Nurse Aide Training Program

Application for Nurse Aide Training and Competency Evaluation Program (NATCEP)

Instructions

Procedure

1. Review the Nurse Aide rules in OAC 310:677
   https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/forms/current/rules-and-regs/Chapter%20677%2009.2023.pdf
2. Respond to all application items in compliance with the standards (above) and as required within instructions for each item.
3. Attach a resume for the program director and each program instructor listed on the NATCEP application.
4. Obtain agreements from any and all nursing facilities that will be used as clinical training sites and attach a copy of each agreement. Agreements must either (a) be current, that is, signed by facility authority within the past six months, or (b) specify the time period for which the agreement is valid. Facility authority is the facility administrator or corporate officer who is a designated authority.
5. Email the completed form and required documents to the Nurse Aide Training Program at NAR@health.ok.gov

You Need to Know

Incomplete applications will be returned. You will be given opportunities to make corrections. Please note this will delay the approval of your program.

Applicants must provide a physical address where all records are maintained and an on-site survey can be conducted. NATCEPs must notify OSDH of any change in the address provided.

You should allow at least 20 days from the date you mail your application before inquiring about the status of the application.

Programs offered in or by nursing facilities that have been subject to disqualifying actions:

   Will not be approved, per 310:677-3-3( ).

   Will not be approved as a clinical training site for any nurse aide training program, unless a waiver is approved per OAC 310:677-3-3( ).

Signature in Section 18 is required for all application types.

Contact Information

For questions, email NAR@health.ok.gov or call (405) 426-8150.

1. **Enter Nurse Aide Training Program Name:**

   _____

2. **Check Application Type:**
   - ☐ **New** (Check for initial application or if program is not currently approved.)
   - ☐ **Renewal** (Check if program is currently approved and you have received OSDH renewal notice.)
   - ☐ **Change** (Check if program is currently approved and you are requesting approval for program changes. Complete entries for all items that have changed.)

3. **Check Program Category:**
   - a. ☐ **Non-facility based program** (not offered in or by a facility)
     - ☐ **Facility-based program** (offered in and by a facility)
   - b. **If the name of the Nurse Aide Training Program has changed, enter the new name here:**

     _____

4. **Physical Address:** Enter a single, Oklahoma physical street address and area code and telephone number where all NATCEP records will be kept and the OSDH on-site NATCEP surveys will be conducted.

   _____ _____ _____ _____ _____
   Street   City   State   ZIP Code   Area Code and Phone No.

5. **Contact/Mailing Address:** ☐ **Check if the physical and mail address is the same.)**
   Enter a single, physical address and telephone number for the training program. All correspondence from OSDH will be sent to this email address.

   _____ _____ _____ _____ _____
   Street   City   State   ZIP Code   Area Code and Phone No.

   _____
   Email Address

6. **Classroom Location:** Enter a single classroom name and location. If at a facility, enter the Facility ID (license number).

   _____ _____
   Name   Facility License Number

   _____ _____ _____ _____ _____
   Street   City   State   ZIP Code   Area Code and Phone No.

7. Will the program provide training online? If the answer is No, go to question **8** below. OAC 310:677:3-3   Yes   No

   Check responses to the following questions if training will be held online:

   a. Does the online training provide verification of a trainee's identity?   Yes   No

   b. Does the online training ensure protection of a trainee's privacy and personal information?   Yes   No

   c. Does the online training document the hours completed by each trainee?   Yes   No

   Check responses to the following questions

8. Does the program teach the OSDH Nurse Aide Training Curriculum OAC 310:677-3-3(c)(3)?   Yes   No

9. Does the program include at least 75 hours of training?   Yes   No

10. Does the program include at least 16 hours of supervised practical training?   Yes   No

11. How many hours does your training program have in each of the following areas?

Hours

a. Communication & Interpersonal Skills _____

b. Infection Control _____

c. Safety & Emergency Procedures (including Heimlich Maneuver) _____

d. Promoting a Resident's Independence _____

e. Respecting a Resident's Rights _____

Total Hours: [____]

12. Does this program   exceed **both** the curriculum content and minimum hours indicated above? OAC 310: 677-3-4

        Yes   No

If Yes, enter total number of hours offered: _____

13. Does this program have adequate textbooks, audio-visual materials and other supplies and

equipment necessary for training? OAC 310:677-3-3(c)(6)(E)

Yes   No

14. Do the classroom and skills training rooms provide for adequate space, cleanliness, safety,

Yes   No

lighting and temperature controls to promote safe and effective learning? OAC 310:677-3(c)(6)

15. Clinical Training Site(s): In the space(s) provided below, list all certified nursing facilities that will be used for the required hours of clinical training for the NATCEP. Complete this section even if the clinical site is already listed in the Mailing Address and Classroom Location. Note: You must attach a current agreement letter for each facility listed and all clinical training and testing must be conducted at a facility listed on this application. (Additional sites may be listed on a separate sheet.)

_____   _____

Facility Name   Facility License #

_____ _____ _____ _____ _____

Street   City   State   ZIP Code   Area Code and Phone #

_____   _____

Facility Name   Facility License #

_____ _____ _____ _____ _____

Street   City   State   ZIP Code   Area Code and Phone #

16. Program Director: Enter the name of the individual who will have administrative authority for the program. This may be an administrator of the facility or school or the designated program director. This individual must sign the affidavit in Section 18, below. All correspondence from OSDH will be directed to this individual.

_____ _____ _____

Name   Title   RN License #

_____ _____

E-Mail Address   Area Code and Phone #

Check responses to the following questions

a. Does the program director have at least two (2) years of nursing experience?   Yes   No

b. Is at least one (1) year of the required nursing experience in the provision of long-term care facility

   services in a nursing facility or skilled nursing facility?   Yes   No

c. Has the program director completed a course in teaching adults or have experience in teaching

   adults or supervising nurse aides?   Yes   No

d. Does the program include at least 10 hours of required Alzheimer's training?   Yes   No

_____

Signature –

17. Program Instructor(s): List the name(s) and requested information below for individuals who will conduct the actual NATCEP training. Please attach resume(s). OAC 310:677-   -3

Name	RN/LPN License #	Does the instructor have at least one year of …		
		… nursing experience in a facility?	… experience teaching adults?	… experience supervising nurse aides?
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No

19. I affirm that the information submitted in this application and attachments is true and correct. I agree to provide prior notification to the OSDH Nurse Aide Registry of any change in information presented in this application by submitting a Program Change Application, as required. I acknowledge that failure to comply with rules (OAC 310:667) may result in withdrawal of NATCEP approval.

_____   _____

Signature   Printed Name

                                                                           _____

                                                                             Date

Email the completed form and required documents to the Nurse Aide Training Program at
NAR@health.ok.gov