



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

### NURSE AIDE TRAINING PROGRAM (NATP) CMS-1135 Waived Aide Training Form

This form may be used to accept an enrolled student's hours worked as a waived aide under the CMS-1135 waiver during the national Public Health Emergency. The acceptance of waived aide hours worked is at the sole discretion of the NATP. This allowance will be in effect until October 6, 2022. The NATP must maintain each individual record for a period of 2 years and provide these records to the department during and inspection or investigation if requested.

NATP Name: \_\_\_\_\_

NATP Address: \_\_\_\_\_

Enrolled Student Name: \_\_\_\_\_ Enrollment Date in NATP: \_\_\_\_ / \_\_\_\_ /2022

Nursing Home Where Waived Aide Worked: \_\_\_\_\_ City: \_\_\_\_\_

Description	Hours
1. 16-Hour NATP Classroom Training - Student completed 16 hours before working with residents. Date 16-Hours Completed: ____ / ____ /2022	
2. 16-Hour NATP Clinical Training - Student completed a minimum of 16 hours.	
3. 43-Hour Multi-Classroom, Laboratory, and Clinical Training - Student completed an additional 43 hours of training from any of the 4 categories listed below.	Y N
Additional NATP Classroom Hours:	
Additional NATP Laboratory Hours:	
Additional NATP Clinical Hours:	
CMS-1135 Waived Nurse Aide Work Hours:	
<u>Note</u> : Count only waived nurse aide hours worked after the student enrolled in the NATP and completed 16 hours of classroom time as specified in item 1.	
<b>TOTAL NATP HOURS</b> (Must Equal 75 Hours)	

I certify as the nursing home administrator (NHA) or director of nursing (DON) for the nursing home above that the nursing home is not prohibited from operating as a nurse aide training program for two years as the result of a federal certification survey and the individual listed on this form provided nursing care services as a waived aide for the hours specified above in Item 3 and these hours worked occurred after the date specified in Item 1.

\_\_\_\_\_  
NHA / DON Signature

\_\_\_\_\_  
Date

I certify as a permitted nurse aide trainer for the NATP referenced above that the hours above meet the requirements set forth by LARA.

\_\_\_\_\_  
Nurse Aide Trainer Signature

\_\_\_\_\_  
Date