

PROTECTIVE
HEALTH
SERVICES

Oklahoma State Department of Health
Special Health Services - 0525
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-4085
FAX: (405) 271-1130

APPLICATION

Long Term Care

Nurse Aide Training

AND

Competency Evaluation Programs

General Information

The Oklahoma State Department of Health (OSDH) is responsible for implementing rules and approving programs that meet Federal and/or State requirements for a nurse aide training and competency evaluation program.

The application and necessary forms are enclosed. Please retain a copy of the original application and forms in your files and prepare additional copies for use as needed.

The completed application and application fee of fifty dollars (\$50.00) must be returned to:

Oklahoma State Department of Health
Special Health Services-0525
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City, OK 73117-1299

An approved program shall notify the OSDH when there are substantive changes made to the program.

Please call the Nurse Aide Registry staff at (405) 271-4085 or 1-800-695-2157 if you have questions about this information. We appreciate your participation and look forward to working with you.

Sincerely,

Lisa McAlister, BSN, RN
Director, Nurse Aide Registry
Protective Health Services

Application

The application for a State approved nurse aide training and competency evaluation program determines if the program meets the Federal and/or State requirements for such programs. All information shall be a public record. The OSDH shall notify an applicant within ninety (90) days of its decision.

Instructions:

1. Read the instructions carefully and complete the appropriate forms as indicated. Additional pages may be inserted if the allotted space is not sufficient.
2. Label the appropriate forms for the specific section; i.e., Section # Page # _____.
3. Indicate NA (not applicable) on forms as necessary.
4. Submit the complete Application and application fee of fifty dollars (\$50.00) to:

Oklahoma State Department of Health
Special Health Services-0525
Nurse Aide Registry
1000 NE 10th Street
Oklahoma City, OK 73117-1299

Entity Name: _____

Mailing Address: _____

City	State	Zip
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Contact Person: _____

Telephone: _____

Area Code/Telephone Number

Program Category:

Please check one:

- In-Facility Program
- Accredited Higher Education Institution
- State Vocational and Technical Education School
- Private Vocational School
- Other

A private Vocational School shall submit a copy of the license issued by the Oklahoma Board of Private Vocational Schools. *Attachment #* _____

Program Eligibility:

The OSDH may not approve or shall withdraw approval of a nurse aide training and competency evaluation program offered by, or in, a facility which in the previous two (2) years:

1. In the case of a skilled nursing facility, has operated under a waiver of the Federal minimum nurse staffing requirements.
2. In the case of a nursing facility, has operated under a waiver of the Federal minimum nurse staffing requirements for a period in excess of forty eight (48) hours per week.
3. Has had an extended or partial extended survey by the OSDH.
4. Has been assessed a civil money penalty of five thousand dollars (\$5,000) or more.
5. Has been subject to other remedies provided in Federal law.
6. Has had license suspended or revoked or had a conditional license.

The OSDH may not approve a nurse aide training and competency evaluation program, until two (2) years since the assessment of the penalty has elapsed, for any facility that has:

1. Had its participation terminated under Title XVIII or Title XIX of the Social Security Act.
2. Been subject to a denial of payment under Title XVIII or Title XIX.
3. Been assessed a civil money penalty of more than five thousand dollars (\$5,000).

4. Operated under temporary management to ensure the health and safety of the residents.
5. Been closed or had its residents transferred by State action.

I, _____, Name of Administrative Official

1. Agree that the OSDH may not approve or shall withdraw approval for a nurse aide training and competency evaluation program on finding that any of the reasons for such action occur.
2. Verify that the facility is eligible to provide a nurse aide training and competency evaluation program.

Signature of Administrative Official

_____/_____/_____
Date

Section I. Records and Evaluation

A nurse aide training and competency evaluation program shall use a Trainee Performance Record approved by the OSDH that indicates the major duties and skills taught.

The Trainee Performance Record shall include, but not be limited to:

1. A listing of the duties and skills expected to be learned in the program.
2. A record of when the trainee performs the duties and skills and the determination of satisfactory or unsatisfactory performance.
3. The name of the instructor or evaluator supervising the performance.

Submit a copy of the Trainee Performance Record form. *Attachment #* _____

A program shall retain the following records for at least three (3) years:

1. Application for the nurse aide training and competency evaluation program.
2. Trainee performance record and individual training records.
3. Trainee's performance on the competency evaluation program, i.e., successful or unsuccessful.

Describe the method used for retaining the required records safely for at least three (3) years. *Attachment #* _____

Training Program Information:

An approved program shall provide current written information to applicants about:

1. Policies for admission and satisfactory completion of the program.
2. Purpose and objectives of the program.
3. Trainee rights and responsibilities.
4. Successful completion results in the individual being listed in the OSDH's nurse aide registry.
5. State law requiring employers to secure an Oklahoma State Bureau of Investigation criminal arrest report.
6. Requirements for renewal of the registry listing.

Provide a copy of the written information, (items 1 through 6 listed above), that is provided to applicants. *Attachment #* _____

Section II. Charges

No nurse aide who is employed by, or who has received an offer of employment from a facility on the date on which the person begins a nurse aide training and competency evaluation program may be charged for any portion of the training or competency evaluation program including any fees for textbooks or other required course materials.

A facility program shall provide a statement signed by the Administrative Official that the program shall not charge any nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the person begins a nurse aide training and competency evaluation program for any portion of the program including any fees for textbooks or other required course materials.

Attachment # _____

A non-facility program shall submit an itemized list of charges made to trainees who are not employed by, or do not have an offer of employment from, a nursing facility.

Attachment # _____

Section III. Trainees

The trainee shall be appropriately identified as a trainee whenever the individual is performing the required clinical skills training.

Describe the method used to identify trainees.

A trainee shall not perform any services for which the trainee has not been trained and found proficient by the instructor.

A program shall provide a copy of the policy that specifies that trainees shall not perform any services for which they have not been trained and found proficient by the instructor.

Attachment # _____

Section IV. Clinical Facilities

An educational based program shall provide a list of clinical facilities and letters of agreement for use of the clinical facilities signed by the Administrator and the program Administrative Official.

An educational based program shall submit a list of clinical facilities and a copy of letters of agreement for use of the clinical facilities signed by the nursing clinical site administrator and the program administrative official.

Attachment # _____

Section V. Instructors

General Information: You must notify the nurse aide registry for approval any time a change occurs in the following positions: curriculum, training location, or program instructors.

Registered Nurse: The training of nurse aides shall be done by, or under the general supervision of, a registered nurse who has:

1. At least two (2) years nursing experience, at least one (1) year which has been in a long term care facility; and
2. Completed a course in teaching adults or experience in teaching adults or supervising nurse aides.
3. If the RN is the Director of Nurses, he/she is prohibited from performing the actual training while on duty as the Director, but may supervise the program.

Program Instructors: Licensed Practical Nurses may act as instructors when a Registered Nurse maintains the responsibility for the program; instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.

Supplemental Instructors must have at least one (1) year of experience in their fields.

Complete the attached Instructor Qualification Record for each person serving as an instructor. Additional copies of the Instructor Qualification Record form can be made and attached.

Instructor Qualifications

Training Entity Name: _____

Training Entity Location _____
Street City State Zip

Administrative Official _____ License No. _____

I. RN Coordinator _____ SS # _____
Certificate No. _____ Annual # _____
Is the RN the Director of Nursing? Yes _____ No _____
Is the RN performing the actual training? Yes _____ No _____

A. Experience:

1. Indicate number of years' experience in nursing --- must be at least two (2) _____ and;
2. Indicate number of years' experience in long term care facilities ---- must be at least one (1) _____

B. Teaching:

1. Attach copy of certificate of completion of course in teaching adults;
Attachment # _____
or
2. Indicate what your experience has been in teaching adults or supervising nurse aides: _____

II. LPN Instructors _____ SS # _____
Certificate No. _____ Annual No. _____

A. Teaching:

1. Attach copy of certificate of completion of course in teaching adults;
or
2. Indicate your experience in teaching adults or supervising nurse aides.

Administrative Official, Co-Signature _____

Section VI. Curriculum

For a training and competency evaluation program to be approved it must at a minimum:

- a. Consist of no less than seventy-five (75) clock hours of training.
- b. Use an approved curriculum.
- c. Include at least sixteen (16) hours of supervised practical training.
- d. Include at least a total of sixteen (16) hours of training in the following areas prior to any direct contact with a resident:

- a. Communication and interpersonal skills.
- b. Infection control.
- c. Safety\emergency procedures, including the Heimlich maneuver.
- d. Promoting residents' independence; and
- e. Respecting residents' rights.

1. Name of Curriculum: _____
(Must be a State approved curriculum)

Total Classroom hours: _____
Total supervised practical training hours: _____
Total clinical hours: _____

2. Submit a course outline. *Attachment #* _____

Section VII. Environment

The nurse aide training and competency evaluation program shall provide an environment conducive to learning. This shall include at least the following: heating and cooling temperature controls; clean and safe conditions; adequate space to accommodate all trainees; adequate lighting; necessary functioning equipment; training materials including audiovisual equipment and freedom from distractions, traffic and other activities.

Identify the physical address of your training classroom and lab:

Street Address: _____

City and Zip: _____

Phone Number: _____

Indicate the largest number of trainees the classroom can accommodate. _____

For facility based programs please describe the actual location of classroom and lab within your facility _____

Classroom/Lab	Yes	No	Date	Comments
Temperature Controls 71 - 81 degrees Heating Cooling				
Clean, Safe Conditions Floor clean, uncluttered Electrical outlets available and working Wastebaskets Clock Available Environmental hazards (identify & list on separate page)				
Space Adequate number of chairs Adequate number of desks Adequate space for trainees, equipment and materials.				
Lighting Direct lighting Suitable for tasks to be performed Indirect lighting Minimal glare				
Equipment & Training Materials IVD system in working order, if needed Overhead projector, if needed Reference books and materials Supplies				
Clinical Skills Lab Clinical skills lab provides space for equipment and trainees Mannequin, if needed Basic skills supplies, i.e., bath basin, personal care items, blood pressure equipment, patient beds, among others Handwashing facility easily accessible				

Section VIII. Competency Evaluation Program

Indicate what testing entity the program will use.

Written Oral Evaluation:

An approved program shall make the written or oral and skills examinations available to trainees and shall inform the trainee about the competency evaluation program that is available on successful completion of the training program.

Describe where/how the written or oral test is made available to trainees.

Clinical Skills Evaluation:

The clinical skills demonstration shall be:

- (1) performed in a nursing facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and
- (2) administered and evaluated by a registered nurse with at least one (1) year experience in providing care for the elderly or chronically ill of any age.

If the skills testing is going to be administered at your training site:

- (1) complete the information below and;
- (2) attach a copy of the certificate of completion of the clinical skills training.

Clinical Skills Evaluation and Clinical Skills Observer

Clinical Skills Evaluation:

The clinical skills demonstration shall be:

- (1) performed in a nursing facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and
- (2) administered and evaluated by a registered nurse with at least one (1) year experience in providing care for the elderly or chronically ill of any age.

If the skills testing is going to be administered at your training site:

- (1) complete the information below and;
- (2) attach a copy of the certificate of completion of the clinical skills training.

Clinical Skills Observer

Name _____
Annual # _____ Certificate # _____
Years experience in providing care to the elderly or chronically ill; must be at least one (1) _____.

Copy of certificate of completion of skills training. *Attachment #* _____
(Clinical Skills Observer Certificate)

Indicate where the clinical skills examination/demonstration part of the competency evaluation program will be administered.