



Oklahoma State Department of Health

Nurse Aide Registry

P.O. Box 268816

Oklahoma City, OK 73126-8816

PH: (405) 426-8150

Application for Adult Day Care Nurse Aide Training Competency and Evaluation Program

Check the type of training program you will be providing.

- Employer Based
- Education Based
- Private _____

Complete the following and return to the above address

Please type or print information

Organization/Agency Name: _____

Training Location Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone # _____

Contact Person/Title: _____

Email Address: _____

Fax Number: _____

The non-refundable application fee for Adult Day Care Aide Competency and Evaluation programs is \$100.00 as specified in OAC 310:677-3-2(b).

SECTION I. Records

Attachment # 1

Complete the method used for retaining the required records for at least three (3) years as specified in **OAC 310:677-3-8(d)** and the location of the administrative office of the program and the location where records are being maintained as in **310:677-3-3(c)(2)**.

Attachment # 2

A copy of Oklahoma State Department of Health, Nurse Aide Registry Handout for Nurse Aide Trainees is attached with the following information required to be given to trainees. Please have each trainee read, sign, and date the handout. The program should keep the original in the trainee's file.

1. Successful completion of a nurse aide training and competency evaluation program results in the individual being listed in the OSDH's nurse aide registry. **OAC 310:677-3-11(d)**
2. State law requiring employers to secure an Oklahoma State Bureau of Investigation criminal arrest report. **OAC 310:677-3-7(a)**

3. A non-employer based program shall notify trainees that if a criminal arrest check reveals a cause which bars employment in a health care entity, then the trainee shall be withdrawn from the training program. **OAC 310:677-3-7(b) and Title 63-1-1950.1(B)(5)(D)(F)**
4. If a non-employer based training program does not require an OSBI criminal arrest check as part of the admission requirements to the training program, the training program shall provide the trainee with written notification of Title 63:1-1950.1 as part of the training program application.
5. Requirements for renewal of the registry listing. **OAC 310:677-5-2(d)(e), 9-1(c).**

Complete a copy of the information required as specified below that will be given to the trainees.

1. Policies for admission and satisfactory completion of the program. **OAC 310:677-3-11**
2. Purpose and objectives of the program.
3. Trainee rights and responsibilities.

Attachment # 3

Complete program's procedures for communication and distribution of the "Affidavit of Lawful Presence".

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

Attachment # 4

If Education Based Program or Other Program, complete 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. 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. **CFR 42, 483.152(C)**

SECTION II. Staff Names and Qualifications:

Attachment # 5

Complete the attached Adult Day Care Instructor Qualifications Application as specified in **OAC 310:677-19-2.**

Instructors for the training of adult day care program aides shall be an individual who has training experience and a strong knowledge of adult day care acquired through education or experience.

Other personnel from the health professions may supplement the instructor as required by the curriculum.

Attachment #6

Complete and attach policy for program's requirement to ensure 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 are met as in **OAC 310:677-3-3(c)(7)**

SECTION III. Classroom and Clinical Facilities:

Attachment # 7

Complete the attached Name and Location of Classroom and Clinical Facilities as specified in **OAC 310:677-3-3(c)(6)**.

Attachment # 8

Complete a description of the program's standards for classroom and skills training facilities including, but not limited to, as in **OAC 310:677-3-3(c)(6)**.

SECTION IV. Program outline, with objectives, curriculum and instruction methods

Attachment # 9

Complete a program outline, with objectives, curriculum and instruction methods as specified in **OAC 310:677-19-3** (A model of Adult Day Care Aide Training Curriculum is attached. If there are additions in curriculum beyond the required training, please add to the attachment. This model is provided as a courtesy by OSDH and is not a required form.)

Skills Performance Checklist – Attachment #10

A long term care training program shall use a performance check list as specified in **OAC 310:677-3-8(a)(1-2)**. Attached is an approved model Performance Skills Checklist to be used by the training program.

Upon request from the nurse aide trainee, the training program shall provide the trainee a copy of the completed Skills Performance Checklist with the skills that have been demonstrated if the trainee has to withdraw from the training program prior to completion of the training program as required in **OAC 310:677-3-8(a)(2)(c)**.

This form must be kept in the trainee's records for at least three (3) years as in **OAC 310:677-3-8(a)(2)(d)**.

(A model of Skills Performance Check list is attached. This model is provided as a courtesy by OSDH and is not a required form.)

This form must be kept in the trainee's records for at least three (3) years as in **OAC 310:677-3-8(a)(2)(d)**.

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

I certify that the foregoing is true and complete to the best of my knowledge.

Type or Print Name of Authorized Individual Signing for Program

Signature

Date

Retaining of Required Records

Training Program Name: _____

City/State/Zip: _____

Contact Person _____ Telephone #(____) _____

Complete the method used for retaining the required records for at least three (3) years as specified in:

OAC 310:677-3-8(d)

(1) The trainee's Application for the training program.

(2) Performance records, the Skills Performance Checklist and Training Verification Form.

(3) Nurse aide competency and examination results,

and the location of the administrative office of the program and the location where records are being maintained as in 3:677-3-3(c)(2).

Information to be given to Trainees as Required by Regulation and Law

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____) _____

Complete and attach a copy of the information required as specified below that will be given to the trainees.

A copy of Oklahoma State Department of Health, Nurse Aide Registry Handout for Nurse Aide Trainees is attached with the following information required to be given to trainees. Please have each trainee read, sign, and date the handout. The program should keep the original in the trainee's file. The following information is in the handout:

1. Successful completion of a nurse aide training and competency evaluation program results in the individual being listed in the OSDH's nurse aide registry. **OAC 310:677-3-11(d)**
2. State law requiring employers to secure an Oklahoma State Bureau of Investigation criminal arrest report. **OAC 310:677-3-7(a)**
3. A non-employer based program shall notify trainees that if a criminal arrest check reveals a cause which bars employment in a health care entity, then the trainee shall be withdrawn from the training program. **OAC 310:677-3-7(b)** and **Title 63-1-1950.1(B)(5)(D)(F)**
4. If a non-employer based training program does not require an OSBI criminal arrest check as part of the admission requirements to the training program, the training program shall provide the trainee with written notification of Title 63:1-1950.1 as part of the training program application.
5. Requirements for renewal of the registry listing. **OAC 310:677-5-2(d)(e), 9-1(c).**

Complete a copy of the information required as specified below that will be given to the trainees.

1. Policies for admission and satisfactory completion of the program. **OAC 310:677-3-11**
2. Purpose and objectives of the program.
3. Trainee rights and responsibilities.

Procedures for communication and distribution of the “Affidavit of Lawful Presence”

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____)_____

Complete program’s procedures for communication and distribution of the “Affidavit of Lawful Presence”.

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.

Attached please find ODH Form 301- Affidavit of Lawful Presence, ODH Form 301A- Affidavit of Lawful Presence, Spanish, ODH Form 266- Affidavit of Lawful Presence by Guardianship, and ODH Form 266A – Affidavit of Lawful Presence by Guardianship, Spanish for your use.

List of Itemized Charges

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____) _____

If Education Based Program or Other Program, complete 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. 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. CRF 42, 483.152(C)

Staff Names and Qualifications

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____)_____

Instructors for Adult Day Care Competency and Evaluation Programs

General Information: You must notify the Nurse Aide Registry for approval any time a change occurs in the following positions: Administrator or RN Supervising the Program.

OAC 310:677-19-2.

(a) The instructor for the training of adult day care program aides shall be an individual who has training experience and a strong knowledge of adult day care acquired through education or experience. Please include documentation of experience.

(b) Other personnel from the health professions may supplement the instructor as required by the curriculum.

Instructors:

Name: _____

Indicate instructor's experience in training and education or experience in adult care: _____

Name: _____

Indicate instructor's experience in training and education or experience in adult care: _____

Supplemental Instructor and area of expertise:

Name: _____

Indicate instructor's experience in training and area of expertise: _____

Name: _____

Indicate instructor's experience in training and area of expertise: _____

Procedure Ensuring Education and Experience of Supervisors and Instructors

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____)_____

Complete and attach policy for program's requirement to ensure 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 are met as in OAC 310:677-3-3(c)(7).

Classroom and Clinical Facilities

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____)_____

Clinical Skills Evaluation:

The clinical skills demonstration shall be:

- (1) performed in a comparable to the setting in which the individual will function as a adult day care 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. Attach a copy of the certificate of completion of the clinical skills training.

Clinical Skills Observers: _____

Complete the attached Name and Location of Classroom and Clinical Facilities as specified in OAC 310:677-3(b)(2).

Written Exam:

Location: _____

Clinical Exam:

Location: _____

Clinical Facilities:

Facility: _____

Address: _____

Name of Contact at Facility: _____

Phone #: _____

Standards for Classrooms

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____) _____

Complete a description of the program's standards for classroom and skills training facilities including, but not limited to, as in OAC 310:677-3(b)(4).

Heating Cooling				
Clean, safe conditions Floor clean, uncluttered Electrical outlets available & 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 & 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				

Program Outline and Curriculum

Training Program Name: _____

City/State/Zip: _____

Contact Person: _____ Telephone #(____)_____

Complete and attach the model of Adult Day Care Nurse Aide Training Curriculum. If there are additions in curriculum beyond the required training, please add to the attachment. This model is provided as a courtesy by OSDH and is not a required form.

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;

ADULT DAY CARE AIDE SKILLS PERFORMANCE CHECKLIST - Attachment #13

Program Name: _____

Trainee Name: _____ Instructor: _____

Skill	Date Satisfactorily Performed	Student Signature	Instructor Signature	Satisfactory vs. Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
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				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
				<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory

SKILLS PROFICIENCY COMPLETION STATEMENT

I verify that the skills performance checklist has been completed in accordance with safe guidelines set forth for nurse aide training programs. I further attest that the above named trainee has satisfactorily performed all skills on the nurse aide skills performance checklist and has been determined proficient in those skills.

Instructor Signature _____ Date _____

Signature _____ Date _____