

**Please read the application in its
entirety**

Each section must be addressed

**Missing items will cause a delay in the
approval/re-approval/relocation
process**

**Applications submitted for Approval
must be complete for consideration.**

**APPLICATION FOR APPROVAL
NURSE AIDE TRAINING AND COMPETENCY
EVALUATION PROGRAM**

Please submit original application and retain a copy for your records. Do not fax. Make sure that the individual completing the application signs and dates the appropriate page. If the application is incomplete it will not be considered for approval.

Please complete all 7 pages of the application for approval/re-approval of the nurse aide training program (NATP). Attach all requested information as outlined on the application. Review the enclosed Federal and State Core Curriculum and Skills Checklist. The enclosed skills checklist is MANDATORY. Skills may be added to the checklist but not deleted. All skills must be listed on the lesson plan the day of demonstration and return demonstration. The information MUST be enclosed with the application and mailed to Alliant Health Solutions.

All State of Georgia approved NATPs are required a minimum of 85 hours. The hours are divided between Classroom/Lab/Clinical. A minimum of 24 hours is required clinical rotation. Clinical rotation must be in a nursing home. The minimum 85 hours must cover the required NATP Federal and State Core Curriculum (CFR, Title 42, 483.150-483.158) and state requirements for clinical rotation.

- NO CERTIFIED NURSE AIDE CLASSES CAN START UNTIL THE APPROVAL IS GIVEN BY THE STATE CONTRACTOR.**
- Funds cannot be accepted from potential nurse aide students until the approval letter from the State Contractor is received.**
- Pending programs cannot advertise for Certified Nurse Aide courses until the approval letter from the State Contractor is received.**

Private NATPs are required to have an on-site visit to the classroom prior to approval. All equipment listed on the equipment form for classroom/lab should be present prior to the visit. Failure to have the required equipment will postpone the approval of the program. Any NATP is subject to unannounced on-site visit at the discretion of the Alliant Health Solutions.

Programs are allowed to submit an application 3 times in 1 year. If the initial application is incomplete, denied because of insufficient material and/or there are needed corrections, there are 2 remaining opportunities to re-submit the requested information. The program contact person will receive an e-mail and/or letter from the reviewer outlining missing components and/or the need to edit elements of the application. If the third application is denied there is a wait period of 1 year from the date of the review letter.

Applications for approval for a new program have a 90 day time frame for approval. Re-approvals are required every 2 years and have a 45 day time frame for re-approval

Effective July 1, 2007, the written/oral and skills competency exam will be administered by Pearson VUE Information regarding standardized testing can be viewed and/or downloaded from www.pearsonvue.com, Search Nurse Aide Registry link.

**Alliant Health Solutions
Nurse Aide Training Program**

**Policy: Submission of Application
(Approval, Re-Approval & Relocation)**

Please read carefully, sign and date at the bottom of the page.

In a minority of cases applications may not be approved or re-approved. In these instances the Alliant Health Solutions Nurse Aide Program Reviewers spend an extended amount of time providing one-to-one feedback with applicants giving advice on how and what to include in an application.

The Alliant Health Solutions allows up to three (3) submissions of an application either for approval or re-approval of a Nurse Aide Training and Competency Evaluation Program.

Once an application is denied for the third time, the applicant will be able to submit another application at one year from the date of the last submission and after attendance at another Train-the-Trainer Workshop.

I, the undersigned, attest that I have read the above policy and understand that I have three attempts to submit an application for approval or re-approval. I also understand that within one year from the time of my last application submittal I can again apply for approval or re-approval once I have attended a Train-the-Trainer Workshop.

SIGNATURE

DATE

**ALLIANT HEALTH SOLUTIONS
NURSE AIDE TRAINING PROGRAM**

Program Coordinators:

By signing, you are acknowledging the fact that when a change to the nurse aide training program is made Alliant Health Solutions must be notified in writing of the change. This includes any subject from pages one (1) – seven (7) of the approval/re-approval packet application.

Information must be submitted within ten (10) business days of the change. All changes must be approved prior to implementation.

Send information to:

**Alliant Health Solutions
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov**

Failure to submit the information will result in disciplinary action and/or withdrawal of the nurse aide training program.

Signature: _____

Date: _____

Alliant Health Solutions Nurse Aide Training Program (NATP) Application

(Please print or type)

Program Offering Information
(Complete a separate application for each training program location):

Legal Business Name of Organization/School/Agency/Nursing Facility

List all Affiliated Business Names, including Doing Business As (DBA)

Business Address:

Street _____

City _____ Zip Code _____

County _____

Phone () _____ Fax () _____

Program's E-mail Address
(required) _____

Program's Contact
Person _____

Name

Title

Name of Administrator of facility (if applicable) _____

E-mail Address _____

Program: (circle one) APPROVAL RE-APPROVAL RELOCATION

Title, Author and Edition of textbook _____

(All textbooks must be within 5 years of the copyright date. Do not mail the textbook with submitted paperwork)

Title of nurse aide
course _____

Classroom/lab/clinical hours must correspond with total number of hours documented on the lesson plans/hourly breakdown form.

Day class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Evening Class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Weekend class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Each time frame requires lesson plans and an hourly breakdown form for each class.

A minimum of twenty-four (24) hours of clinical is required in a nursing home.

Location of Classroom/Lab Training Site: New programs and relocation sites must have an onsite visit. The location can be pending upon application submission prior to scheduled on-site visit. See Page 6 of this application for additional information.

Provide a description of the classroom/lab to include seating capacity, writing space and describe method of lighting/temperature control: **This section must be provided to the State Contractor once the training site is obtained by the applicant**

Location(s) of Clinical Training Site(s) - The signed clinical contract must be obtained and submitted with the Nurse Aide Training Application. All applications submitted without the clinical contract **will not** be reviewed until the signed clinical contract is submitted. Failure to submit the signed clinical contract will delay the 90 day process.

Agency	Address	Type of patient care unit
<hr/>		
<hr/>		

Faculty- For this location only.

Program Coordinator - must be a RN with two (2) years of nursing experience and one (1) year employment in a nursing home as a Registered Nurse.

Please review the enclosed Program Coordinator's Guide for position guidelines.

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>
-------------	--------------	--------------------------

Primary Instructors (RN or LPN) - Must have one (1) year of nursing experience
For this location only:

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>
-------------	--------------	--------------------------

Recommended student/instructor ratio is 14:1 in classroom/lab and clinical setting. Recommended student/instructor ratio may change based on the state contractor's on-site visit. Additional students require an additional instructor.

Expert Supplemental speaker (attached additional pages if necessary)

List the name, profession and work experience of each healthcare professional utilized to **assist** in the instruction of the nurse aide course. Examples of supplemental instructors are as follows: CPR certified instructor, Alzheimer’s guest speaker, guest speaker on Ombudsman duties, etc... Refer to the Federal Guidelines (42CFR483.152) for Nurse Aide Training Programs for a complete listing of supplemental instructors. Supplemental instructors are required to have one (1) year of experience in their field.

Name	Job Title	Work Experience
------	-----------	-----------------

Name	Job Title	Work Experience
------	-----------	-----------------

Name	Job Title	Work Experience
------	-----------	-----------------

*** Pearson Vue Nurse Aide Evaluator must administer the written/oral and skills competency exam to candidates for all programs including candidates testing for re-certification. Information provided at www.Pearson.VUE.com.

First time applicants must submit all items listed below.

Please note any changes to the program during the two (2) year time period between re-approval should be submitted for approval within ten (10) days. The change cannot be implemented until approval is granted.

Place preparer’s initials in front of each item submitted and reviewed.

___ Program coordinator/instructor (s) – copy of current GA nursing license.

___ Program coordinator/instructor (s) – copy of the Train-the-Trainer certificate and resume if not on file.

___ Copy of business license, fire code inspection report and fire evacuation procedure must be submitted prior to scheduled on-site visit. **(Pending for new programs is acceptable prior to paperwork approval). Submit a current business license every two (2) years for re-approval.**

___ Contract/Agreement for all clinical site experiences **must have a valid 2 year expiration date.** Clinical contracts without an expiration dates will not be accepted. **See page 3 of the application regarding clinical contract submission.**

___ Criteria for passing the course and a student evaluation form with a provision for progress notes.

___ Classroom/clinical attendance policies with make-up policy. All nurse aide students must complete the number of hours the program was approved for in order for the student to receive a Certificate of Completion.

___ Program office and clinical rotation policies **must** include a detailed refund policy. Office policy must include an itemized list for total cost of the program and breakdown of refund policy.

___ Equipment list with lab equipment- **(Pending is acceptable prior to scheduled on-site visit).**

___ Instructor evaluation form

___ Student evaluation form

Program Acknowledgement form:

The enclosed form is to be given to the student upon the completion of the nurse aide training program. All programs must keep a program acknowledgement form in each student's file acknowledging receipt of program evaluation. The student is responsible for mailing or faxing the form to Alliant Health Solutions.

___ Skills performance checklist must follow the Federal/State Core Curriculum Skills Checklist (enclosed with approval/re-approval packet). Additional skills can be added but none can be deleted. All skills on the skills checklist must appear on lesson plans on the appropriate day the skill will be demonstrated. Skills must either be taken from the textbook rubric or created by the program. The competency skills are not to be used for teaching purposes until the completion of the nurse aide training program.

___ Federal/State Core Curriculum with page numbers listed from textbook next to each subject & hours for first six (6) subjects. The first six (6) subjects require sixteen (16) hours prior to "hands on" care during skill performance. Observation of the first six (6) subjects is to be included in all student skill performance. All page numbers should be on the lesson plans to ensure Federal/State Guideline compliance. If the book does not meet the criteria, the program must use supplemental material, which must be enclosed with the application.

___ Hourly breakdown form with breaks and meals deleted. The hourly breakdown form must match time allotments on lesson plans. All time allotments for classroom/lab must be documented on each of the lesson plans. **Total number of hours from this form must match the number of hours on page one (1) of this approval application.**

___ Lesson plans, must coincide with skills checklist and hourly breakdown form. Lesson plans must contain all material on the Federal/State Core Curriculum, skills demonstrations, and time allotments for classroom and lab. Lesson plans must be individualized. Lesson plans are not to be shared with other programs.

___ Copies of all quizzes/exams must be attached to the appropriate lesson plan day - A **FINAL** exam is required for each student

___ Handouts, pamphlets, role-plays, and/or games must be attached to the appropriate lesson plan day so the instructor will have all the necessary material for a specific day.

___ **Print and review** the Nurse Aide Training Program Manual **quarterly**- (keep on file in office) www.mmis.georgia.gov, click on the provider information tab, click on view full list under the Medicaid Manuals section. This manual is updated quarterly. **DO NOT SUBMIT A COPY WITH APPLICATION.**

___ **Review** the enclosed copy of the training program completion certificate. All information on the enclosed certificate must be on the certificate issued to the candidate at the **completion** of the nurse aide training program course. The date documented on the completion certificate should be the date of the completion of the program.

___ The state contractor is **not** responsible for lease agreements, purchase of equipment and/or building prior to the approval of the submitted paperwork for the nurse aide training program. The program location and equipment can be obtained, once the approval is given by the state contractor regarding the required submitted paperwork. The program location, business license and equipment list on the application can be left blank until notified by the state contractor. The state contractor will notify the applicant via e-mail, when submitted paperwork is approved.

THE PROGRAM MUST HAVE A VALID E-MAIL ADDRESS.

- **Certified Nurse Aide Courses cannot start without the approval letter from the State Contractor;**
- **Funds cannot be accepted from potential nurse aide students until the approval letter from the State Contractor is received;**
- **Pending programs cannot advertise for Certified Nurse Aide Courses until the approval letter from the State Contractor is received;**
- **Do not submit text books with submitted paperwork;**
- **State Contractor Reviewer allowed ninety (90) business days for review of new programs;**
- **State Contractor Reviewer allowed forty-five (45) business days for review of re-approvals/relocation; and**
- **The State Contractor will advise the new program when the submitted paperwork is approved and schedule an on-site visit.**

RE-APPROVALS ONLY

The following documents must be submitted: Place preparer's initials in front of each item submitted.

___ Nurse Aide Training Program Application (Pages 1-7)

___ Current updated signed Clinical contract(s) - clinical contracts without expiration dates will not be accepted

___ Updated copies of current nursing licenses for all approved instructors

___ Current business license

___ Enclosed **Mandatory** skills checklist with page/rubric information - additional skills may be added to the skills checklist

___ Updated Lesson plans/hourly breakdown form with additional changes listed on the enclosed Federal & State Core Curriculum

Relocation Only

- ___ Cover letter with detailed information regarding relocation
- ___ Nurse Aide Training Program Application (Pages 1-3 & 7)
- ___ Copy of business license
- ___ Fire code inspection report
- ___ Fire evacuation procedure
- ___ Equipment List

The application may not include complete requirements for the Georgia Nurse Aide Training Program. The applicant **must** read the Nurse Aide Training Program Manual located at www.mmis.georgia.gov (click on Nurse Aide/Medication Aide tab) for all requirements.

I certify that all the information on all pages of the application form is true and complete. False information will delay and/or withdraw the Georgia Nurse Aide Training Program approval/re-approval from the State Contractor.

Preparer's Signature

Date

Mailing address:

**Alliant Health Solutions
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov**

Alliant Health Solutions Use Only	
<input type="checkbox"/> Approved	By: _____ Reviewer _____ Date _____
<input type="checkbox"/> Denied	
Program# _____	Program Type _____

NURSE AIDE TRAINING PROGRAM

All supplies must be stocked in adequate supply at all times
SUPPLIES MUST BE ADEQUATE FOR THE NUMBER OF STUDENTS ATTENDING

ENVIRONMENTAL CLEANLINESS MANDATORY

Rationale for equipment - to recreate a resident's room in the nursing home & for proper skills training.	DATE	COMMENT
Table/desk/chairs (desk must be arranged 3ft apart)		
Whiteboard - large		
TV/DVD (projector-optional)		
Videos (optional)		
Reference Books		
Disposable gloves - varied sizes (small, medium, large)		
Hospital Bed with side rails- must raise to working height (telescoping side rails NOT allowed)		
Full Body Manikin (complete with interchangeable M/F parts that fit properly)		
Wall Clock with second hand in lab area near sink		
Call Light		
Overbed Table		
Bedside Table with drawers for equipment placement		
Wheelchair with footrest and brakes		
Geri chair (optional for private programs and schools)		
Lift (optional for private programs and schools)		
Restraints for slip knot		
Heel/Elbow Protectors- several		
Walker with wheels		
Quad Cane		
Gait Belt - several		
Ambulatory scale/height measuring device (optional)		
Non-electronic/non-digital standing or bathroom scale		
Waste basket with plastic liners		
Tongues blades for stool specimen – several boxes		
Measuring tape for the height of bedridden		
Graduated cylinder - CLEAR PLASTIC (2) (No Beakers)		
Bedpan (standard and fracture)		
Urinal - MALE		
Bedside Commode		
Speci Pan		
Chux - package		
Incontinent Briefs - package		
Specimen cups with small clear biohazard bags		
Foley Catheter with closed drainage system		
Alcohol Wipes – several boxes		
Sphygmomanometer – Manual (Regular, Large, Extra Large)		
Thermometer Covers - Disposable – several boxes		
Thermometer – Digital or Electronic - several		
Thermometer - mercury-free oral/rectal - several oral		

Stethoscopes - several		
Teaching Stethoscope		
Hamper with red biohazard bag for gown disposal		
Isolation gowns – several packages		
Masks – several boxes		
Eye Protection - several		
Sharps Container – Puncture Resistant for razors		
Washcloths-2		
Towels-2		
Twin Blanket-2		
Twin Bedspread-2		
Pillowcases–2		
Flat twin sheet-4-can use for draw sheet or bottom sheet		
Fitted twin sheet-2		
Hospital Gown-2		
Orange Sticks/emery boards – several boxes		
Toothbrush (each student must have one)/toothpaste/floss for oral care demonstration		
Denture cup/Dentures/ Denture Brush (Adult Size Dentures)		
Toothettes – several boxes		
Disposable Razors/Shaving Cream - several razors		
Wash Basin		
Liquid Soap & Body Wash Soap (Several)		
Emesis Basin		
Hair Brush/Comb- several		
Water Pitcher (bedside pitcher 34 oz)/Cup/ Straws		
Food Tray/Clothing Protector/Plate/Silverware		
Anti-embolic stockings (4)		
Pillows for head of bed and alignment - Six (6)		
Post Mortem Kit		
Sink – H/C water (faucet must extend outward to allow for proper handwashing)		
Privacy curtain or Door		
Nurse Aide Training Manual onsite (most recent)		
File Cabinet with Lock		
Heated/cooled environment/Clean Carpet/No loose wires		
Supplies must be organized in drawers or containers, or on shelves.		
Room accommodation for how many students-class/lab		
REQUIRED: CLASSROOM EQUIPMENT & SUPPLIES MUST BE CLEAN, ORGANIZED, AND IN GOOD WORKING CONDITION AT ALL TIMES FOR NATP APPROVAL		

Optional – Private programs, technical colleges and high schools may use “optional” equipment in a nursing facility for training – student must have skill checked off prior to working with residents requiring this equipment.

Private programs, technical colleges and high schools - weights must be taught and demonstrated in the nursing home

For hair brushing demonstration, have students demonstrate hair brushing on manikin only.

Revised 3.26.18

NAPNATP – F04

**REQUIREMENTS
FOR
PROGRAM COORDINATOR & INSTRUCTORS**

Approved Nurse Aide Training Programs must designate a Program Coordinator and Primary Instructor(s). Programs cannot commence training until these individuals are approved.

Program Coordinator (PC):

Registered Nurse (RN) with two (2) years of nursing experience. One (1) year of nursing experience as an RN must be in a long-term care facility (nursing home). Duties of a Program Coordinator include but are not limited to:

- Overseeing the program in its entirety
- All required documentation for the yearly on-site review
- Assisting instructor in resolving any issues with students
- Making occasional on-site visits to classroom/lab and clinical sites to ensure proper instruction is taking place and documenting progress related to those visits
- Assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program
- Attending the first clinical rotation with all first time instructors **without** nursing home experience.

Please review the NATP Manual and PC Guide for additional job description

The facility administrator/director must mail a letter requesting approval for the RN to serve as Program Coordinator for the Nurse Aide Training Program. Please include a copy of the current GA nursing license, an updated resume, and a copy of the Train-the-Trainer Workshop certificate. Requirements are as follows:

- Registered Nurse with current **active** Georgia License and in good standing with the GA Board of Nursing- License cannot have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Two (2) years of nursing experience as an RN, at least one year of experience as an RN must be in a long term care facility (nursing home).
- Train-the-Trainer Workshop attendance certificate from Alliant Health Solutions
- The Director of Nursing may serve as Program Coordinator in a facility based program, but provision for coverage of duties must be assured

Instructors

The Program Coordinator must mail a letter requesting approval for the LPN or RN to serve as an instructor in the classroom and/or clinical portion of the Nurse Aide Training Program. Please include a copy of the current GA nursing license, an updated resume and a copy of the Train-the-Trainer Workshop certificate. Requirements are as follows:

- Registered Nurse or License Practical Nurse with current **active** Georgia License and in good standing with the GA Board of Nursing- License cannot have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Minimum one year of nursing experience
- Train-the-Trainer Workshop attendance certificate from Alliant Health Solutions

PROGRAM COORDINATOR'S GUIDE

Program Name & Number _____ Program Coordinator (PC) Name: Print _____ Signature _____	DATE	INITIALS
FILES IN ORDER FOR ANNUAL AUDIT - ON-SITE REVIEW - PAGE 11 TRAIN THE TRAINER BOOKLET - DATE WHEN FILES CHECKED		
REVIEWED PROGRAM WITH INSTRUCTOR PRIOR TO TEACHING - MADE EXPECTATIONS KNOWN - DATE		
TEAM MEETINGS HELD TO EVALUATE HOW PROGRAM IS PROGRESSING - DATE & RESULTS OF EVALUATION - DOCUMENT PLAN TO IMPLEMENT CHANGES		
PROBLEMS WITH PROGRAM DOCUMENTED & PROBLEM SOLVING METHODS INITIATED		
REVIEWED INSTRUCTOR EVALUATIONS FOR C/O & IMPROVEMENTS NEEDED - RESULTS DOCUMENTED		
ISSUES NEEDING RESOLUTION - DOCUMENT ISSUES & PLANS FOR RESOLUTION		
INSTRUCTOR(S) ON PROBATION - LIST REASON		
LESSON PLANS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
SKILL RUBRICS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
MONITOR EACH INSTRUCTOR IN CLASSROOM, LAB & CLINICAL - DOCUMENT FINDINGS AND FOLLOW-UP DATE		
INSTRUCTOR IMPROVEMENT AND VISITS MADE TO OBSERVE IMPROVEMENT		
MONITOR NEW INSTRUCTOR(S) FOR COMPETENCY OF INSTRUCTION - DOCUMENT FINDINGS & FOLLOW-UP DATE		
PC ATTENDANCE REQUIRED WITH FIRST TIME LTC INSTRUCTORS DURING CLINICAL ROTATION (ADDITIONAL ATTENDANCE MAY BE REQUESTED)		
ORGANIZE WITH THE INSTRUCTORS THE RE-APPROVAL APPLICATION - DATE		
ASSIST IN CREATING LESSON PLANS BASED ON NURSING HOME EXPERIENCE		
PASSING RATE ON WRITEN/ORAL/SKILLS COMPETENCY EXAM - INVESTIGATED INDIVIDUAL PROBLEMS WITH FAILING THE EXAM WITH INSTRUCTOR - DOCUMENT		
REVIEW STUDENT PROBLEMS WITH INSTRUCTOR AND ASSIST IN PROBLEM SOLVING - DOCUMENT		
ALL REQUIRED LAB EQUIPMENT ALL LOCATIONS PRESENT - DATE ASSESSED - NAME OF LOCATION		
NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGES TO THE PROGRAM - DATE & DOCUMENT CHANGE		
NOTIFIED OF INSTRUCTOR ADDITION OR DELETION - DATE		
CANDIDATE HANDBOOK FROM PEARSON VUE REVIEWED WITH INSTRUCTORS & DATE		
WHEN LOW SCORES NOTED ON SKILLS COMPETENCY - OBSERVE STUDENT PERFORMANCE AND/OR REVIEW STUDENT RECORDS		
ASSISTED IN THE HIRING PROCESS OF INSTRUCTORS - SUBMITTED LETTER OF INTENT, COPY OF NURSING LICENSE, RESUME & COPY OF TTT CERTIFICATE TO		
ATTACH DOCUMENTATION IF APPLICABLE		

INSTRUCTOR ORIENTATION

Instructor printed name: _____

Date of hire: _____

Instructor status (select all that applies): **approved** **temporary approval** **first time instructor**

Proctor and instructor to initial and date each of the following: **Proctor:** program coordinator and/or experience instructor

Orientation to the classroom, lab and equipment placement: _____ Date: _____ Length of time: _____

Orientation to the lesson plans and skills rubrics: _____ Date: _____ Length of time: _____

Instructor observation of proctor teaching & skills check-off methodology: _____ Date: _____ Length of time: _____

PC observation during clinical rotation for first time instructor: _____ Date: _____ Length of time: _____

Proctor observation of instructor teaching methodology: _____ Date: _____ Length of time: _____

Proctor observation of skills check-off methodology: _____ Date: _____ Length of time: _____

State Guidelines for the Nurse Aide Training Program have been reviewed: _____ Date: _____

Proctor printed name: _____ Proctor signature: _____ Date: _____

Proctor printed name: _____ Proctor signature: _____ Date: _____

Instructor signature: _____ Date: _____

When the new instructor and proctor have signed off on each tasks listed above a copy must be remain in the program's file all times for auditing purposes. Methodology includes use of approved lesson plans, skill rubrics, skills checklist and communication skills.

Federal and State Guidelines Core Curriculum Required Skills Checklist

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC
INFECTION CONTROL			
Handwashing - 20 seconds			
Donning and removing gloves			
Donning and removing (PPE) gloves, gown, mask and eye protection ~Please use CDC Guidelines~			
SAFETY & EMERGENCY			
FBAO			
Gait Belt			
Body Mechanics			
POSITIONING, TURNING, & TRANSFER			
One/two person assist			
Positioning with draw sheet			
Positioning with resident assist			
Positioning in chair/wheelchair			
Transfer from chair to bed Transfer from bed to chair			
Turn resident away from self			
Logrolling			

Turn resident with resident assist													
Passive range of motion													
Assist resident to stand with/without gait belt													
Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC										
Transfer with lift (clinical)													
Ambulation with cane/walker													
Positioning: <ul style="list-style-type: none"> • Lateral • Sims • Fowler's • Supine • Prone 	<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>						<table border="1"> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </table>						
VITAL SIGNS													
Temperature Parameters													
Oral/Rectal/Axillary-Digital													
Oral/Rectal/Axillary-Glass(mercury free)													
Radial pulse – parameters													
Radial pulse													
Blood pressure - parameters													
Blood pressure													
Respiration Parameters													
Measuring Respiration													
Weight (ambulatory or needle indicator scale)													
Wheelchair-Chair-Bed Scale (clinical only)													
Height of the bedridden Resident													
Vital Sign Recording - notebook, pen, & watch with second hand													
RESIDENT'S ENVIRONMENT													
Admission/Discharge													

Care of Resident's belongings			
Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC
Making occupied bed			
Making unoccupied bed			
Cleanliness of resident's room			
ROLE OF THE NURSE AIDE			
Communication skills			
Stress management			
Interpersonal skills			
Chain of command			
Work ethics			
Care plan			
Documentation/Shift Report			
Scope of practice			
Conflict management			
Manage cognitively impaired			
Customer service			
Aging Process			
Resident's Grooming & Personal Care with observation of Pressure Ulcers			
Complete and partial bed bath			
Shower (clinical)			
Tub bath/Whirlpool (clinical)			
Perineal care- male/female			
Skin care			
Dressing/undressing			
Dressing with weak side			
Hair care- shampoo, brushing, combing			
Nail care			
Foot care			
Shaving resident			

Brushing /flossing teeth & dentures			
Denture Care			
Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC
Observation & care of skin tears			
Unconscious mouth care			
Anti-embolic stocking			
Resident's rights & personal choice (clothing choice, bathing)			
Resident's Meal Time & Hydration			
Diet cards/name card			
Documenting meal percentage			
Proper feeding techniques for dependent resident			
Documenting I&O			
Assisting visually impaired resident			
Care of skin with feeding tube			
Bowel & Bladder Care and Training			
Incontinent care (observation of pressure ulcers)			
Bowel & Bladder Training			
Proper use of bedpan/fracture pan			
Proper use of urinal			
Proper technique transferring resident to bedside commode			
Catheter care male/female			
Measuring & Recording urine output from: <ul style="list-style-type: none"> • Foley catheter • Bedside commode • Urinal 			
Collecting a specimen urine-stool-sputum			

Care of the Ostomy(skin care)			
Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC
Care and Use of Orthotic, Prosthetic, & Assistive Devices			
Plate guard			
Clothing reach			
Denture Care			
Pressure ulcer prevention devices			
Eye glasses			
Observation for pressure sores, redness, & swelling with devices			
Restraint Use & Guidelines			
Slip knot technique			
Geri chair (clinical)			
Restraint alternatives			
Residents rights			
Post Mortem Care			
Post mortem care & procedure			
Signs and symptoms of death & grieving process			
Cultural & Family Considerations			
Residents Right's- Confidentiality & Privacy			
HIPAA			
Ombudsman			
Providing privacy			
Observation & Reporting			
Pain			
Respiratory changes			
Bowel/Bladder changes (UTI)			
Behavioral changes			
Skin color & condition changes			

Communication changes			
Change in eating & drinking habits			
Changes in weight			
Nausea & vomiting			
Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC
Change in activity participation			
Signs of Hypo/Hyperglycemia			
<u>Beginning Procedure:</u> Check care plan; Gather equipment; Knock; Ask visitors to step out; Handwashing prior to contact; Gloves if necessary; State intent; Privacy; Adjust bed height, and; Keep resident informed throughout care procedure			
<u>Ending Procedure:</u> Remove gloves if necessary; Handwashing; Gloving, if necessary; Replace equipment to proper storage; Call light within reach; Lower bed; Ensures comfort; Side rails up if used; Open Curtain/door/window shade; Remove gloves if used at the appropriate time; Handwashing; Notify visitors, and; Record/report			
Instructor's initials/ signature: _____			

Instructor's initials/ signature_____			
Instructor's initials/ signature_____			
Student's signature_____			
Comments			
ADDITIONAL SKILLS MAY BE ADDED HERE	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUB RIC

EACH SPACE MUST BEAR THE INSTRUCTOR'S INITIALS AND MUST BE DATED WHEN THE STUDENT IS ABLE TO PERFORM THE SKILL AT 100%; Skills must be checked off in the lab and again in the clinical (if applicable); Some skills will apply to only one area (clinical or lab); if this is the case, please leave the space blank; Do not use Candidate Handbook Skills as a substitute; May use the Candidate Handbook Skills at the completion of the program; All instructors must teach from the approved skill breakdown/rubric or textbook; IF THE STUDENT DOES NOT PASS SKILLS AT 100% IN THE LAB, THE STUDENT SHOULDNOT BE ALLOWED TO ATTEND THE CLINICAL ROTATION.

**THE FEDERAL AND STATE CORE CURRICULUM
NURSE AIDE TRAINING**

TITLE & EDITION OF TEXTBOOK: _____

A minimum of 16 hours of training in the following areas prior to any direct contact with a resident - include how many hours are spent on each one of the first six (6) subjects – include the page numbers next to the subject matter where the material can be located in the book for Parts I-VII

PART I.

A. Communication and interpersonal skills **including stress management and chain of command**

_____ HOURS; _____

B. Infection control _____ HOURS; _____

C. Safety/emergency/FBAO/**Body Mechanics** _____ HOURS; _____

D. Promoting residents' independence _____ HOURS; _____

E. Respecting residents' rights _____ HOURS; _____

F. **Legal/ethical behavior and scope of practice** _____ HOURS. _____

TOTAL: _____

PART II.

Basic Nursing Skills:

A. Taking/recording vital signs **and vital sign parameters;** _____

B. Measuring and recording height and weight; _____

C. Caring for the residents' environment; _____

D. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor: _____

- Shortness of breath; _____
- Rapid respiration; _____
- Fever; _____
- Coughs; _____
- Chills; _____
- Pains in chest; _____
- Blue color to lips; _____
- Pain in abdomen; _____
- Nausea; _____
- Vomiting; _____
- Drowsiness; _____
- Excessive thirst; _____
- Sweating; _____
- Pus; _____
- Blood or sediment in urine; _____
- Difficulty urinating; _____
- Frequent urination in small amounts; _____
- Pain or burning on urination; _____
- Urine has dark color or strong odor; _____

- Behavioral change; _____
- Talks or communicates less; _____
- Physical appearance/mental health changes; _____
- Participated less in activities or refused to attend; _____
- Eating less; _____
- Drinking less; _____

Observation and Reporting continued:

- Weight change; _____
- Appears more agitated/nervous; _____
- Appears tired, weak, confused or drowsy; _____
- Change in skin color or condition; _____
- Requires more assistance with dressing, toileting, transfers; _____

E. Recognizing and reporting pain to supervisor; and _____

F. Caring for a resident when death is imminent and post mortem care. _____

PART III.

Personal Care Skills, including but not limited to:

- Bathing (to include observation for pressure ulcers); _____
- Grooming, including mouth care; _____
- Dressing; _____
- Toileting; _____
- Assisting with eating and hydration; _____
- Proper feeding techniques; _____
- Skin-care to include **observation for pressure ulcers and skin tears**; _____
- Transfers, positioning and turning (to include observation for pressure ulcers). _____

PART IV.

Mental Health and Social Service Needs:

- Modifying aide's behavior in response to resident's behavior **including depression**; _____
- Awareness of development tasks associated with the aging process; _____
- How to respond to resident behavior; _____
- Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; _____
- Utilizing resident's family as a source of emotional support; _____
- Emotional and mental health needs of the residents**; _____
- Spiritual and cultural needs of the residents**. _____

PART V.

Care of Cognitively Impaired Residents:

- Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others); _____
- Communicating with cognitively impaired residents; _____
- Understanding the behavior of cognitively impaired residents; _____
- Appropriate responses to the behavior of cognitively impaired residents; _____
- Methods of reducing the effects of cognitive impairments _____
- Spiritual and cultural health**. _____

PART VI.

Basic Restorative Services – The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:

- A. Training the resident in self-care according to the resident's abilities; _____
- B. **Ambulation with/without a gait belt;** _____
- C. The use of assistive devices in transferring, ambulation, eating and dressing;

- D. Maintenance of range of motion; _____
- E. Proper turning and positioning in bed and chair; _____
- F. Bowel and bladder training; _____
- G. Care and use of prosthetic/orthotic devices and **eyeglasses.** _____

PART VII.

Residents Rights – The nurse aide should be able to demonstrate behavior which maintains residents' right, including but not limited to:

- A. Providing privacy and maintenance of confidentiality; _____
- B. Promoting the residents' right to make personal choices to accommodate their needs; _____
- C. Giving assistance in resolving grievances and disputes (**to include the role of the ombudsman**); _____
- D. Providing needed assistance in getting to and participating in resident and family groups and other activities; _____
- E. Maintaining care and security of resident's personal possessions; _____
- F. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff;

- G. Avoiding the need for restraints in accordance with current professional standard;

**References: Code of Federal Regulations, Title 42, Subpart D, Sec. 483.152
State of Georgia Nurse Aide Training Program Manual**

EXAMPLE

THE FEDERAL AND STATE CORE CURRICULUM NURSE AIDE TRAINING

TITLE & EDITION OF TEXTBOOK: Nursing Assistant. 4th ed.

A minimum of 16 hours of training in the following areas prior to any direct contact with a resident - include how many hours are spent on each one of the first six (6) subjects – include the page numbers next to the subject matter where the material can be located in the book for Parts I-VII

PART I.

A. Communication and interpersonal skills **including stress management and chain of command**

 20-30, 45-55, 250-256 HOURS; 4

B. Infection control 75-85 HOURS; 10

C. Safety/emergency/FBAO/**Body Mechanics** 90-120 HOURS; 10

D. Promoting residents' independence 30-40 HOURS; 2

E. Respecting residents' rights 2-10 HOURS; 3

F. **Legal/ethical behavior and scope of practice** 12-15 HOURS. 2

TOTAL: 31

PART II.

Basic Nursing Skills:

E. Taking/recording vital signs **and vital sign parameters;** _____

F. Measuring and recording height and weight; _____

G. Caring for the residents' environment; _____

H. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor: _____

- Shortness of breath; _____
- Rapid respiration; _____
- Fever; _____
- Coughs; _____
- Chills; _____
- Pains in chest; _____
- Blue color to lips; _____
- Pain in abdomen; _____
- Nausea; _____
- Vomiting; _____
- Drowsiness; _____
- Excessive thirst; _____
- Sweating; _____
- Pus; _____
- Blood or sediment in urine; _____
- Difficulty urinating; _____
- Frequent urination in small amounts; _____
- Pain or burning on urination; _____
- Urine has dark color or strong odor; _____

- Behavioral change; _____
- Talks or communicates less; _____
- Physical appearance/mental health changes; _____
- Participated less in activities or refused to attend; _____
- Eating less; _____
- Drinking less. _____

Observation and Reporting continued:

- Weight change; _____
- Appears more agitated/nervous; _____
- Appears tired, weak, confused or drowsy; _____
- Change in skin color or condition; _____
- Requires more assistance with dressing, toileting, transfers; _____

E. Recognizing and reporting pain to supervisor; and _____

F. Caring for a resident when death is imminent and post mortem care. _____

PART III.

Personal Care Skills, including but not limited to:

- I. Bathing (to include observation for pressure ulcers); _____
- J. Grooming, including mouth care; _____
- K. Dressing; _____
- L. Toileting; _____
- M. Assisting with eating and hydration; _____
- N. Proper feeding techniques; _____
- O. Skin-care to include **observation for pressure ulcers and skin tears**; _____
- P. Transfers, positioning and turning (to include observation for pressure ulcers). _____

PART IV.

Mental Health and Social Service Needs:

- H. Modifying aide's behavior in response to resident's behavior **including depression**; _____
- I. Awareness of development tasks associated with the aging process; _____
- J. How to respond to resident behavior; _____
- K. Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; _____
- L. Utilizing resident's family as a source of emotional support; _____
- M. **Emotional and mental health needs of the residents**; _____
- N. **Spiritual and cultural needs of the residents**. _____

PART V.

Care of Cognitively Impaired Residents:

- B. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others); _____
- F. Communicating with cognitively impaired residents; _____
- G. Understanding the behavior of cognitively impaired residents; _____
- H. Appropriate responses to the behavior of cognitively impaired residents; _____
- I. Methods of reducing the effects of cognitive impairments _____
- J. **Spiritual and cultural health**. _____

PART VI.

Basic Restorative Services – The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:

- H. Training the resident in self-care according to the resident's abilities; _____
- I. **Ambulation with/without a gait belt;** _____
- J. The use of assistive devices in transferring, ambulation, eating and dressing;

- K. Maintenance of range of motion; _____
- L. Proper turning and positioning in bed and chair; _____
- M. Bowel and bladder training; _____
- N. Care and use of prosthetic/orthotic devices and **eyeglasses.** _____

PART VII.

Residents Rights – The nurse aide should be able to demonstrate behavior which maintains residents' right, including but not limited to:

- H. Providing privacy and maintenance of confidentiality; _____
- I. Promoting the residents' right to make personal choices to accommodate their needs; _____
- J. Giving assistance in resolving grievances and disputes (**to include the role of the ombudsman**); _____
- K. Providing needed assistance in getting to and participating in resident and family groups and other activities; _____
- L. Maintaining care and security of resident's personal possessions; _____
- M. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff;

- N. Avoiding the need for restraints in accordance with current professional standard;

**References: Code of Federal Regulations, Title 42, Subpart D, Sec. 483.152
State of Georgia Nurse Aide Training Program Manual**

LESSON PLAN

TEXTBOOKS:

DAILY LESSON PLAN – DAY	OBJECTIVES	CONTENT	METHODS AND MATERIALS	EVALUATION METHOD	TEST QUESTION(s)
<p>Total Hours: Class/lab: Clinical:</p>					

LESSON PLAN

DAILY SCHEDULE – DAY #	OBJECTIVES Use measurable verbs	CONTENT	METHODS AND MATERIALS	EVALUATION METHOD	TEST QUESTION
<p>Page number(s) in book - author's name if using two books</p> <p>Allotted time for objective</p> <p>Be flexible with allotted time for audience addressing May need more or less time - this is more for you to figure your total hours in order to meet the mandatory 85 hours</p> <p>Total Hours: Classroom/lab____ Clinical_____</p>	<p>Cognitive - recall and/or comprehension (define, list, explain, identify and describe)</p> <p>Affective - feeling, emotion and/or value (discuss, observe, participate, identify and relate)</p> <p>Psychomotor - doing such as in return demonstration, group activities, writing personal stories and role play (demonstrate, describe, identify, develop, explain, differentiate, prepare, design, organize and record)</p> <p>Berry, L. 2002. From nurse to educator: creating effective learning experiences for adults. Albuquerque:Hartman</p>	<p>What will be used to support the objective - should be no more than a couple of words</p>	<p>Appeal to Visual, Auditory and Kinesthetic learning abilities</p> <p>Interactive lecture (includes Qs & As)</p> <p>Role play</p> <p>Case study</p> <p>Group activities such as nail care, pot luck or baby food for feeding</p> <p>Video (with title and publisher)</p> <p>Guest speaker</p> <p>Games such as Jeopardy, Family Feud, Medical terminology bingo with Dollar store rewards</p> <p>Websites</p> <p>Instructor demo</p> <p>Writing personal stories</p> <p>Workbook</p>	<p>Class participation</p> <p>Return demonstration</p> <p>Quiz</p> <p>Test</p>	<p>Cognitive - example of recall or comprehension what does ___ mean?</p> <p>Affective - <u>Situation</u> that evokes personal feeling, emotion or value</p>

LESSON PLAN - EXAMPLE

Textbook: TITLE, EDITION, AUTHOR,

H/O=handout H/W=homework

DAY 1	OBJECTIVES	CONTENT	METHODS AND MATERIALS	EVAL	TEST QUESTION
pp 3-10, 18-25, 36, 37, 49 9-10 10-10:15 break 10:15-10:30 10:30 - 11:30 11:30 - 12 lunch 12 - 1:30 Hours: 3.75	<p>Define the role of a CNA in healthcare (Rationale: is this position for me (student)? - provides a basic overview of the expectations & career placement opportunities for a CNA)</p> <p>Identify opportunities in healthcare</p> <p>Define the role of the healthcare team</p> <p>Identify expectations following completion of the NATP</p>	<p>Interpersonal skills</p> <p>The art of caring Challenges/rewards Stress management Work ethics in healthcare</p> <p>Scope of practice</p> <p>Career ladder</p> <p>Job opportunities</p> <p>Members of the healthcare team and their role</p> <p>Review competency requirements</p> <p>Nurse aide registry (NAR)</p>	<p>Interactive lecture - 15 minute intervals with class discussion Q & A - Guest speaker - CNA from medical center (30 minutes) Q & A - discussion</p> <p>H/O-job description from medical center attached - discuss</p> <p>Overhead - career ladder</p> <p>Overhead - jobs for CNA from a variety of healthcare facilities taken from newspaper - discuss H/O discuss - H/W - team members and description - attached - due day 2</p> <p>Q & A - discussion H/O - GHP website attached - discuss responsibilities of CNA & the NAR H/W: paper due day 2 - "My Goals in Healthcare" paper due day 3 - "A Stressful Situation"</p>	<p>quiz</p>	<p>List 4 interpersonal skills a CNA should possess: 1.compassion/empathy 2.enjoy people 3.art of caring 4.good stress mgmt</p> <p><u>T/F</u> - the CNA administers medication in the absence of the nurse.</p> <p><u>T/F</u> - all CNAs in the State of Georgia must have current certification to be on the Nurse Aide Registry (NAR) in order to work in a healthcare facility.</p> <p>List the telephone number to the NAR. <u>678-527-3010</u> <u>option 4</u></p> <p>If the CNA does not have a computer where could one go to access the use <u>LIBRARY</u></p>

Date _____

Name of Long-Term Care Facility _____

Long-Term Care Facility Employee Verification Signature _____

Name of Nurse Aide Training Program _____

Please make sure all instructors and students sign this form upon entering and leaving the facility.

<u>Print Name of Student</u>	<u>Signature of Student</u>	<u>Time of ARRIVAL</u>	<u>Time of DEPARTURE</u>

<u>Print Name of Instructor</u>	<u>Signature of Instructor</u>	<u>Time of Arrival</u>	<u>Time of Departure</u>

NURSE AIDE TRAINING PROGRAM EVALUATION

Please complete this evaluation after you have completed the Nurse Aide Training Program:

**Return to: ALLIANT HEALTH SOLUTIONS
NURSE AIDE TRAINING PROGRAM
P. O. Box 105753
Atlanta, Georgia 30348**

Name of Nurse Aide Training School/Facility _____

Student's Name: _____

Student's E-mail Address: _____

Student's Phone Number (Optional): _____

- How many hours per day did you attend class - did you feel that the amount of hours were adequate for your learning needs? Hours: _____ YES or NO
- What time did the classroom hours begin and end? Begin _____ End _____
- How many hours did you attend clinical? Hours: _____
- Did the instructor portray a professional mannerism? YES or NO
Comments _____
- Was the instructor knowledgeable on nurse aide training? YES or NO
Comments _____
- Was the instructor on time for classes and clinical rotation? YES or NO
Comments _____
- What was the name of your primary nurse aide training instructor?

- Did you have the same instructor throughout the class? If not list each instructor. If not a RN/LPN, what was the instructor's title? YES or NO
Comments _____
- Are you comfortable taking care of residents of a long-term care facility based on the classroom/lab and clinical training you received? YES or NO
Comments _____
- Was time allotted for the skills to be checked off with 100% accuracy in the lab portion of your training prior to clinical rotation? YES or NO
Comments _____

- Was the clinical rotation long enough for you to feel comfortable in caring for residents of a long-term care facility? YES or NO
Comments _____
- Was the instructor with you at all times during your clinical rotation? YES or NO
Comments _____
- Was there time allowed for questions to be answered? YES or NO
Comments _____
- Do you feel you received a quality education? YES or NO
Comments _____
- Would you recommend this Nurse Aide Training Program to a friend? YES or NO
Comments _____
- Did you perform vital signs (temperature, pulse, respiration and blood pressure) in the classroom and during clinical rotation? YES or NO
Comments _____
- Do you feel confident performing vital signs accurately? YES or NO
Comments _____
- If necessary, can your identity be revealed to the program? YES or NO
Comments _____

Additional Comments are welcomed: _____

Please use another sheet of paper if additional space is needed.

Georgia Nurse Aide Training Program Completion Certificate

- All the information on the attached completion certificate must be present on the program's certificate.
- Each nurse aide candidate must receive a **training program completion certificate after successfully completing all approved curriculum and nurse aide training program hours.**
- The certificate **must** be notarized. The instructor or program coordinator **cannot** notarize the certificate for students taught under their instructional training.
- The notary should use an ink stamp so the certificate can be copied. A copy is required with the testing application for the competency exam.
- The student's name must be printed at the top of the certificate; this is the individual that completed the nurse aide training program course.
- The approved faculty member name must go on the bottom of the certificate, this is the program faculty member validating before the Notary and had the certificates signed. **The student's name cannot be listed in the Notary section.**
- You can put the information on the attached certificate on certificate paper with a program seal, if desired.

Georgia Nurse Aide Training

This is to certify that

(please print)

has successfully completed _____ at
Number of Hours
a Georgia State-approved Nurse Aide Training Program at

Name of Program (please print)

Program Number

on the _____ day of _____, 20_____.

Certified by:

Signature of Approved Faculty

Print Name of Approved Faculty

Notary Public

Georgia

_____ County

I, _____, a

Notary Public for said County and State, do hereby certify that

personally appeared before me on this day and acknowledged
the due execution of the foregoing instrument.

Witness my hand and official seal, on the ____ day of _____, 20_____.

Notary Public (Signature)

My Commission Expires

, 20 .

NOTE: This certificate does not guarantee that the above mentioned student will be listed by the Georgia Nurse Aide Registry. The student must successfully pass both portions of the National Nurse Aide Assessment Program (NNAAP) examination to be eligible for placement on the Georgia Nurse Aide Registry.

IMPORTANT INFORMATION
CERTIFIED NURSE AIDE
FINDINGS OF ABUSE, NEGLECT, OR MISAPPROPRIATION OF PROPERTY

The Nurse Aide Registry (NAR) includes information from Healthcare Facility Regulations regarding allegations of resident abuse, neglect or misappropriation of property made against a Certified Nurse Aide (CNA). Presently all allegations of resident abuse, neglect or misappropriation of property made against a CNA by Healthcare Facility Regulations are attached to the CNA's name on the NAR. A CNA is not allowed to work in a nursing home and/or in other healthcare facilities if the allegation is found to be true. The allegation then becomes a **PERMANENT** restriction against the CNA and imposes a non-active status on the NAR.

Generally, initial complaints are reported to Healthcare Facility Regulations by peers, supervisors, administrators, residents, resident family members or other facility workers. The Nursing Home Administrator and/or the Director of Nursing **MUST** report any allegations of resident abuse, neglect or misappropriation of property to Healthcare Facility Regulations.

Prior to allegation placement on the NAR:

- Healthcare Facility Regulations receives all complaints of the occurrence(s) of resident abuse, neglect or misappropriation of property;
- determines if the CNA will receive written Notice of Intent in regards to the allegation of resident abuse, neglect or misappropriation of property; and
- places the attachment of allegation(s) to the CNA's name on the NAR

Important Information to Remember:

- CNA will receive written notice from Healthcare Facility Regulations if an allegation is found to be true ;
- the CNA will have thirty (30) days to appeal the Notice of Intent letter by requesting a hearing;
- failure to respond to the Notice will result in placement of the allegation on the NAR ;
- the CNA is responsible to inform state offices of current telephone number, mailing address and/or name change ;
- if Healthcare Facility Regulations sends the Notice of Intent letter to the last known address and the CNA does not receive the letter the allegation will be placed on the NAR;
- a CNA is not allowed to appeal the decision after a period of thirty (30) days;
- a CNA may continue to work pending a decision of the appeal;
- to determine the decision a hearing will be held by an Administrative Law Judge
- if the judge finds that the CNA has indeed committed resident abuse, neglect, or misappropriation of property, the allegation is immediately placed on the NAR on the CNA's record;
- following the confirmation of resident abuse, neglect or misappropriation of property the occurrence becomes public information;
- an allegation remains on the NAR indefinitely and prevents the CNA from further employment in a Medicaid/Medicare nursing home and/or other healthcare facilities; and
- the CNA will be denied certification renewal once an confirmed allegation has been placed on the NAR

Please share this information with CNAs. All questions and/or occurrences to report regarding allegations of resident abuse, neglect or misappropriation of property against a CNA should be directed to Healthcare Facility Regulations at **404-657-5850 or 1-800-878-6442.**