primary Instructor*. This individual's responsibility is to run the program.

The ***Delegated Instructor*** can be either a licensed LPN or a licensed RN and they are not required to be Train-The-Trainer certified. They may provide instruction in the class, laboratory and/or clinical practicum under the direction of the Primary Instructor.

PRIMARY INSTRUCTOR DUTIES:

The Primary Instructor's responsibilities include the following:

1. Accountable for the entire program, i.e., classroom, laboratory and clinical practicum.
2. Participates in the planning and evaluation of each segment of the curriculum.
3. Monitors each new instructor in lecture, laboratory, or clinical whenever that person is teaching something new for the first time.
4. On site and available during 100% of the clinical teaching time.
5. On site and available at least 50% of the classroom and laboratory time.
6. May delegate classroom, laboratory, and/or clinical teaching responsibilities to a ***Delegated Instructor***, either another licensed Registered Nurse or a licensed Practical Nurse, within the legal scope of practice and assessed capabilities of those individuals.

PROGRAM CURRICULUM:

The program curriculum is a course of study necessary to achieve learner objectives. This includes: program goals/program objectives; behavioral/learner objectives for lecture, laboratory, and clinical skills training; teaching methods; evaluation measurements; student policies; program schedule; and instructor schedule.

The Michigan Nurse Aide Training Curriculum Model of 2006, provides examples of program objectives and behavioral/learner objectives for lecture, laboratory and clinical skills training.

1. Program Goals/Program Objectives
 - A. The program goals/program objectives are the competencies a student is required to successfully demonstrate in order to complete a program.

PROGRAM CURRICULUM CONTINUED:

- B. Reference program goals/objectives consistent with Federal requirements for Nurse Aide Training (Michigan Nurse Aide Training Curriculum Model, 2006).
- 2. Behavioral/Learner Objectives for Each Unit of Classroom Instruction
 - A. Behavioral/Learner Objectives are measurable outcomes of student performance.
 - B. Include measurable behavior/learner objectives for each unit of classroom instructions.
- 3. Behavioral/Learner Objectives for Laboratory and Clinical Skills Training
 - A. Behavioral/Learner Objectives are measurable outcomes of student performance.
 - B. Include measurable behavior/learner objectives for all tasks learned in laboratory and clinical skills training. Each task must have a corresponding performance guide (see Michigan Nurse Aide Training Curriculum Model, 2006, for examples of performance guides).
- 4. Teach Methods
 - A. Teaching methods are strategies used to assist the student in meeting objectives.
 - B. List the different teaching methodologies used in your program, i.e., lecture, discussion, demonstration, return demonstration, audio visual, textbooks with dates of publication, bibliography, field trips, etc.

→ **LECTURE NOTES AND HANDOUTS ARE NOT TO BE INCLUDED WITH THE APPLICATION.**

- 5. Evaluation Measurements
 - A. Evaluation measurements are the methods used to assess a student's progress in meeting the objectives of the program.
 - 1. Class/Lecture: Describe types of examinations, quizzes or other evaluation methods, i.e., multiple-choice, true-false, matching, etc. Include the grading criteria for successful program completion, i.e., percentage score 75%; letter grade A, B, C, etc.

→ **TEST QUESTIONS ARE NOT TO BE INCLUDED WITH THE APPLICATION**

- 2. Lab/Clinical Practicum: Describe types of evaluation methods to be used. Include the grading criteria for successful completion of laboratory and clinical/skills performance. Provide copies of evaluation tools used. See Michigan Nurse Aide Training Curriculum Model, 2006, for an example of a Student Achievement Record.
- 3. Student/Instructor Ratios:
 - Lecture 22:1
 - Laboratory 12:1
 - Clinical 8:1

PROGRAM CURRICULUM CONTINUED:

6. Student Policies

A. Student policies are written statements which direct student behavior. They include the following policies:

1. Attendance Requirements
2. Grading
3. Failure and Probation
4. Cheating
5. Missed Examinations and Assignments
6. Uniform/Dress Code
7. Due Process/Grievance Procedure
8. Student with Special Learning Needs
9. Charges and Reimbursement

B. If the above policies are in your Student Handbook or Employee Manual, you may submit that document.

7. Program Schedule

A. The program schedule is an explanation or sequence for the learning events. Please include:

1. A summary statement of total hours for lecture, laboratory and clinical skills training.
2. A program calendar identifying the content presented each day. Illustrate distribution of hours in each component, i.e., classroom/lecture, lab, and clinical.
3. A program calendar identifying the 16 hours of core curriculum required prior to a student's direct involvement with a resident.

8. Instructor Schedule

A. Indicate which instructors (program coordinator/primary instructor, primary instructor, alternate primary instructor or delegated instructor) will teach lecture, laboratory, and clinical skills training.

B. Indicate the number of hours each instructor teaches in each component.

C. Guest Instructors – Indicate number of hours, component and subject matter to be covered by supplemental teaching staff.

APPROVAL OF CLINICAL PRACTICE SITES:

Requirements for approval will include the following (not all inclusive):

1. Sufficient space conducive to training with noise and interruptions kept to a minimum, maintained at a comfortable temperature, in a clean and safe environment with adequate light.
2. Equipment and supplies are available for use by the student.
3. Enrolled and in good standing as a provider in the Medicare and/or Medicaid program(s) with no termination action in process while participating as a clinical practice site.
4. No sufficient staff on duty as specified by State and Federal requirements to provide adequate and appropriate care to residents while participating as a clinical practice site.
5. Clinical training supervision is provided in accordance with the occupational Regulation Sections of the Michigan Public Health Code (Articles 1 and 14 of Act 368 of 1978); Part 172, Nursing 333.17201, Sections 17201(1)(a), (b) and (c).

APPEALS:

Appeals are to be directed to the Manager, LARA, Bureau of Health Professions, Nurse Aide Training Programs, P.O. Box 30670, Lansing, Michigan 48909.

PROGRAM REVIEW:

A complete copy of the conditionally approved NAT curriculum syllabus should be maintained by the program to be updated as necessary with corrections, additions, and/or revisions. Substantive changes (addenda) must be communicated to the Department prior to implementation. Your copy must be kept up to date; it will be reviewed during the On-Site Review survey. The State will conduct, within 6 months after conditional approval, an On-site Review survey of each program. Thereafter, the State will conduct an On-Site Review survey at least every two years. A program must notify the State and the State must review that program when there are substantive changes made to that program within the two-year period.

The Michigan Department of Licensing and Regulatory Affairs is an equal opportunity affirmative action employer, service provider and buyer.

NURSE AIDE TRAINING PROGRAMS

PROGRAM STRUCTURE, PROCESS and OUTCOMES

PROGRAM STRUCTURE

- N100 Program length – minimum 75 hours
- N101 Laboratory practice – minimum 16 hours
- N102 Clinical practicum – recommended 24.5 hours
Setting must be in a Nursing Home
- N103 Program objectives
-

Curriculum Content

- N104 Curriculum content/behavioral objectives
 - Class/lecture
 - Laboratory practice
 - Clinical practicum
- N105 Core Curriculum structure
 - Length – minimum 16 hours
 - Placement – prior to resident contact
- N106 Core curriculum content
- N106A Communication
- N106B Infection control (HIV/AIDS)
- N106C Safety/emergency procedures (Heimlich Maneuver)
- N106D Promoting independence
- N106E Residents' Rights
 - Privacy
 - Personal choices
 - Resolution of grievances
 - Group activities
 - Security of possessions
 - Freedom from abuse
 - Inclusion of Michigan Public Health Code
Section 333.20201
Section 333.21771
 - Inclusion of Abuse Manual
 - Minimization of restraints
- N107 Basic nursing skills
- N108 Personal care skills
- N109 Mental health/social service needs
- N110 Care of the cognitively impaired
- N111 Basic restorative services
-

Policies/Contracts

- N112 Program policies
- N112A Students with special learning needs policy
- N112B Charges/reimbursement program policy
- N112C Student policies
 - Attendance
 - Failure and probation
 - Missed exams/assignments
 - Cheating
 - Uniform/dress code
 - Grading
 - Due process/grievance
Chain of command
Final and binding decision
- N113 Program contracts/formal collaborative relationships
 - Signed by both parties
 - Start and end dates

PROGRAM PROCESS

- N114 Protocols of instruction
- N114A Teaching methods
- N114B Student/instructor ratios
- N114C Qualifications of Instructors
 - Program Coordinator
 - Primary Instructor
 - Alternate Primary Instructor
 - Delegated Instructor
 - Guest Instructor/Speaker
- N114D Availability of Instructor
 - Class/lecture
 - Laboratory practice
 - Clinical practicum
- N114E Physical facilities – class/lab/clinical
 - Temperature
 - Cleanliness
 - Safety
 - Space
 - Lighting
 - Noise control
 - Equipment

PROGRAM OUTCOMES

- N115 Evaluation protocols
- N115A Evaluation protocol for class/lecture
 - Grading criteria
 - Evaluation tool/quizzes, exams
- N115B Evaluation protocol for laboratory practice
 - Grading criteria
 - Evaluation tool – Student Achievement Record
- N115C Evaluation protocol for clinical practicum
 - Grading criteria
 - Evaluation tool – Student Achievement Record

Records

- N116 Record keeping
 - Records of training
 - Program documents
- N117 Four-month window rule/Registry Verification
(for nursing facilities only)

Department of Licensing and Regulatory Affairs
Bureau of Health Professions
Licensing Division

SUPPLIES AND EQUIPMENT**NURSE AIDE TRAINING PROGRAM**

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

Anatomical Chart	Mechanical lift
Anatomically correct mannequin	Medical dictionary
Anti embolism stockings	Mouth care swabs
Bath blankets	Mouthwash
Bath thermometer	Nail clippers
Bathtub and shower	Nail files
Bed linens	"No Smoking" signs
Bedpan (regular and fracture)	Orangewood sticks
Bedpan cover	Over bed table
Bed rail padding	Over bed cradle
Bedside stand	Paper towels and dispenser
Bibs	Patient gowns/pajamas
Call bell (may be simulated)	Pillows
Cane	Positioning devices
Chart forms (e.g. ADL flow sheets, food acceptance records, intake and output, graph sheets and flow sheets for TPR, BP and weights)	Pressure relieving mattress
Clock or watch with second hand	Privacy curtains
Comb and brush	Razors
Commode	Restraints
Crutches	Sample menus
Curlers	Scale/height measuring device
Denture cups and dentures	Shampoo
Denture cleaning paste/powder and brushes	Shaving cream/soap
Diapers/incontinence panties	Single and double tracking stethoscopes
Dish covers	Sink with hot and cold running water
Dishes/eating utensils including common assistive devices	Skin care supplies, e.g., lotion, oil, etc.
Disinfectant solutions	Soap dish, soap
Disposable gloves	Sphygmomanometer
Emery boards	Standard measurements for fluid containers
Emesis basin	Straight chair
Food trays	Straws
Footboard	Stretcher
Footstool/ottoman	Synthetic lambs wool
Full and half side rails	Tape measure
Geri-chair	Thermometers (oral, rectal)
Glass	Toilet tissue
Graduated pitchers	Tongue blades
Hand rolls	Toothpaste/powder and toothbrushes
Heel and elbow protectors	Towels (bath and hand)
Hospital bed and mattress	Trapeze
Incontinence pads	Urinal
Instrument containers	Urine testing supplies
Isolation gowns and masks	Walker
Lamp	Washbasin
Linen hamper	Washcloths
Male and female "normal and adaptive" clothing (including underclothing and footwear)	Water pitcher
	Weights and measures equivalence chart
	Wheelchair

ADDENDUM TO NURSE AIDE TRAINING PROGRAM APPLICATION

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

An addendum shall be submitted to the Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Health Professions, prior to implementation of substantive changes in a Nurse Aide Training Program after it has received conditional approval. Some examples of changes which require submission of an addendum include the following (not all inclusive):

1. Change in applicant's name due to a change in ownership, or other reason for name change.
2. Change in formal collaborative relationship(s) and/or contract(s) or letter(s) of agreement.
3. Change in program coordinator/primary instructor, alternate primary instructor and/or delegated instructor in classroom, laboratory, and/or clinical skills training.
 - A. The individual for program coordinator/primary instructor and/or alternate primary instructor must hold a current Registered Nurse license with the State of Michigan, current Train-The-Trainer certificate.
 - B. The individual for a delegated instructor must hold a current Registered Nurse or Practical Nurse license with the State of Michigan and submit a current resume with the addendum.
4. Changes in classroom, laboratory, and/or clinical skills training sites. Attach copies of contract(s) or letters(s) of agreement with new facilities signed by both parties involved.
5. Major changes and/or additions in:
 - A. Program Objectives
 - B. Behavioral/Learner Objectives for classroom, laboratory, and/or clinical skills training
 - C. Content of Program
 - D. Teaching strategies, i.e., computer assisted instruction (Interactive Video Disc)
 - E. Evaluation Measurements, i.e., revision of testing mechanism (Interactive Video Disc)
 - F. Program Policies
 - G. Change in program hours for classroom, laboratory, and or clinical skills training

To obtain the most current Addendum form, please visit the Bureau's website at www.michigan.gov/healthlicense and choose the Nurse Aide option on the left-hand side. Scroll down to NURSE AIDE FORMS AND APPLICATIONS; select **Nurse Aide Training Program Addendum – Use for existing program only**.

INITIAL NURSE AIDE PROGRAM APPLICATION

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

I. Applicant Information (Nursing or Non-Nursing Facility)

Facility Name:				
Contact Person:				
Program/Facility Administrator/Director:				
Street Address:				
City:	State:	Zip Code:		
Telephone Number with Area Code:	Fax Number with Area Code:			
Type of Facility (please check appropriate box): <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Adult Basic/Community Education <input type="checkbox"/> Community College <input type="checkbox"/> Other (please specify) _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Hospital LTCU <input type="checkbox"/> Vocational Education <input type="checkbox"/> Proprietary Education </td> </tr> </table>			<input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Adult Basic/Community Education <input type="checkbox"/> Community College <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Hospital LTCU <input type="checkbox"/> Vocational Education <input type="checkbox"/> Proprietary Education
<input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Adult Basic/Community Education <input type="checkbox"/> Community College <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Hospital LTCU <input type="checkbox"/> Vocational Education <input type="checkbox"/> Proprietary Education			

II. Program Coordinator – Must be Train-The-Trainer certified and hold a current RN license.

The Program Coordinator is a licensed Registered Nurse who assumes the administrative responsibility and accountability for the program.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

III. Primary Instructor – Must be Train-The-Trainer certified and hold a current RN license.

The Primary Instructor develops the curriculum and teaches and evaluates students in classroom, laboratory and clinical practicum. The Primary Instructor is also responsible for supervising Alternate Primary Instructors and Delegated Instructors. The Primary Instructor may be the same person as the Program Coordinator.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

IV. Alternate Primary Instructor – Must be Train-The-Trainer certified and hold a current Registered Nurse license.

The Alternate Primary Instructor basically holds the same position as a Primary Instructor and may teach in their absence. They may assist in the development of the curriculum. They teach and evaluate students in classroom, laboratory and clinical practicum.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

V. Delegated Instructor – Must hold a current Registered Nurse or Practical Nurse license.

The Delegated Instructor teaches classroom, laboratory or clinical skills under the direction of the Primary Instructor, Alternate Primary Instructor or Program Coordinator.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

VI. Guest Instructor/Speaker – Complete the following for EACH Guest Instructor:

If necessary, you can make copies of this page if you have more than one Guest Instructor/Speaker.

Full Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	
Discipline:		
CREDENTIALS: ATTACH COPIES OF CURRENT LICENSURE AND CURRENT RESUME FOR EACH GUEST INSTRUCTOR/SPEAKER.		

VII. Facilities

Classroom may be in a long-term care facility, hospital long-term care unit, health care facility or education institution. The classroom is a setting where lecture, discussion, and other learning methods are presented.

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:	Work Phone Number with Area Code:		
RATIO OF STUDENTS PER CLASSROOM INSTRUCTOR: _____			

VI. Facilities Continued

Laboratory may be in a long-term care facility, hospital long-term care unit, health care facility or educational institution. The laboratory is a simulated setting where students practice clinical skills (see Supplies & Equipment list on page 7 in this packet).

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
RATIO OF STUDENTS PER CLASSROOM INSTRUCTOR: _____			

Clinical Practice Site may be in a long-term care facility, hospital long-term care unit. The clinical practice site is where students have their clinical experience (see Supplies & Equipment list on page 7 of this packet).

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
RATIO OF STUDENTS PER CLASSROOM INSTRUCTOR: _____			

VII. Formal Collaborative Relationship

This is an agreement between two programs to coordinate or share teaching responsibilities or sites. This relationship requires a contract or letter of agreement, which determines the roles and responsibilities of each party involved and is signed by both parties. **THIS NEEDS TO BE ON FACILITY LETTERHEAD.**

Facility Name Entering Into Contract With:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
ATTACH A COPY OF FORMAL CONTRACT(S) OR LETTER(S) OF AGREEMENT.			
<p>→ → CONTRACT MUST BE SIGNED BY BOTH PARTIES AND HAVE START AND END DATES.</p>			

VIII. Schedules

A. Program Schedule (for further information see Page 4, Item 7 of the Program Curriculum)

Number of Class/Lecture Hours:	Anticipated Start Date:
Number of Lab Hours:	Duration of Program:
Number of Clinical Practice Hours:	
TOTAL PROGRAM HOURS:	

B. Program Calendar

C. Instructor Schedule (for further information see Page 4, Item 8 of the Program Curriculum)

INSTRUCTOR	NUMBER OF CLASS HOURS	NUMBER OF LAB HOURS	NUMBER OF CLINICAL HOURS

IX. Certification of Applicant

I certify that there is sufficient space available for training, that the designated training area is environmentally controlled (heat, light, noise control), and that equipment and supplies are available to assure each student full opportunity to meet course objectives, and that the program will be conducted in compliance with Federal and State requirements. I also understand that, if one or more of the above is not provided, program approval will not be granted or exiting approval may be revoked.

I affirm that all information submitted in this application is complete and correct. I am aware of the fact that misrepresentation may result in on-approval or revocation of exiting approval.

Signature of Administrator

Date

X. Certification of Formal Collaborative Relationship

I affirm that all of the information submitted in this application is true. I am aware that misrepresentation may result in non-approval or revocation of existing approval. I certify that the program will be conducted in compliance with Federal and State requirements.

Signature of Administrator/Applicant

Date

FOR LONG TERM CARE FACILITIES ONLY:

I certify that no charges will be imposed on any nurse aide employee attending a nurse aide training program, or completing the competency evaluation, for purposes of complying with the Omnibus Budget Reconciliation Act (OBRA) of 1987 requirements. This includes charges for textbooks, course materials, training and competency evaluation tests.

Signature of Administrator

Date