



MI-NATES USER GUIDE

FOR

NURSE AIDE TRAINING PROGRAMS

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1) Overview

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System (MI-NATES) is a web-based application that automates the process for applications, renewals, enforcement, communication,

and payments related to nurse aide registrations, nurse aide trainer permits, and nurse aide training program permits in Michigan.

2) Login to MI-NATES: Once the user has successfully created their MI-NATES account (reference the MI-Login Account Set Up for MI-NATES Manual available at www.michigan.gov/bchs), they will log in with the Username and Password they created and select **Submit**.

ŤЗ	MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs
L	ogin to MI-NATES
MI- Aid	NATES is the State of Michigan's online system for management of Nurse Aides (NA), Nurse Aide Trainers (NAT), and Nurse e Training Programs (NATP).
Plea	ase login below to continue.
User	Name:
Pass	word:
Sul	bmit Register

The user will then be directed to the Welcome to MI-NATES screen.

3) Welcome to MI-NATES: This screen has several options, the upper righthand corner has a Home, My Profile, and Logout button (these buttons are available on all screens and may be utilized at any time). There are additional buttons in the center of the screen offering the user access to the Dashboard, as well as the option to add a second and/or third registration or permit type to their account. The main button in the center of the screen represents the users current registration/permit type, ie..."Nurse Aide Training Program", selecting this box will take the user to their dashboard.



4) MI-NATES Dashboard: After logging into MI-NATES and selecting the Nurse Aide Training Program (NATP) button, the user will be redirected to their main dashboard where they can select the applicable permit number and advance to the next screen which will provide options based on the status of the permit.

B MI-I Depar	NATES: Michigan Nurse Aide, Training, and Enforcen tment of Licensing and Regulatory Affairs	ient System	1		Home 🖉 My Profile Log
Nurs	e Aide Training Program	n Das	hboard 👔		
Click a pe	rmit below to begin.				
Permit	# Name	Status	Address	Expiration Date	
NATP40	021 NATPActive45DaysA	ACTIVE	813 Ash St, Port Huron , Michigan 48819	06/26/2023	Unlink
St	art a New Nurse Aide Training Program Application	n	Find Existing Nurse Aide Training Program		

The Nurse Aide Training Program Dashboard screen displays each option the nurse aide training program is currently eligible to choose, based on their status. The option to renew a permit will only be available if the permit is within the 45-day window prior to their expiration date. The option to print a permit is only available if the program's status is currently active.

Each nurse aide training program is allowed to have one authorized representative who is the designated individual responsible for the permit. This person can access multiple training programs under a single user profile in MI-NATES.

To add an existing permitted nurse aide training program to an authorized representative's profile, click the option to "Find an Existing Training Program." If the program selected already has an authorized representative assigned, you can over-ride their access, however, they will receive notification of the action and it will also be documented in the program's history.

To remove yourself as the authorized representative of a nurse aide training program currently listed on your dashboard, click "unlink" next to the training program on your dashboard list view.

To submit an application for a new training program permit, click "Start a New Nurse Aide Training Program Application."

A Nurse Aide Training Program (NATP) must be approved and issued a permit by LARA.

To become a NATP, an applicant must:

- Review and follow the Nurse Aide Training Program Overview and Requirements.
- Comply with State of Michigan Nurse Aide Training Curriculum Model.
- Successfully submit a Nurse Aide Training Program Application via MI-NATES, along with electronic payment of the non-refundable application fee.

• Pass an announced pre-permit inspection conducted by LARA staff and receive confirmation of approval.

NATP is regulated under the Michigan Public Health Code, Part 219, and the Code of Federal Regulations 483.151 and 483.152. An applicant that has been deemed "locked out" under 42 CFR 483.151 (b) (3) is not eligible.

NATP permits:

- Are valid for two years.
- Renewals are processed on even years.
- Permits expire on July 31st of even years.

Proprietary School Requirement:

A NATP may require licensure as a proprietary school from the Workforce Development, Department of Labor and Economic Opportunity (LEO). A proprietary school is an educational institution that offers training in a particular trade or vocation, such as a certified nurse aide. Students attending a proprietary school receive a certificate instead of earning a degree.

If the applicant for an NATP permit is not a nursing home, a high school or intermediate school district (ISD), or community college, a proprietary school license is required. A NATP permit cannot be issued by LARA until a proprietary school license is issued by LEO. An applicant should apply for both a LARA permit and LEO license at the same time to help expedite the process.

LARA will notify LEO that a NATP application has been submitted and when the applicant has passed its LARA pre-permit inspection.

LEO Contact:

Phone: 517-335-4000; Fax: 517-241-9846; Email: PPS@michigan.gov

4a) New Application for Nurse Aide Training Program Permit: This application is used to request approval to obtain a permit as a Nurse Aide Training Program in Michigan. To become a

Nurse Aide Training Program, the prospective program must follow the <u>Nurse Aide Training</u> <u>Program Overview and Requirements</u> and the <u>Michigan Competency-Driven Core Curriculum for</u> <u>Nurse Aides</u>. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainers.



The on-line application **must** be completed in its entirety, there are four tabs to be completed: 1) Applicant Information, 2) Type of Program 3) Permitted Nurse Aide Trainer and 4) Pay and Submit. Verify your contact information and update if there are any inaccuracies or changes. To obtain an initial NATP permit, a permitted nurse aide trainer must be associated with the program. Once a permit is obtained, a permitted nurse aide trainer is required to be associated with the program at all times, in order to conduct trainings.

1) Applicant Information: This screen will auto-populate with the information provided during your first time logging in to MI-NATES. You can also use this screen to request a name change, if applicable. If all information is correct on the screen, click, NEXT. Applications can also be saved as a draft by clicking SAVE.

1 Applicant Information	2 Type of Program	3 Permitted N	urse Aide Trainer	4 Pay and Subr
Applicant Information 💎				
Program Name*				
FRIENDS				
Business Entity Name*				
Friends 4Ever				
Street Address*				
611 W Ottawa St.				
City*	State*	Zip*	County*	
Lansing	Michigan 🗸	48906	Clinton	,
Program Phone *	Program Email Address			
(000) 000-0000	StGermainS@michiga	an.gov		
Program Owner's Last Name *	First Name *		Phone *	
Geller	Monica		(000) 000-0000	
Authorized Representative's Last Name*	First Name*			
Geller	Monica			
Request Name Change				
Phone	Email Address*			
(000) 000-0000	StGermainS@michi	gan.gov		

2) Type of Program: Program types and fees are listed in accordance with Section 333.21919 of the Public Health Code.

Department of Licensing and Regulatory	Aide, Training, and Enforcement System Affairs	Home & My Profile Logout
Nurse Aide Trai	ning Program Application 👩	
This application is to request approval a the Michigan Competency-Driven Core	nd obtain a permit as a Nurse Aide Training Program in Michigan. To become a Nurse Aide Training Program, the prospective program must follow the Nurse Curriculum for Nurse Aides. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainer	Aide Training Program Overview and Requirements and s. For additional information, please visit our website.
	1 Applicant Information 2 Type of Program 3 Permitted Nurse Aide Trainer 4 Pay and Su	ıbmit
	Please select your type of program*	
	Skilled Nursing Facility (\$100.00 Fee) Secondary Education Institution (\$100.00 Fee)	
	 All Other Programs (\$300.00 Fee) 	

Skilled Nursing Facility: State licensed nursing home, hospital long-term care unit, county medical care facility, or other nursing care facility, or a distinct part thereof, which provides skilled nursing care. An applicant that has been deemed "locked out" or prohibited under 42 CFR 483.151 (b) (3) is not eligible.

Secondary Education Institution: A program that provides education only to students enrolled in 7th through 12th grade.

All Other Programs: This would include all programs that are not a skilled nursing facility or secondary education institution. This includes, but is not limited to, colleges, community colleges, adult education, career centers, and proprietary education.

3) Permitted Nurse Aide Trainer (NAT):

A NATP is required to have at least one permitted nurse aide trainer assigned to the program. An application cannot be submitted without a nurse aide trainer assigned. You will need the nurse aide trainer's permit number to search for the trainer.



The user will click "+Add a Trainer" and select next. This will bring up a screen to enter the NAT's permit number and search.

Nurse Aide Training Program Application g

This application is to request approval and obtain a permit as a Nurse Aide Training Program in Michigan. To become a Nurse Aide Training Program, the prospective program must follow the Nurse Aide Training Program Overview and Requirements and the Michigan Competency-Driven Core Curriculum for Nurse Aides. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainers. For additional information, please visit our website.

	1 Applicant Information	2 Type of Pro	ogram 3 Per	mitted Nurse Aide Trainer	4 Pay and Submit		
	Permitted Nurse Aide Trainer (?) At least one nurse aide trainer is required. Click below to search and link a permitted nurse aide trainer to your program.						
	Permit Number	Name	Expiration Date				
	Search + Add a Trainer						
	Back Next Save						

MI-NATES will then locate the record of the NAT and the user will select "yes" if this is the correct NAT they wish to associate with their Nurse Aide Training Program. Once selected, the next screen will appear.

Nurse Aide Training Progra	Nurse Aide Trai	ner Search Re	sults	llow the Nurse Aide Training Progra
and the Michigan Competency-Driven Core Curriculum for Nurse Aic website.	Is this the correct Nurse Aide 1	Frainer?		ograms and trainers. For additional
	Permit Number	Name	Expiration Date	
Applicant In	4604005011	NAT NAT	05/15/2024	Pay and Submit
Permitted N At least one nurse a			Yes	No
Permit Number	Name	Expiration Date		

4) Pay and Submit: This section allows the user to certify their application with an e-signature, pay the application fee and submit the NATP application for a permit with the State of Michigan.

4a) User must accept the e-signature conditions by checking the accept box and entering their first and last name. User will then select "Click here to submit application and provide payment information" where the user will be directed to another screen to pay the application fee online.

1 Applicant Information	2 Requirements and Experience	Pay and Submit
Pay and Submit		
E-SIGNATURE By submitting my electronic applicat All information provided in thi I meet and will follow any appli- I currently have and will maint If my RN license is expired, as My Ruyse Aide Trainer Permit I will notify the department in I understand that I am report experience. Tong term care exp I understand that I am prohibil substantisted finding against t I understand that there is a no	ion and entering my name below, I certify: document is true and correct to the best of my knowledge. Icable federal regulations, state regulations, and administrative rules. In a valid registered professional nurse (RØ) license in Michigan. pender, received, or inactivated in any way: anull and void, and professional nurse (RØ) license in Michigan mediately) (Bide for maintaining and sharing with the department information relate erience, and teaching or supervisory experience, upon request. de forom engloyment is a coverde factivity under the Michigan Public Hei ne for abuse, neglect, and/or misappropriation of resident property, or refundable application fee of \$40.00.	d to my nursing license, nursing tith Code if I have had a
Eil Accept * First Name*	Last Name*	
This is a required field.	This is a required field,	
In order to complete the process, you will redirect you to the payment scree	must click the submit button below and successfully make your payment. m. After your payment is complete, you will have the ability to print a copy	Clicking the submit button below v of this document. You will also

Page 8 of 22

4b) Payment-Application Fee –Once the payment request screen displays, select "Next".

Department of Licensing and Regulatory Affairs	MICHIGAN.GOV Michigan's Order Website
Payment Method	I
State of	MI Nurse Aide Payment Request
Welcome to the payment processing module for State of MI Nurse Aide.	
This process is being used as a secure means of processing credit card au	thorizations.
Payment may be made with a valid Visa, MasterCard, Discover, or Americ	an Express.
To begin the payment process, click the "Next" button in the box below.	
	Indicates required field Choose Method Of Payment Pay with new account @ Pay by credit card wide @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @
MLgov Home I Bolicies I Acce	ssibility Disability-Resources EOLA Departments

The payment screen will require the users name and address along with the credit card information in order to submit the on-line applciation fee. Once the form is completed, the user will select "Next".

LAPA Department of Licensing and Regulatory Affairs	Michigan's Official Webste
Payment Information	
	State of MI Nurse Aide Payment Request
To continue the payment process, complete the	ne required fields and click the "Next" button in the box below.
If you have entered a valid email address, the	e confirmation email will be received from <u>noreply@fiserv.com</u> .
	" Indicates required field
	Billing Address
	Use Business Name *first Name: M.I: *Last Name: *Street Line 1: Street Line 2: *City: *State: Select State * *zip:
	*Country: UNITED STATES v *Phone: *E-Mail:
	*Payment Amount: 20.00 USD
	Payment Method
	*Name on Card: *Card Number: *Card Number: *Expiration Date: *Year *Card Verification Value(CVV2): What's This?
	Back Next Exit

By selecting "Next", the user will be redirected to the confirmation page which will allow the user to verify their information and confirm it is accurate by selecting "Pay Now" at the bottom of the box.

LAPA Department of Licensing and Regulatory Atfairs	MICHGAN.SOV
Payment Review	
	State of MI Nurse Aide Payment Request
To confirm your payment information, click on "Pay	Now" In the box below.
	Address Dilling Address: Payment Method Creating Cardinate Payment Amount Amount Total: 20.00 USD Dack Payment Table Total: 20.00 USD Dack Payment Table
Mi.gov	

Once the user selects "Pay Now", they will be redirected to the Nurse Aide Training Program Dashboard where they will have the ability to print a copy of the submitted application. The permit will be pending review until a pre-permit inspection and approval is completed by LARA staff. The user may click on the pending permit record in order to review or update their contact information. The user can submit multiple applications for different NATP locations, if applicable.

5) PERMIT RENEWAL:

5a) Renewal Application for Nurse Aide Training Programs:

A nurse aide training program permit must be renewed every 2 years.

- Permits are valid for two years.
- Renewals are processed on even years.
- Permits expire on July 31st of even years.
- Each Nurse Aide Training Program must submit a renewal application via the MI-NATES application before July 31st on even years, along with electronic payment of the applicable non-refundable fee.
- Unannounced on-site inspections will be conducted between renewals for confirmation of compliance with Federal and State law as well as administrative rule.

Closures

Please email BCHS-CNA-Training-Program@michigan.gov for closure of a training program no longer offering services. Please include in the email the name of the training program, permit #, address and specific date the program will close.

5b) Completing the Renewal Process: A nurse aide training program can only renew their permit if they are in ACTIVE or LAPSED status. Upon selecting the Nurse Aide Training Program Permit button from the Welcome screen, the user's permit #, status, and expiration date will be displayed and can be verified as correct. Once the user verifies this is their account and clicks on the permit #, the second Dashboard screen with additional options will appear.

	MI-NATES: Michigan Nurse Aide, Trai Department of Licensing and Regulatory Affairs	ning, and Enforcement Syst	em	Home	My Profile Logout
	Welcome to MI-NAT	ES			
	MI-NATES is the State of Michigan's online s	ystem for management of N	urse Aides (NA), Nurse Aide Trainers (NAT), and Nurse Aide Training Program	ms (NATP).	
	Your profile indicates that your account correspond	s with the following registration a	and/or permit type(s). Please click your registration or permit type below to begin:		
	Nurse Aide Training	Program			
	If you would like to add a registration/permit type	o your profile, click the correspor	nding button below:		
	Add access as a Nurse Aide Add access	as a Nurse Aide Trainer			
MI-NATES	: Michigan Nurse Aide, Training, and E F Licensing and Regulatory Affairs	nforcement System			Home & My Profile Logout
Nurse A	Aide Training Prog	ram Dashk	poard 👩		
Click a permit b	elow to begin.				
Permit #	Name	Status	Address	Expiration Date	
NATP2001	NATPExpiresTodayA	LAPSED	813 Ash St, Port Huron , Michigan 48819	05/15/2023	Unlink
Start a	New Nurse Aide Training P Application	rogram	Find Existing Nurse Aide Training Program		

Here the user will find the options to renew a permit, if applicable, Review/Update their information or View/Print their permit. Permits can only be printed if the status is ACTIVE.



5c) **Renewing A Nurse Aide Training Program Permit**: By selecting "Renew My Nurse Aide Training Program Permit" tab, the Renewal of Nurse Aide Training Program Permit screen will appear. This will allow the user to renew their NATP Permit on-line, on or before the expiration date of their current permit. The on-line application **must** be completed in its entirety, there are four tabs to be completed: 1) Applicant Information, 2) Type of Program, 3) Permitted Nurse Aide Trainer and 4) Pay and Submit.

1) Applicant Information: The renewal application will allow the authorized representative for the Nurse Aide Training Program to request a name change and/or update their information prior to renewing the permit. Once the user has verified that all information is accurate and up to date they will select "Save" and "Next".

Renewal of Nurse Aide Training Program Permit 🧿

This application is to request approval and obtain a permit as a Nurse Aide Training Program in Michigan. To become a Nurse Aide Training Program, the prospective program must follow the Nurse Aide Training Program Overview and Requirements and the Michigan Competency-Driven Core Curriculum for Nurse Aides. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainers. For additional information, please visit our website.

	-7F- 21 1 10gram			
pplicant Information 🝞				
Program Name*				
NATPExpiresTodayA				
Business Entity Name*				
The Windy Hill Organization				
Street Address*				
813 Ash St				
City*	State*	Zip*	County*	
Port Huron	Michigan 🗸	48819	Ingham	
Program Phone *	Program Email Address			
(517) 555-5555	natpTestProg@windy	hill.org		
Program Owner's Last Name	First Name		Phone	
Burns	Montgomery		(313) 555-5555	
Authorized Representative's Last Name*	First Name*			
NATPExpiresTodayA	NATPExpiresTodayA			
Request Name Change				
	Free 1. And down and			
Phone	Email Address*			

2) **Type of Program:** The type of program will default to the type selected on the program's initial application. Changes to the type of program require a new application and fee.

This box will already be selected and you can simply select next, unless you need to make a change (see above).



3) Permitted Nurse Aide Trainer:

In order to conduct training, a NATP is required to have at least one permitted nurse aide trainer assigned to the program. A renewal application can be submitted without a nurse aide trainer assigned; however, you cannot conduct any training until a trainer has been designated in MI-NATES. You will need the nurse aide trainer's permit number to search for the trainer.

Renewal of Nurse Aide Training Program Permit 🧿

This application is to request approval and obtain a permit as a Nurse Aide Training Program in Michigan. To become a Nurse Aide Training Program, the prospective program must follow the Nurse Aide Training Program Overview and Requirements and the Michigan Competency-Driven Core Curriculum for Nurse Aides. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainers. For additional information, please visit our website.

ARNING: There are currently no tr not allowed to perform any train	rainers assigned to your training program. You may complete your application without assigning a trainer but yo ning until a new trainer has been added.
First Name	Middle Initial Last Name
Firstname	M Lastname
Frainer Permit Number	Expiration Date
	mm/dd/yyyy
Search and Link a Trainer	Remove Trainer

4) E-SIGNATURE: User must accept the e-signature conditions by checking the accept box and entering their first and last name. User will then select "Click here to submit application and provide payment information" where the user will be directed to another screen to complete the steps to pay the renewal application fee online.

Renewal of Nurse Aide Training Program Permit

This application is to request approval and obtain a permit as a Nurse Aide Training Program in Michigan. To become a Nurse Aide Training Program, the prospective program must follow the Nurse Aide Training Program Overview and Requirements and the Michigan Competency-Driven Core Curriculum for Nurse Aides. Please also refer to the Code of Federal Regulations 483.151 and 483.152 regarding information on training programs and trainers. For additional information, please visit our website.

y and Submit	
SIGNATURE	
submitting my electronic application and entering n	ny name below, I certify:
 I am the authorized representative of this nurse a owner. 	ide training program and have been authorized to submit this application on behalf of the
• All information provided is true and correct to the	e best of my knowledge.
Upon approval, the nurse aide training program v	will:
 Follow applicable federal regulations, state regulatins, state regulations, state regulations, state regulations,	ations, administrative rules, including the Nurse Aide Training Program Overview and
Requirements and the Michigan competency-bit	ven core cumculum for Nurse Aldes.
 Maintain and share with the department any info 	rmation related to the program upon request and/or during an inspection
 Maintain and share with the department any info Lunderstand that there is a non-refundable appli 	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00
 Maintain and share with the department any info I understand that there is a non-refundable application 	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00.
 Maintain and share with the department any info I understand that there is a non-refundable applie Accept * 	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00.
 Maintain and share with the department any info I understand that there is a non-refundable appli Accept * First Name* 	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00. Last Name*
Maintain and share with the department any info I understand that there is a non-refundable appli Accept * First Name*	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00. Last Name*
Maintain and share with the department any info I understand that there is a non-refundable appli Accept * First Name* This is a required field.	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00. Last Name*
Maintain and share with the department any info I understand that there is a non-refundable applie Accept * First Name* This is a required field.	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00.
 Maintain and share with the department any info I understand that there is a non-refundable applie Accept * First Name* This is a required field. In order to complete the process, you must click the so 	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00. Last Name*
Maintain and share with the department any info I understand that there is a non-refundable applie Accept * First Name* This is a required field. In order to complete the process, you must click the s will redirect you to the payment screen. After your po	rmation related to the program, upon request and/or during an inspection. cation fee of \$300.00. Last Name* • This is a required field. submit button below and successfully make your payment. Clicking the submit button below ayment is complete, you will have the ability to print a copy of this document. You will also

4b) Payment-Application Fee - Once the payment request screen displays, select "Next".



User must fill in the billing address, payment details, and payment method and select "next" in order to complete the renewal process.

State of L Nurse Alde Payment Acquest To continue the payment process, complete the required fields and click the "Next" button in the box below. If you have entered a valid email address, the confirmation email will be received from norphydifiancom. "Indicates required field Billing Address "Indicates required field "Indites required field	ayment Information	
To continue the payment process, complete the required fields and click the "Next" button in the box below. If you have entered a valid email address, the confirmation email will be received from <u>norealydifient.com</u> . Billing Address Billing Address B		State of MI Nurse Aide Payment Request
If you have entered a valid email address, the confirmation email will be received from noticates required field Billing Address Use Business Name	To continue the payment process, complete the r	equired fields and click the "Next" button in the box below.
Billing Address □Use Business Name *First Name: Manage *Itast Name: *Street Line 1: Street Line 2: *Country: UNITED STATES *Phone: *E-Mail: Payment Details *Payment Amount: 20:00 USD Payment Method *Name on Card: *Card Number: *Card Verification Value(CVV2): *Vactar Thing?	If you have entered a valid email address, the co	nfirmation email will be received from <u>noreply@fiserv.com</u> .
Billing Address Use Business Name *First Name: M.I.: *Last Name: *Lits Name: *Street Line 1: Street Line 2: *Country: *Street Line 2: *Country: *Street Line 2: *Country: *Street Select State *Zip: *Country: UNITED STATES *Phone: *Phone: *Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Card Verification Value(CVV2): What's This?		* To disable section d Gal
Use Busines Name *First Name: M.1: *Last Name: *Street Line 1: *Street Line 2: *City: *Street Line 2: *Country: UNITED STATES *Phone: *Phone: *E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: *Month *Expiration Date: *Month *Card Verification Value(CVV2): What's The2		Billing Address
<pre>*First Name:</pre>		Use Business Name
M.I.: *Last Name: *Last Name: *Street Line 1: Street Line 2: *City: *City: *City: *City: VITED STATES *ICountry: VINTED STATES *Phone: *Phone: *E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Card Number: *Card Number: *Year v *Card Verification Value(CVV2): What's This?		*First Name:
*Last Name:		м.і.:
*Street Line 1:		*Last Name:
Street Line 2: *City: *State: Select State *Zip: *Country: UNITED STATES * *Phone: *E-Mail: * Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: * Month * Year * Year * Year * Card Verification Value(CVV2): What's This2		*Street Line 1:
*City: *State: Select State *Zip: *Zip: *Country: UNITED STATES *Phone: *E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: *Expiration Date: *Month *Year *Card Verification Value(CVV2): What's This?		Street Line 2:
*State: Select State *Zip: *Zip: *Country: UNITED STATES *Phone: *Phone: *E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Card Number: *Year *Year *Year *Card Verification Value(CVV2): What's This?		*City:
*Zip:		*State: Select State 🗸
*Country: UNITED STATES *Phone: * *E-Mail: * Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: * Year * Card Verification Value(CVV2): What's This?		*Zip:
*Phone: *E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: *Month *Year *Year *Card Verification Value(CVV2):		*Country: UNITED STATES ~
*E-Mail: Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Card Number: *Year *Year *Year *Card Verification Value(CVV2): What's This?		*Phone:
Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: * Year *Card Verification Value(CVV2): What's This?		*E-Mail:
Payment Details *Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: *Year *Card Verification Value(CVV2): What's This?		
*Payment Amount: 20.00 USD Payment Method *Name on Card: *Card Number: *Expiration Date: *Year *Year *Card Verification Value(CVV2): What's This?		Payment Details
Payment Method *Name on Card: *Card Number: *Expiration Date: *Year *Card Verification Value(CVV2): What's This?		*Payment Amount: 20.00 USD
*Name on Card: *Card Number: *Expiration Date: *Month v *Year v *Year v *Card Verification Value(CVV2): <u>What's This?</u>		Payment Method
*Card Number: *Expiration Date: * Month v * Year v * Year v * Year v		*Name on Card:
* Month *Expiration Date: * Year * Year * Year What's This?		*Card Number:
*Card Verification Value(CVV2): What's This?		* Month *Expiration Date: * Year V
		*Card Verification Value(CVV2): What's This?
Back Next Exi		Back Next Exi

Confirm all information is corre-	ct and select "Pay Now"	' to submit payment.
-----------------------------------	-------------------------	----------------------

Payment Review			
	State of	MI Nurs	e Aide Payment Request
To confirm yo	our payment informat	tion, click o	n "Pay Now" in the box below.
	Address		
	Billing Address:		_
	Payment Method		
	Payment Amount		
	Amount:	40.00 USD	
	Total: 4	10.00 USD	
			Back Pay Now Exit

4c) Renewal Dashboard: If the Nurse Aide Training Program has renewed the permit prior to the current expiration date, their Nurse Aide Training Program Dashboard will now provide two options for printing a permit. The user may print their current (soon to expire) permit and/or the newly renewed permit with a future effective date and expiration date.

B	MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs	Home 🖉 🖉 My Profile 🛛 Lo		
Ν	urse Aide Trainer Dashboard 🧿	The current Pemit, with a previous effective date 2 years prior and an expiration date soon to expire.	Recently renewed Pemit, with a current effective date and an expiration date 2 years in the future.	
Clic	k a box below to begin.			
	A ¹	5		
	Review/Update my Information	View/Print my Nurse Aide Trainer Permit	View/Print my Nurse Aide Trainer Renewal Permit	

6) Review/Update my Information: By selecting the Review/Update button the user will be directed to the Nurse Aide Training Program (NATP) Permit Details screen. This screen contains the nurse aide training program's contact information as well as the Permitted Nurse Aide Trainers, Previous Authorized Representatives, Enforcement, History, Correspondence, and Attachments, as applicable.



6a) YOUR NURSE AIDE TRAINING PROGRAM (NATP) PERMIT DETAILS:

Your Nurse Training Program Permit Details page is a comprehensive view of the details of your nurse aide training program permit.

Permit Number - This is your nurse aide training program permit number that will print on your certificate of permit and will appear on the public registry.

Current Effective Date - This is the date of your initial permit or your last renewal, as applicable.

Current Expiration Date - This is the expiration date of your permit.

Initial Effective Date - This is the earliest date on record that your permit was first active.

Status: The primary status of your permit is what will appear on the public registry. Permits can also have secondary statuses assigned to track actions such as information requests. Below are the definitions of the primary and secondary statuses for nurse aide training programs:

Primary Statuses:

DRAFT - Application draft saved.

VOLUNTARILY SURRENDERED - Permit holder has voluntarily surrendered their permit (this action can only be done if the permit does not have a history of misconduct or enforcement actions).

INACTIVATED - State agency has temporarily inactivated the permit.

<u>REVOKED</u> - State agency has revoked the permit.

SUMMARY SUSPENSION - State agency has summarily suspended the permit.

SUSPENDED - State agency has suspended the permit.

<u>ACTIVE</u> - Permit is active and in good standing.

LAPSED - Permit was not renewed timely and has lapsed.

<u>NULL AND VOID</u> - Permit was lapsed more than 30 days and is now null and void (must submit a new application to re-activate)

PROHIBITED - Training program has been prohibited from conducting trainings.

Secondary Statuses:

<u>PROBATION</u> - Permit holder has been placed on probation under the state agency's enforcement process.

<u>REPRIMAND</u> - Permit holder has been reprimanded under the state agency's enforcement process.

<u>NAME CHANGE REVIEW</u> - Permit holder has submitted a name change request and it is pending review by the state agency.

<u>INFORMATION REQUESTED</u> - State agency has requested information from the registration/permit holder and is waiting for the registration/permit holder to upload the information in MI-NATES.



Nurse Aide Training Program (NATP) Permit Details () NATPEXPIRESTODAYA

NATPEXPIRESTODATA					
NATP Permit Number: NATP2001	ATP2001 Status: LAPSED				
	Secondary Statuses: INFORMATION REQUESTED				
Current Effective Date: 05/22/2021	Current Expiration: 05/22/2023	Original Start: 05/22/2021			
 Contact Information 					
Program Name:	NATPExpiresTodayA				
Program Type:	Other				
business Entity Name:	The Windy Hill Organization				
Address:	813 Ash St Port Huron, Michigan 48819				
County:	Ingham				
Program Phone: *	(517) 555-5555				
Program Email: *	natpTestProg@windyhill.org				
Program Owner Name:	gram Owner Name: Montgomery Burns				
Program Owner Phone: *	(313) 555-5555				
Authorized Representative Name:	NATPExpiresTodayA NATPExpiresTodayA				
Authorized Representative Phone:	(517) 555-5555				
Authorized Representative Email:	testfacility30000@gmail.com				
> Permitted Nurse Aide Trainers 🝞					
> Previous Authorized Representatives					
> Enforcement 🕖					
> History 🕜					
> Correspondence 🕜					
Nurse Aide Training Program Attachments ?					

File Name	Date Attached	Description	
Test Document.docx	05/22/2023	Test Story 206822	
+ Add Attachment			
st Updated Date: 05/22/2023, 2:03 PM		Last Updated User: StateAdmin StateAdmin	

The programs phone number and email address can be updated and saved on the permit details screen.

Permitted Nurse Aide Trainers: The Permitted Nurse Aide Trainers section lists any nurse aide trainers that have you designated for the program.

To remove a trainer, click "remove" next to the name and save the record. Once removed and saved, the trainer will be notified of the removal via email. If you remove the last/only remaining trainer listed, the state agency will be alerted that no trainers are currently assigned. In order to conduct training, a NATP is required to have at least one permitted nurse aide trainer assigned to the program.

To add a trainer, click "+ Add Another Trainer." You will need the nurse aide trainer's permit number to search for and add the trainer.

v Permitted Nurse Aide Trainers ??
No trainers found.
+ Add Another Trainer
> Previous Authorized Representati
> Enforcement 2

Previous Authorized Representatives: This section lists any authorized representatives the program has been previously associated with.

 > Permitted Nurse A > Previous Authoriz 	Aide Trainers () ed Representatives	
Name	Date Removed	Removed By
		No results found
> Enforcement 👩		

Enforcement: The enforcement section will show basic information related to any enforcement actions taken against your permit. If anything is listed in this section, you can review your correspondence section below for notices that may have been sent regarding the enforcement.

> Permitted Nurse Aide Trainer	5 😗	
> Previous Authorized Represer	ntatives	
✓ Enforcement ⑦		
Type of Findings	Action Taken	Investigation Completed
	There are no s	ubstantiated negative findings.

> History 🕜

History: The history section displays a history of applications, renewals, actions, and status changes related to the permit.

Nurse Aide Training Program (NAT NATPEXPIRESTODAYA	P) Permit Details 🝞
v History ?	-
05/24/2023 09:51 AM	NATPExpiresTodayA NATPExpiresTodayA
Renewal application saved.	
05/23/2023 03:07 PM	NATPExpiresTodayA NATPExpiresTodayA
Renewal application saved.	
05/23/2023 02:00 AM	State Admin
Added primary status LAPSED.	

Correspondence: The correspondence section contains a history of correspondence sent to the nurse aide training program via the MI-NATES system.

Correspondence (?)			
Notice Type	Date Sent	Method Sent	
NATP - INFO Requested	05/22/2023	Email	View Email
NATP - LAPSED	05/23/2023	Email	View Email

Attachments: The attachments section contains attachments uploaded by the nurse aide training program. This is also where the training program would attach information that is requested by the state agency. Once an attachment is added and you save your record, the state agency will be notified that the information has been uploaded and you are no longer able to delete or modify the attachment. The state agency can only view your attachments. The state agency does not have the ability to update or delete them.

Nurse Aide Training Program Attachments 7			
File Name	Date Attached	Description	
Test Document.docx	05/22/2023	Test Story 206822	
+ Add Attachment			
Last Updated Date: 05/22/2023, 2:03 PM		Last Updated User: StateAdmin StateAdmin	
Save			
	.1.		

MY PROFILE BUTTON:

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs

Nurse Aide Training Program Dashboard for NATP2001

USER PROFILE:

By clicking the "My Profile" button, the user is taken to the USER PROFILE screen.

Your User Profile screen shows the details associated with your MI-NATES user account. Initially, the information displayed is what was collected during your first-time login to your account, when you created your MI-NATES account profile.

If you need to update your contact information, click the button to "Edit Contact Info".

If the program's authorized representative needs to change their name, click the button to "Request Name Change".

To add a role (NA = Nurse Aide, NAT = Nurse Aide Trainer, and NATP = Nurse Aide Training Program), go to your home page and click to add access for the desired role. You cannot remove a role if you have a registration or permit that matches the role, regardless of the status of the registration or permit.

If your profile is associated with a nurse aide or a nurse aide trainer, you can make edits to the date of birth or social security number (in case of typos) only until your account is linked to a registration or permit. Once your profile is associated with a registration or permit, you cannot change your date of birth or social security number.

State users are unable to edit your profile information.

Once the user is on the "User Profile" screen they may request a name change by selecting "Request Name Change", completing the on-line form, attach documentation supporting the name change and selecting "Submit Name Change Request". Once submitted, the user will receive an e-mail indicating name change request has been submitted, the user may also print a copy of the request. The Department will also receive an e-mail indicating a name change request has been submitted, a state worker will then review the request and either approve or deny the request. The user will receive notification via e-mail once the request has been received and processed. The user may also make any necessary changes to their mailing address, phone number or e-mail on this screen.

Ŕ	MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs	kð	Home 🖉 My Profile Logout
Us	er Profile 😗		
MILO	igin ID *		
Last	Name	First Name	Middle Initial
N	AExpires1DayA	NAExpires1DayA	
Previ	ious Name		
Pr	revious Name		
Re	equest Name Change Request Na	me Change	

For nurse aides and nurse aide trainers:

If your name has changed, you must submit a name change request to be reviewed and approved by the state agency. Approval will only be granted if proof of the name change is attached to the request. If you have an active registration or permit, a notification will be sent to your email address on file once your name change request is approved.

For authorized representatives of nurse aide training programs:

If your name has changed and you only use MI-NATES as an authorized representative of a nurse aide training program, you do not need approval, or provide an attachment to change your name. Once you provide your new name and submit, the change will be made automatically. If you have a nurse aide registration or a nurse aide trainer permit associated with your profile, you must upload documentation of the name change and await approval.

User must complete all boxes that have "*", once completed the e-signature line and submit button will be accessible for the user to sign and submit their name change request.

Request Name Change

Name	Change	Request

Please enter the name that sl	hould appear on your record:		
Last Name*		First Name*	Middle Initial
Last Name		First Name	
Previous Name			
Previous Name			
If your legal name has chang	ed, you must provide a copy of acceptable legal doc	umentation. Acceptable documents include marriage certificate, divorce o	decree, birth certificate, and legal name change court documents.
File Name	Date Attached	Description	
		No results found	
+ Add Attachment			
By submitting my electronic a	application and entering my name below, I certify the	following:	
The information providI understand that if I had	ed is true and correct to the best of my knowledge. ave provided false information, my registration and/o	r permit may be invalidated, and I could be prosecuted by the state of M	ichigan.
Accept. *			
First Name*		Last Name*	
Submit Name Change	Request		

To edit the user's contact information, select the "Edit Personal Information" button and then select the "Edit Contact Info" button, this will make the boxes "editable" for any necessary updates or changes. Make required changes and SAVE.

Date of Birth	Last 4 Digits of Social Security Number
12/12/1980	1234
Street Address *	City *
813 Ash St	Port Huron
State *	Zip *
Michigan 🗸	48819
County• Ingham •	
Email *	Phone *
testfacility10000@gmail.com	(517) 555-5555
Edit Contact Info Once you select "Edit Contact Info" the boxes that can be edited wi white. The """ indicates boxes that MUST have data in them in order Roles NA NAT NATP	ll go from a shaded grey to to be saved.
Save Cancel	

ENFORCEMENT ACTION: When the department issues a Notice of Intent to the Nurse Aide Training Program an e-mail will be sent to the e-mail address of record, and the notification will post to the Nurse Aide Training Program's MI-NATES dashboard under correspondence.

> Enforcement 🕜			
History ?			
> Training/Testing ?			
Correspondence ?			
Notice Type	Date Sent	Method Sent	
Notice of Intent	05/09/2023	Email	View Email <u>Attachments:</u> Notice of Intent.pdf

A new button will appear on the user's Dashboard "Submit an appeal to notice of intent". The user may select this button in response to the e-mail received regarding the Notice of Intent.

MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs	em		Home & My Profile Logout
Nurse Aide Dashboard 👩			
Click a box below to begin.			
2	e		
Review/Update my Information	View/Print my Nurse Aide Certificate	Submit an <i>i</i>	Appeal to Notice of Intent

Selecting the Submit an Appeal button will take the user to the next screen to select an option to either have a compliance conference, an administrative hearing or choose to not appeal at all.

B	MI-NATES: Michigan Nurse Aide, Training, and Enforcement System Department of Licensing and Regulatory Affairs	Home 🖉 My Profile Logout
S	ubmit an Appeal to Notice of Intent	
	 Click here if you would like to participate in a compliance conference. If a resolution is not reached at the compliance conference, an administrative hearing will be scheduled. Click here if you would like to waive the compliance conference and instead proceed directly to an administrative hearing. 	

If you do not wish to appeal the Notice of Intent, please close this screen without making a selection. The proposed action stated in the Notice of Intent will

be final. Additional communication will be sent after the 30-day allowance has passed

An e-signature will be required unless the Nurse Aide Training Program elects to not appeal. If the user does not wish to appeal the Notice of Intent, simply close the screen without making a selection. The proposed action stated in the Notice of Intent will be final. Additional communication will be sent after the 30-day allowance has passed.

Submit an Appeal to Notice of Intent

Submit

Click here if you would like to participate in a compliance conference. If a resolution is not reached at the compliance conference, an administrative hearing will be scheduled. Click here if you would like to waive the compliance conference and instead proceed directly to an administrative hearing.		
If you do not wish to appeal the Notice of Intent, please close this screen without making a selection. The proposed action stated in the Notice of Intent will be final. Additional communication will be sent after the 30-day allowance has passed.		
E-SIGNATURE By submitting this request and typing my name below. I hereby certify: • I have received and read the Notice of Intent and understand my appeal rights.		
🖬 Accept *		
First Name *	Last Name *	
This is a required field.	This is a required field.	

Additional information may be found on our website at <u>www.michigan.gov/bchs</u>. Should you have any questions or concerns regarding your account you may contact the department via e-mail: <u>BCHS-CNA-Registry@Michigan.gov</u> or by phone (517) 284-8961.