

Nurse Aide Training and Competency Evaluation Program

Notification of Instructor Changes

General Information:

You must notify the Nurse Aide Registry/Oklahoma State Department of Health for approval any time a change occurs in the following positions: Administrator, RN Supervising the Nurse Aide Training Program, or Program Instructors.

I. 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 of nursing experience, at least one(1) year which has been in a long term care facility; **AND**
2. Completed a course in teaching adults, i.e., Train the Trainer; **OR**
3. Experience in teaching adults or supervising nurse aides.
4. 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. Also, a RN-DON may perform the testing function of a clinical skills observer/evaluator.

II. Program Instructors: Instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides.

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

Training Facility Name: _____

Training Facility Location: _____
Street City Zip

Person Completing Form: _____ **Date of Update:** _____
(please print)

Instructions: Complete the sections where personnel changes have occurred

Administrator _____ **License No.** _____

I. Registered Nurse _____ **Social Security No.** _____

Certificate No. _____ **Annual No.** _____

Is the RN the Director of Nursing? Yes _____ No _____

Is the RN performing the actual training? Yes _____ No _____

Experience:

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

*Attach copy of certificate of completion of **Train the Trainer** course
or*

Complete the next section on the reverse of this page.

(Over)

Registered Nurse*(continued)*

Indicate what your experience has been in teaching adults or supervising nurse aides:

Administrator Co-Signature: _____

II. Program Instructors

Name: _____ Social Security No. _____

Certificate No. _____ Annual No. _____

*Attach copy of certificate of completion of **Train the Trainer** course
or
Indicate in the space provided your experience in teaching adults or supervising nurse aides.*

Administrator Co-Signature: _____

Return completed form to:

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