



**Application for Developmentally Disabled Direct 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**

Organization/Agency Name: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**There is an application fee of \$100.00 for developmentally disabled direct care aide training and/or competency evaluation programs 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if a criminal arrest check reveals a cause which bars employment in a health care entity, then the trainee shall be withdrawn from the training program.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 student handbook with 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.
4. Attendance and make-up policy with student sign-in roster (date, time-in & time-out)
5. Grading criteria
6. Class hours
7. Certification testing location and information
8. Other pertinent policies (cell phone use, dress and appearance, lunch/breaks, etc.)

**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 Developmentally Disabled Direct Care Instructor Qualifications Application as specified in **OAC 310:677-15-2.**

**Attachment # 6**

- Complete program's requirement of education and experience for supervisors and instructors and procedure to ensure 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(6)(F).**

**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(6)**.

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

**Attachment # 9**

**Curriculum** – Complete and attach the model of Developmentally Disabled Direct Care Nurse Aide Training Curriculum in accordance with OAC 310:677-15-3. If there are additions in curriculum beyond the required training, please add to the attachment.

**Daily Lesson Plan** – This document should demonstrate the daily content of classroom and lab instruction to include any quizzes and tests. A daily lesson plan will include mandatory training items per the curriculum guideline and the hours spent instructing each item of instruction. The total hours for each day must be totaled on the final page and must match the curriculum model (attachment #9).

**(A model of Developmentally Disabled Direct Care Nurse 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 developmentally disabled direct 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.)**

**\*\*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: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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 (student handbook) 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.
4. Attendance and make-up policy with student sign-in roster (date, time-in & time-out)
5. Grading criteria
6. Class hours
7. Certification testing location and information
8. Other pertinent policies (cell phone use, dress and appearance, lunch/breaks, etc.)

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

Training Program Name: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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.

## Staff Names and Qualifications

Training Program Name: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #(\_\_\_\_) \_\_\_\_\_

### Instructors for Developmentally Disabled Direct Care

Per OAC 310:677-15-2. Instructor Qualifications

(1) The instructor for training developmentally disabled direct care aides shall be a licensed nurse or a qualified intellectually disabled professional (QIDP) who has a least one (1) year experience in the provision of services in a facility for the developmentally disabled.

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

#### Instructors: ( Attach another sheet if necessary)

Name: \_\_\_\_\_  RN  LPN License # \_\_\_\_\_  QIDP

Name and Address of ICF/IID facility where services were provided:

\_\_\_\_\_

Dates of employment at ICF/IID facility: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr. Month/Yr.

Position held during employment: \_\_\_\_\_

Name: \_\_\_\_\_  RN  LPN License # \_\_\_\_\_  QIDP

Name and Address of ICF/IID facility where services were provided:

\_\_\_\_\_

Dates of employment at ICF/IID facility: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr. Month/Yr.

Position held during employment: \_\_\_\_\_

Name: \_\_\_\_\_  RN  LPN License # \_\_\_\_\_  QIDP

Name and Address of facility where ICF/IID services were provided:

\_\_\_\_\_

Dates of employment at ICF/IID facility: \_\_\_\_\_ to \_\_\_\_\_  
Month/Yr. Month/Yr.

Position held during employment: \_\_\_\_\_



## Procedure Ensuring Education and Experience of Supervisors and Instructors

Training Program Name: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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 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. Attach a copy of the certificate of completion of the clinical skills training.

Clinical Skills Observers: \_\_\_\_\_  
(for Career Techs only)

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 #: \_\_\_\_\_

Facility: \_\_\_\_\_

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

Name of Contact at Facility: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Standards for Classrooms

Training Program Name: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

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				
<b>Clean, safe conditions</b> Floor clean, uncluttered  Electrical outlets available & working  Wastebaskets  Clock Available  Environmental hazards (identify & list on separate page)				
<b>Space</b> Adequate number of chairs  Adequate number of desks  Adequate space for trainees, equipment & materials.				
<b>Lighting</b> Direct lighting Suitable for tasks to be performed  Indirect lighting Minimal glare				
<b>Equipment &amp; Training Materials</b> IVD system in working order, if needed Overhead projector, if needed Reference books and materials Supplies				
<b>Clinical Skills Lab</b> 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: \_\_\_\_\_

Training Location Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #(\_\_\_\_) \_\_\_\_\_

**Complete and attach the model of Developmentally Direct 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.**

**Complete a program syllabus** (descriptive of each topic(s) taught for each day with hours), outline with objectives, curriculum and instruction methods as specified in **OAC 310:677-15-3**.

**Lesson Plan** – This document should demonstrate the daily content of classroom and lab instruction to include any quizzes and tests. A daily lesson plan will include mandatory training items per the curriculum guideline and the hours spent instructing each item of instruction. The total hours for each day must be totaled on the final page and must match the curriculum model (attachment #9).

**Documentation of daily classroom attendance** – Complete & Submit

This form is the instructor's affirmation the trainee has met the program and theory requirements as per OAC 310:677-15-3. A model is attached. This model is provided as a courtesy by OSDH.