

**Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Professions - Nurse Aide Training Programs**

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**ADDENDUM  
NURSE AIDE TRAINING PROGRAM**

The Omnibus Budget Reconciliation Act of 1987 created Federal statutory requirements for the establishment of a nurse aide training program, a competency evaluation program, and a nurse aide registry for nurse aides employed in long-term care facilities. As part of the requirements to implement this law, a program must notify the State and the State must review that program when there are substantive changes made to that program. CFR 483.151(d)(2).

NOTE: If your program change is not accepted, you will hear from the Department within 30 days. If your program change is accepted, you will receive a letter verifying that the addendum to the NATP has been accepted.

Please complete the appropriate sections below and submit this report and any additional required information. Retain a copy of all materials submitted for your own records. Submit the completed form to the Department, at the address listed above, for approval prior to implementing a change in your NATP. **PLEASE PRINT CLEARLY.**

Facility/Program Name:		NATP #:	
Street Address:			
City:	State:	ZIP Code:	
Contact Person:	Phone Number With Area Code:		
Proposed Date of Change:	Date Submitted to DCH:		

**I. Changes in Program Coordinator (PC), Primary Instructor (PI), Alternate Primary Instructor (ALT PI) or Delegated Instructor (DI):**

~ For PC, PI and Alt PI: The individual must hold a current Train-The-Trainer certificate and have a current Michigan RN license.			
~ For DI: The individual must hold a current Michigan RN or LPN license. You must submit a current resume for the individual.			
NAME & MI NURSING LICENSE NUMBER	LIST POSITION WITHIN PROGRAM: PC / PI / ALT PI / DI	Check applicable box <b>ADD</b> <b>DELETE</b>	
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
LIC. NO.:			
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
LIC. NO.:			
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
LIC. NO.:			
NAME:		<input type="checkbox"/>	<input type="checkbox"/>
LIC. NO.:			

**II. Changes in NATP Classroom/Laboratory/Clinical Site(s):**

<b>A. New Classroom Site(s)</b> (You must submit a copy of a signed agreement/contract if applicable)		
Facility/Program Name:	NATP #:	
Street Address:		
City:	State:	ZIP Code:
Contact Person:	Phone Number With Area Code:	
<b>Proposed Start Date:</b>	<b>Proposed Ending Date:</b>	

<b>B. New Laboratory Site(s)</b> (You must submit a copy of a signed agreement/contract if applicable)		
Facility/Program Name:	NATP #:	
Street Address:		
City:	State:	ZIP Code:
Contact Person:	Phone Number With Area Code:	
<b>Proposed Start Date:</b>	<b>Proposed Ending Date:</b>	

<b>C. New Clinical Site(s)</b> (You must submit a copy of a signed agreement/contract if applicable)		
Facility/Program Name:	NATP #:	
Street Address:		
City:	State:	ZIP Code:
Contact Person:	Phone Number With Area Code:	
<b>Proposed Start Date:</b>	<b>Proposed Ending Date:</b>	

<b>D. Classroom/Laboratory/Clinical Site(s)</b>		(Circle one)	<b>ADDITIONAL</b>	<b>DELETE</b>
(You must submit a copy of a signed agreement/contract if applicable)				
Facility/Program Name:	NATP #:			
Street Address:				
City:	State:	ZIP Code:		
Contact Person:	Phone Number With Area Code:			
<b>Proposed Start Date:</b>	<b>Date Submitted to DCH:</b>			

Attach a copy of any policy changes.

IV. Changes in NATP Curriculum Content:

A. Current Approved NATP Curriculum in use:

- Michigan Nurse Aide Training Curriculum Model, 2006
  - Alone
  - With ProCare

ProCare Curriculum

Other – briefly describe: \_\_\_\_\_  
\_\_\_\_\_

B. Proposed curriculum to be used in NATP:

Michigan Nurse Aide Training Curriculum Model, 2006

ProCare Curriculum

Other – briefly describe: \_\_\_\_\_  
\_\_\_\_\_

~ When sending proposed curriculum content changes, attach a copy of the behavioral objectives for the proposed content changes and complete Section V, if applicable.

V. Changes in Hours:

- ~ Submit changes in hours for each topic, classroom, laboratory or clinical area that applies to the NATP.
- ~ Submit a revised Program Schedule and Instructor Schedule that reflects the change in hours.

CURRENT HOURS ON FILE WITH OUR OFFICE:

CLASSROOM: \_\_\_\_\_ LABORATORY: \_\_\_\_\_ CLINICAL: \_\_\_\_\_ TOTAL: \_\_\_\_\_

PROPOSED NEW HOURS:

CLASSROOM: \_\_\_\_\_ LABORATORY: \_\_\_\_\_ CLINICAL: \_\_\_\_\_ TOTAL: \_\_\_\_\_

VI. Changes to Current Nurse Aide Program Syllabus or Curriculum:

(i.e. updates to current policies, changes to lesson plan, new policies, etc.)

- ~ Submit proposed changes to program syllabus or curriculum for review and approval.
- ~ DO NOT include the complete Michigan Nurse Aide Training Curriculum Model; only submit the pages that are affected by the change(s) in your program with noted changes.
- ~ DO NOT submit an addendum if you have a change in the hours/schedule that the PC/PI/Alternate PI or DI are working as long as they are staying within the realm of their position on file with our office. We do not need to know the hours they work. We suggest that you keep an individual listed as a DI if they are going to also perform those duties in addition to a PC, PI or Alternate PI at any given time.
- ~ DO NOT submit an addendum if you are moving an approved class to a different day of the week. As long as the class content has not changed or the approved hours are not affected, you do not need to notify us.