

**Michigan Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems**

Health Facility Licensing, Permits and Support Division

Nurse Aide Training Program

P.O. Box 30664 Lansing, Michigan 48909

Phone: (517) 896-0511

Email: BCHS-CNA-Training-Program@michigan.gov

## **NURSE AIDE TRAINING 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 skilled nursing facility (i.e., state licensed long term care facility) or a non-nursing facility. Long-term care facilities must be in compliance with specified State licensing and certification requirements at the time of application (as determined by the Department) and federal certification requirements. Most privately operated organizations that offer non-degree occupational training for a fee or other consideration are legally required to be licensed as a proprietary school by the Michigan Department of Labor and Economic Opportunity (LEO), under the Proprietary Schools Act, Public Act 148 of 1943.

### **FEES**

The fee is \$100.00 for any secondary education institution, ISD or skilled nursing facility. The fee is \$300.00 for all proprietary schools, adult education/career center, community college/college or any other type of program.

### **APPLICATION PROCESS:**

1. Complete the Nurse Aide Training Program application including all signatures attesting that the nurse aide training program is following the State of Michigan Nurse Aide Training Program Curriculum Model.
2. Upon receipt of the application, a letter of acknowledgement will be sent within 30 days.
3. Prior to starting the program, an onsite announced in-depth review will take place within 60 days of the acknowledgement letter. At this time all materials must be readily available for review in order to demonstrate that the program is in compliance with the State of Michigan Nurse Aide Training Program Curriculum Model.

### **APPLICATION SUBMISSION:**

1. Complete the application form. Please note that this application form can be used for initial, renewal, and changes to the program. Please check the appropriate box on the application. Any additional instructors, regardless of type, can be added on extra pages attached with the application.

2. Provide copies of the formal collaborative relationship contracts with other agencies, health care facilities, or educational institutions, if applicable.
3. Include the applicable fee for a Nurse Aide Training Program Permit made payable to the "State of Michigan".
4. Mail form and fee to the address listed at the top of the application instructions.

### **APPLICATION REVIEW:**

Once reviewed, the program will receive either:

1. A letter requesting additional information OR
2. A conditional approval notification. This does not allow the program to start teaching students as it is not a full approval, which can occur after an on-site review.
3. Once a program has submitted all required documents and an on-site review has been conducted to the satisfaction of the Bureau, a program will be approved. A letter will be sent to the program notifying them as well as an assignment of a Nurse Aide Training Program number.

### **CHANGES TO THE TRAINING PROGRAM**

Substantive changes to the training program must be reported on a new application form. These changes consist of the following:

1. Location change (requires an on-site review)
2. Program Coordinator
3. Primary Instructor
4. Supplemental Instructor
5. Program schedule
6. Clinical site change (must provide new contract)
7. Classroom Venue Changes (addition of virtual or online classroom hours)

### **DEFINITIONS**

1. Primary Instructor- A registered nurse that holds a nurse aide trainer certificate from the Bureau.
2. Supplemental Instructor- An individual from the health professions that may supplement the primary instructor. Supplemental instructors must have at least one year of experience in their fields. The supplemental instructor is not a primary instructor and may not lead as a primary instructor.

### **PROGRAM CURRICULUM:**

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

The nurse aide training program must follow the State of Michigan Nurse Aide Training Curriculum Model of 2006. This model provides examples of program objectives and behavioral/learner objectives for lecture, laboratory and clinical skills training.

#### **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, and 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. 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).

#### **RENEWAL PROCESS:**

1. An approval to provide a Nurse Aide Training Program is good for two years.
2. To renew your program, please send in a renewal application 30 days prior to its expiration.
3. Also, please provide a copy of your most recent clinical contract.

#### **APPEALS:**

Appeals are to be directed to the Manager, LARA, Bureau of Community and Health Systems, Health Facility Professional and Nurse Aide Section, P.O. Box 30664, Lansing, Michigan 48909.

**NURSE AIDE TRAINING PROGRAM APPLICATION**

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Community and Health Systems  
 Health Facility Licensing Permits, and Support Division  
 611 W. Ottawa Street, P.O. Box 30664  
 Lansing, MI 48909

**FOR CASHIER USE ONLY****LARA Use Only**

Date:  Initial app.  Renewal app.  Changes (addendum)  
 Permit #:

**1. Applicant Information**

Program / Facility Name (NATP Permit #)

Program Address and phone number:

E-mail address

Proprietary License #:

(City) (State) (ZIP Code)

Contact Person

Contact Number

Type of Program (please check the appropriate box):

- State Licensed Long Term Care Facility – Fee = \$100 (100901/100918)  
 Secondary Education/ISD – Fee = \$100 (101001/101018)  
 Proprietary Education – Fee = \$300 (101101/101118)  
 Adult Education/Career Center – Fee = \$300 (101201/101218)  
 Community College/College – Fee = \$300 (101301/101318)  
 Other training program (please specify) – Fee = \$300 (101401/101418):

**2. Program Coordinator / Contact Person**  Add  Delete

Full Name

Trainer Certificate Number

4704-  
 Michigan RN License Number and Expiration Date

**3. Primary Instructor**  Add  Delete

Full Name

Trainer Certificate Number

4704-  
 Michigan RN License Number and Expiration Date

**4. Supplemental Instructor (please indicate)**  Add  Delete

Name of Instructor

List field of instruction and dates for one year of experience in field

List any professional license held and number

**5. Changes to NATP:**

Facility / Program Name:

Contact Person/Phone Number and email:

Street Address

(City)

(State)

(ZIP Code)

Program Number

Fax Number

**6. Formal Collaborative Relationship - PLEASE ATTACH WITH THIS APPLICATION**

This is an agreement between two programs to coordinate or share teaching responsibilities or sites or program and a longterm care facility for clinical training. This relationship requires a contract, which outlines the roles and responsibilities of each party involved and is signed by both parties.

Facility Name Entering Into Contract With

Contact Person and email:

Street Address

(City)

(State)

(ZIP Code)

Contact Number

Fax Number

**7. Other**

**8. Attestation**

I certify that the following is true:

- A) Our program follows the State of Michigan Nurse Aide Training Curriculum Model.
- B) There is sufficient space available for training and is environmentally controlled.
- C) Equipment and supplies are available to ensure that each student has the ability to meet course objectives.
- D) The program is in compliance with Federal and State requirements.
- E) The information included in this application is complete and true.

**Applicant Signature**

**Date**

**Application packet submitted by U.S. Mail:** Michigan Dept. of  
Licensing and Regulatory Affairs, Bureau of Community and  
Health Systems  
Health Facility Licensing, Permits and Support Division  
P. O. Box 30664,  
Lansing, MI 48909

**All Applications and Renewals must be mailed to the  
Department.**