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**PROGRAM COORDINATOR'S GUIDE**

| Program Name & Number: ___________________________________________ | Date |
| Program Coordinator (PC) Name: Print _______________________________ | Initials |
| Signature ______________________________________________________ | |

**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 LTC INSTRUCTORS DURING CLINICAL ROTATION (ADDITIONAL ATTENDANCE MAY BE REQUIRED)**

**ORGANIZE WITH THE INSTRUCTORS THE RE-APPROVAL APPLICATION - DATE**

**ASSIST IN CREATING LESSON PLANS BASED ON NURSING HOME EXPERIENCE**

**PASSING RATE ON WRITTEN/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**

**ALLIANT HEALTH SOLUTIONS NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGES TO THE PROGRAM - DATE & DOCUMENT CHANGE**

**ALLIANT HEALTH SOLUTIONS NOTIFIED OF INSTRUCTOR ADDITION OR DELETION - DATE**

**CANDIDATE HANDBOOK FROM CREDENTIALS 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**

Rev. 4.18.2022 NAPNATP - F15