

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 REQUIRED)		
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		
GMCF NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGES TO THE PROGRAM - DATE & DOCUMENT CHANGE		
GMCF 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		