



## ADDENDUM

to ODH Form 743B

Long Term Care Nurse Aide Training and Competency Evaluation Programs Application

Date \_\_\_\_\_

Check here if new application.

Name of Program \_\_\_\_\_

If previously approved, list Training Code Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

In order to comply with amendments to the Nursing Home Care Act, Title 63 O.S. §§ 1-1901 et. seq. and Nurse Aide Training and Certification rules, OAC 310:677-1-1 et. seq., additional information to your previously approved curriculum submission is required. Provide your responses in the boxes provided or as numbered attachments and submit to the Nurse Aide Registry. **Submit completed Addendum and attachments to: Nurse Aide Registry, 1000 NE 10th Street, Room 1111, Oklahoma City, OK 73117.**

**310:677-3-3 (c)(1) Application and Sponsoring Entity**

(c) The application requires the following information:

(1) Name and address for the entity sponsoring the program and for the contact person for the program;

<b>Name and address of sponsoring entity.</b>
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**310:677-3-3(c)(2) Application and Administrative Office**

The location of the administrative office of the program and the location where records are maintained;

<b>Location of the administrative office.</b>
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**310:677-3-3 (c)(6) Application and Environment**

(6) A description of the program's standards for classroom and skills training facilities including, but not limited to:

- (A) Heat and cooling systems;
- (B) Clean and safe conditions;
- (C) Adequate space to accommodate all trainees;
- (D) Adequate lighting;
- (E) Proper equipment and furnishings;
- (F) The specific location of the classroom and lab if known at the time of the application;

<b>Program's standards for classroom and skills training facilities. List Attachment number. _____</b>
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ADDENDUM TO LONG TERM CARE NURSE AIDE TRAINING AND COMPETENCY  
EVALUATION PROGRAMS APPLICATION, ODH FORM 743B

**310:677-3-3 (c)(7) Requirements for Supervisors/Instructors**

(7) Position descriptions and education and experience requirements for training supervisors and instructors, and the program's procedure for ensuring that supervisors and instructors satisfy such descriptions and requirements.

**Program's requirements for supervisors and instructors and procedure to ensure requirements. List Attachment number. \_\_\_\_\_**

**Alzheimer's Curriculum**

Title 63 of the Oklahoma Statutes, § 1-1951(A)(3) requires the following:

*The State Department of Health shall have the power and duty to determine curricula and standards for training and competency programs. The Department shall require such training to include a minimum of ten (10) hours of training in the care of Alzheimer's patients;*

**42 CFR § 483.152(b)(5) Care of cognitively impaired residents:**

- (i) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
- (ii) Communicating with cognitively impaired residents;
- (iii) Understanding the behavior of cognitively impaired residents;
- (iv) Appropriate responses to the behavior of cognitively impaired residents; and
- (v) Methods of reducing the effects of cognitive impairments

**Outline the Program's curriculum and time devoted to Alzheimer's training and 42CFR 483.152(b)(5). List Attachment number. \_\_\_\_\_**

**Oklahoma Taxpayer and Citizen Protection Act of 2007**

The Oklahoma Legislature passed a new immigration law (**HB1804**) that went in to effect November 1, 2007. The law requires an affidavit of legal residence from anyone seeking to receive certain qualifying services or a license, permit, or **certification** from the Department. This law is called the Oklahoma Taxpayer and Citizen Protection Act of 2007.

The affidavit must be completed and signed by the trainee or guardian and the original presented to the written testing site prior to testing. A signed affidavit is required for entry on the Nurse Aide Registry. Submit the training program's procedure to ensure the requirements for submitting the "Affidavit of Lawful Presence by Person" are communicated to trainees eligible for testing and certification and how the form is distributed.

**Program's procedures for communication and distribution of the "Affidavit of Lawful Presence". List Attachment number. \_\_\_\_\_**