POLICIES AND PROCEDURES
for
NURSE AIDE TRAINING PROGRAM
(NATP)



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: January 1, 2018

Policy Revisions Record
Part II Policies and Procedures Manual for Nurse Aide Training Program (NATP)
2018

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE **A**=Added **D**=Deleted **M**=Modified	CITATION (Revision required by Regulation, Legislation, etc.)
1/1/18	602.1 606.1	Added: The candidate is allowed to take the written and skills state competency examination when all eligibility requirements are met as referenced in the Code of Federal Regulations (42CFR483-150-483.158). All programs must have a detailed office policy which must include a refund and code of conduct policy. The code of conduct policy must include consequences for violation of the policy. Each program must document progress notes throughout the nurse aide training program course for each candidate. All policies must be provided to the candidate at the time of registration. The candidate must sign an acknowledgement form for all policies.	A	
1/1/18	803	Added: **Yearly Onsite Audit Requirements:** Records available from any classes held from the last onsite review. A current copy of the Nurse Aide Program Manual. **Statistics:** Current # of trainees (are they in class and clinical) Number of classes held since the last review (include current class) Number of trainees completed (received Certificate of Completion) Number of trainees certified (passed the State Test) Number of drops Number of fails (during class) Number of trainees that retested (State Competency Test) **Individual Trainee records must have :** ID's TB (chest xray , if needed) results Drug Screening (per NATP policy or LTC requirements) Criminal Background Physical Assessment Mandatory Skills Checklist	A	

		Progress Notes Attendance Records Tests or Test Results Copy of Notarized Certificate of Completion Receipt for Program Evaluation (to be mailed by the trainee to GMCF) Signed Acknowledgement for receipt of office policy from candidate		

POLICIES AND PROCEDURES
FOR
NURSE AIDE TRAINING PROGRAM (NATP)

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CHAPTER 600
CONDITIONS OF APPROVAL

601 General Requirements and Criteria Which Apply To All Programs for Nurse Aide Training Program (NATP) Participation and NATP Student Approval

Rev. 09/14

The Department of Community Health (DCH) is designated to have oversight of Georgia's Nurse Aide Training and Competency Evaluation Program and the Nurse Aide Registry. The State Contractor is appointed by DCH to administer and oversee the Nurse Aide Registry and Nurse Aide Training Program. The State Contractor must ensure that the approved Nurse Aide Training Programs and the Nurse Aide Registry are in compliance with the Code of Federal Regulations as stated in **42CFR483.150-158** and with State guidelines. All participants are required to read the above Code of Federal Regulations. Georgia adopted the guidelines for nurse aide training, certification and program approval directly from the Federal Omnibus Budget Reconciliation Act (OBRA) rules and regulations.

Rev. 07/11

Rev. 01/13

A Nurse Aide Training Program (NATP) is a State approved program which is Nursing Home Facility based or non-Nursing Home Facility based and offers training to candidates that desire to become eligible for certification as a certified nurse aide. **No on-line Certified Nurse Aide Courses are allowed in the State of Georgia.** Georgia requires the program to provide one comprehensive course to train candidates to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.). Georgia requires a minimum of eighty-five (85) hours of training which must include twenty-four (24) hours of clinical rotation in a nursing home supervised by an approved Registered Nurse or Licensed Practical Nurse. **The nurse aide course must be taught in English ONLY**. The 85 hours required by the state must be spent on the Federal/State Core Curriculum. All additional subject matter hours must be added to the required hours for the nurse aide training program. Orientation to the nursing homes cannot be included in the twenty-four (24) hours of clinical.

After the completion of the State approved training program, the candidate must take and pass the competency evaluation examination. The examination includes a written/oral and skills competency examination that is evaluated by an approved Registered Nurse with the approved testing agency. Candidates who successfully pass the written/oral and skills competency examination are included on the Georgia Nurse Aide Registry.

Candidates must renew their certification every two years in order to stay active on the Georgia Nurse Aide Registry. In order to remain on the registry and to be eligible to work in a licensed facility, the nurse aide must meet the requirements for re-certification. Federal Regulations require that the nurse aide must be compensated as a CNA, and work a minimum of eight hours within the last twenty-four (24) consecutive months under the supervision of a Registered Nurse. If the nurse aide is unable to meet this requirement, then the nurse aide must take and pass the written/oral and skills competency examination again in order to update their certification. If the CNA's certification has expired for three or more years from the date of the last re-certification date, then a new State approved Nurse Aide Training Program must be completed.

Rev. 04/10 ***NOTE: NATPs are to inform program applicants, prior to their acceptance, that adverse information on criminal background checks does hinder an individual from obtaining employment.***

Applicants should be made aware that the applicant has to pass a background screening successfully (per GA article 14 and the addendum 31-7-350) before and/or during working in any long term care facility, prior to participating in the NATP.

602 Enrollment Procedures

Nursing facilities or non-nursing facilities entities can contact the State Contractor to obtain an application to enroll into a State approved Nurse Aide Training Program. The application can be obtained in writing or by telephone to:

Georgia Nurse Aide Training Program
P O Box 105753
Atlanta, GA 30348
678-527-3010 or 800-414-4358

The application process for new approvals is reviewed within 90 days of submission by the State Contractor. The Nursing Home Facility or non-Nursing Home Facility will be contacted in writing via mail or e-mail by the State Contractor with a decision to approve, request additional information or deny the application. Re-approvals are reviewed within 45 days of submission by the State Contractor and a decision to approve, request for additional information or deny is sent by the State Contractor in writing or via e-mail.

602.1 Enrollment Application

The NATP application, which will be reviewed by the State Contractor, should include copies of the following:

Rev. 01/14 a) Program content and length which includes lesson plans, quizzes, exams, handouts, games, pamphlets and skills performance checklist. (Review Chapter 800) Lesson plans cannot be purchased from another nurse aide training program; the lesson plans should be unique for the individual program- **COURSE BOOK LESSON PLANS ARE NOT ACCEPTABLE. ALL LESSON PLANS MUST BE TYPED AND NOT HANDWRITTEN**;

Rev. 01/11 b) Training program office policies must include the Code of Conduct in Section 606.1, and must include when a student will be terminated from the program (Review Section 803);

Rev. 01/18 c) The candidate is allowed to take the written and skills state competency examination when all eligibility requirements are met as referenced in the Code of Federal Regulations (42CFR483-150-483.158). All programs must have a detailed office policy which must include a refund and code of conduct policy. The code of conduct policy must include consequences for violation of the policy. Each program must document progress notes throughout the nurse aide training program course for each candidate. All policies must be provided to the candidate at the time of registration. The candidate must sign an acknowledgement form for all policies.

d) All programs except nursing homes must have a detailed refund policy. A "**No Refund" policy is not acceptable;**

Rev. 1/13

e) Skill procedure breakdowns, if not listed in course book;

f) Qualifications of instructors (Review Chapter 800);

g) Appropriate ratio of classroom/clinical instruction to skills training (Review Section 800);

h) Provisions for written evaluation of the program;

i) Instructor evaluation form;

j) Student evaluation form;

k) Criteria for successful completion of program;

l) Classroom and clinical attendance policies with make-up policy for missed hours included;

m) Reasonable accommodations for students and prospective students with disabilities;

n) Equipment list-appropriate, furnishing for physical location to meet classroom instruction and skills training needs. No round or conference tables will be allowed for side rails. No telescoping side rails. Carpet, floors and walls must be clean. Heating and A/C is mandatory and must be working properly. Receipts for mannequin must be available, if requested by the state contractor. (The equipment can be pending prior to scheduled on-site visit from the state contractor.) **If classroom/lab site approval is NOT approved during the first onsite visit for the Nurse Aide Training Program, the next onsite visit will take up to 60 business days. If the program fails the second onsite visit, the new program must wait one (1) year to reapply for the NATP.** All programs are expected to be prepared with all the required equipment/supplies. (Review Appendix G)**;**

Rev. 1/14

o) Hourly breakdown form listing the time spent in classroom, lab and clinical rotation;

p) Clinical contract with a Nursing Home Facility- The signed clinical contract must be obtained and submitted with the Nurse Aide Training Program 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. 10 p.m. – 7 a.m. is not acceptable for the clinical rotation;

Rev. 1/14

q) Business license, fire code inspection and fire code evaluation plan required for non-facilities based programs (the location of program can be pending until the approval of the submitted material). Additional program sites cannot be added within the first two years of the initial NATP approval; and

Rev. 10/12

r) Textbook used for course must be within five (5) years of publishing (the course book will be returned). The program cannot copy the nurse aide course textbook, unless written permission is given by the publisher and a copy of the publisher's written permission is submitted to the State Contractor. All students must have a course textbook at the start of each class.

Rev. 01/12

Rev. 01/14

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 will have 90 days from the date of NATP paperwork approval to have lease agreement, building and purchase of equipment submitted to state contractor prior to the scheduled on-site visit. If proof of lease agreement, building and purchase of equipment is not received within the 90 day grace period, the program must wait 1 year to reapply for NATP approval. **THE PROGRAM MUST HAVE A VALID E-MAIL ADDRESS.**

Rev. 10/12

Programs pending approval are restricted from accepting payments or advertising for a Nurse Aide Training Program until written permission by the State Contractor. No, advertising, social media, marketing, collecting fees or nurse aide classes until the on-site visit is completed and the state approval letter is received**. No exceptions.**

Disciplinary Action:

The application will be denied if there are any violations listed above. The applicant can reapply in two (2) years.

Rev. 01/14

Allow up to 30 business days for the on-site visit from State Contractor to approve new location. The State Contractor reserves the right to request receipts for equipment prior to or during the on-site visit. **All** equipment must be available during the initial on-site visit. If any of the items on the equipment list are missing, the next on-site visit cannot be scheduled for an additional sixty (60) business days.

Building/Classroom/Lab Requirements-

Programs must ensure that the classroom/lab setting is conducive for learning e.g. free of traffic, disruptive noises (telephones etc.) and the classroom must have desks or long tables (no round, or conference tables or small desktops) with room enough for trainees to be 3 ft. apart facing forward and wide enough for the trainee to place textbooks and testing materials.

The bed in the lab must have 3 ft. of clearance around it for an appropriate working space. If the program is using a door for privacy, the trainee must be able to close the door without any difficulty and this should be practiced during the skills. If the lab room has a door for privacy, and the room has windows, the windows must have coverings also to provide for privacy (blinds or curtains).

Rev. 01/14

The program will have 90 days from the date of NATP paperwork approval to have lease agreement, building and purchase of equipment submitted to state contractor prior to the scheduled on-site visit. If proof of lease agreement, building and purchase of equipment is not received within the 90 day grace period, the program must wait 1 year to reapply for NATP approval.

The business license, fire code inspection and fire code evaluation plan must be submitted to the state contractor prior to scheduled on-site visit. The building must be handicap accessible. All free standing dwellings must have two entrance/exit doors.

Once approved all programs must have an outside company/facility sign with name of program.

New programs cannot open an additional training site until after the first re-approval application is approved. Programs must re-approve every two years.

All applications are processed within 90 business days of receipt. The information requested should be submitted in **one packet** along with the completed application to:

Georgia Nurse Aide Training Program
P O Box 105753
Atlanta, GA 30348

Rev. 01/14

The State Contractor must, within 90 business days from receipt of the approval packet, act upon the request by:

(a) Advise the applicant whether or not the program has been approved; or
(b) Request additional information from the requesting entity;
(c) Requested information must be submitted within 30 days from receipt of request;
(d) If the requested additional information is received within 30 days of receipt, but still incorrect, the applicant will have 10 business days from second request to submit information via e-mail/mail;
(e) If the second request for information is not received within 10 business days from receipt, the requester must wait 1 year to reapply;
(f) If first request for additional information is not received within the 30 days from receipt of request, the requester must wait 1 year to reapply; and
(g) Allow 30 business days for the state contractor to review requested information upon each submission.

Note: When submitting an approval application with the required materials, please do not use sheet protectors, staples and/or place the material in a notebook or binder. The information cannot be stored in that manner and the notebook and/or binder will not be returned. **Do not send the nurse aide textbook.**

603 Reasons for Application Denial

Applications could be denied for one (1) year for the following reasons:

- **a.** Lack of required information submitted for approval within 30 days from the requested date.
- b. Classroom/lab are not conducive for learning for non-Nurse Home Facility based programs as determined by the on-site visit by the state contractor.

Applications will be denied for the following reasons:

a. Fraudulent and/or the intent to misrepresent information or documents submitted by Nursing Home Facility or non-Nursing Home Facility based programs;
b. Starting a CNA course prior to written State approval;
c. Accepting registration and/or class fees from potential students prior to approval from the State Contractor;
d. Advertising for CNA courses prior to the approval from the State Contractor; and
e. An applicant/facility will not be allowed to apply for a nurse aide training program, if another state agency has validated complaints and non-compliance issues.

NOTE: All program denials must be submitted in writing from the State Contractor indicating the reason for the withdrawal or denial.

To Avoid Unnecessary Delays*:* Type or print clearly in black or blue ink only. Provide all requested information that applies.

604 Conditions of Approval

Once approved the programs must go through a re-approval process every **two** (2) years. All programs must follow conditions of approval. All programs must provide any additional information requested by the contractor during its review of the program. Send completed re-approval applications to the:

Georgia Nurse Aide Training Program
P O Box 105753
Atlanta, GA 30348

Rev. 07/11

The Program must validate that students who are Georgia Program applicants have two (2) forms of identification. One (1) must be a valid Social Security Card and one (1) must be Government issued picture identification (ID) upon application of an approved NATP. All nurse aide training programs must validate with the student if a current or past nurse aide certification was obtained. The program must check for any adverse findings with the current or past nurse aide registry. Any student with an adverse finding cannot enroll in the nurse aide course.

NATPs are to inform program applicants, prior to their acceptance, that adverse information on criminal background checks does hinder an individual from obtaining employment.

Applicants should be made aware that the applicant has to pass a background screening successfully (per GA article 14 and the addendum 31-7-350) before and/or during working in any long term care facility. If a person finds that they cannot be hired, usually because it has something to do with their background check as specified in the 31-7-350, because employers will perform a criminal background check.

The Employers must be thorough in their investigations of the past histories of individuals they are considering hiring. In addition to inquiry of the nurse aide registry or

licensing authorities, an employer should check information from previous and/ or current employers and make reasonable efforts to uncover information about any past criminal prosecutions.

Rev. 01/13

The State approved Program Instructor must submit, to the State Contractor, the training schedule*prior* to the start of each class. The NATP is responsible for notifying the State Contractor of any changes to the schedule within five (5) business days after the start of each class. The nurse aide course must be taught in **English ONLY**.

The classroom and lab must be of sufficient size to accommodate the number of students within each setting. DCH recommends that the classroom and lab should have a maximum of fourteen (14) students per one (1) instructor for **all** programs as determined by on-site visit by State Contractor, ***with the exception of the State high school and technical school programs,*** where ratios are set per State authority. No student will be added to the roster after the start of each class

Rev. 01/15

The typed class schedule must include:

1. Nurse Aide Program Number
2. Start & end dates of class & clinical sessions
3. Start & end times of the class and clinical sessions
4. Clinical site and clinical dates at the site (10 p.m. – 7 a.m. is not acceptable for the clinical rotation)
5. Instructor (s)
6. Student's name, address and phone number

Rev. 01/15

Rev. 04/17

The class roster can be mailed to the above address or uploaded via the Nurse Aide Self-service Portal through the Georgia MMIS Web Portal. **Please do not e-mail the class roster. All class rosters must be typed.**

If a student is unable to pass the skill demonstrations per the skills checklist in the lab, the student will not be allowed to attend clinical until the skill has been mastered in the lab.

Rev. 10/12

Each **clinical rotation** must be limited to fourteen (14) students per one (1) State approved instructor. *No student will be added to the roster after the start of each class.*

Rev. 01/14

All changes after the initial approval must be submitted in writing within ten (10) days of change. **The change requested cannot be implemented until the State Contractor grants approval. The approval or denial of all changes could take up to thirty (30) business days.** Program name change requires a copy of the new business license. Lesson plans must be typed and not handwritten.

If a non-facility based program physical approved location changes or an additional site is added, the program **must** notify the NATP prior to the move to set up an on-site visit for the new location. **Additional program sites cannot be added within the first two years of the initial NATP approval.** Program address change or an added additional location requires written submission to the State Contractor. The program cannot start classes until the State Contractor has approved the new location. Allow up to 30 business days for the on-site visit from State Contractor to approve new location. All equipment must be available during the on-site visit. If any of the items on the equipment list are

missing, the next on-site visit will not be scheduled for an additional sixty (60) business days. Classes cannot be held until the on-site visit is completed and approved. No exceptions. Failure to notify the NATP could result in probationary status and/or withdrawal of the program.

Rev. 01/14

New Nurse Aide Training Programs cannot request additional classes/hours/days to their program until after the first 6 months of success; meaning the program must have successfully graduated students and the written/skills competency examination is 80 percent or better on the program's quarterly reports.

Rev. 04/13

Nurse Aide Training Programs that fail to maintain 80 percent or greater on the written/oral and skills competency examination scores cannot request approval for an additional training site until both parts of the competency examination scores are above 80 percent quarterly and yearly.

Rev. 04/12

All programs must submit to the State Contractor a list of students issued a training program completion certificate within five (5) business days after the end date of <u>each</u> class.

604.1 Nurse Aide Training Program Records

Each program must maintain a list of skills and a summary of the knowledge that each student is expected to have upon completion of the training program. The skills checklist form must be kept by the **program** and completed by the instructor. Signatures are required on the skills checklist from the instructor and student once the skills are checked off at 100 percent. The student can request a copy of the skills checklist form after the completion of the program.

The primary instructor must record the date a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. Upon satisfactory completion of the training program, the student **must** be allowed to take a written or oral competency examination and skills competency demonstration examination from an approved test site.

The training program must retain all required records for at least three **(3) years** including:

- Student attendance sheets
- Skills checklist
- Test scores
- Final exam scores
- Course evaluations
- TB skin test results and/or chest x-ray results, if applicable
- Copy of training completion certificate given to student
- A form signed by student stating the program evaluation form was given at the end of the course for student to mail back to State Contractor

Rev. 08/09

- All other relevant documentation

All training programs must retain all required records if program **<u>closes</u>** for any reason for three (3) years after close date. A written statement must be sent to the Georgia Nurse Aide Training Program with storage record information and contact person. A training program can not submit another nurse aide training program, if previous training records

are not available for review.

A Georgia NATP representative will conduct mandatory annual on-site visits to review program and student records. The Contractor reserves the right to conduct additional on-site reviews to verify that a program is in compliance with State and Federal guidelines. Reviews may be initiated at the Contractor's discretion and/or upon request of DCH. Additional reviews may be conducted by program documentation and/or telephonic review by the representative or by an on-site visit**.**

Rev. 10/12

Disciplinary Action:

First occurrence of *failing to adhere to any of the above section will result in 1 year's probationary status.*

Second occurrence of failing to adhere to any of the above section will result in withdrawal of the nurse aide training program.

605 Program Responsibility at the Clinical Sites

Rev. 01/14

a. The NATP will be responsible for obtaining a clinical contract with a Nursing Home Facility and renewing that contract every two years. This clinical contract must contain information regarding the responsibilities of both parties;
b. The NATP will be responsible for all planned clinical sessions for the students. Before starting each class, the program must ensure that the Nursing Home Facility is available and willing to host the students for the clinical rotation. All programs must contact the clinical site prior to the start of each new class to ensure the clinical dates are approved. Failure to provide clinical rotation for candidates upon the completion of classroom and lab training will result in disciplinary action. NATP's will not be allowed to suspend the class or clinical rotation indefinitely unless the suspension is approved by GMCF;
c. The NATP will adhere to all requirements from the Nursing Home Facility regarding scheduling, resident assignments, sign-in and out forms for each clinical rotation and providing the names of the students and instructors;
d. All students must have a Purified Protein Derivative PPD same as TB Test or Chest X-ray (if applicable) with results **prior** to attending the clinical site, plus any additional requirements of the clinical site;
e. The NATP will provide approved instructor supervision for students in the clinical area at all times; the program is responsible for any and all accidents/incidents related to student activities;
f. The skills must be checked off in the lab setting prior to, "hands on" in the Nursing Home Facility setting;
g. Allow approximately 10 to 15 minutes during the preclinical conference to inform students of their role in the instructor evaluation process. Post conference must occur following each clinical day to discuss clinical experience and student's performance.
h. The length of the clinical day cannot exceed eight (8) hours;
i. The observation of the student performances must be monitored by the Georgia approved instructor to maintain the safety of the residents;
j. Instructors and students must wear appropriate uniform to include a name tag that designates the name of the NATP and individual's status (i.e. student or instructor). Non-skid footwear must be worn during the clinical rotation;
k. The clinical session must provide experiences that meet the Georgia NATP expected

outcomes as outlines in the Code of Federal Regulations;

l. Students must maintain safe practice at all times to include infection control and respecting resident rights;

m. The NATP will provide documentation of the required immunizations/tests for instructor(s) and students;

n. The NATP will abide by all guidelines, policies and procedures mandated by the Nursing Home Facility;

o. The NATP is responsible for the selection of resident care assigned to the students based on the student check-off in the lab at a 100 percent;

p. The NATP is responsible for notifying the Nursing Home Facility of all schedule changes prior to assigned clinical rotation date;

q. Instructors and students must report CNA abuse to the appropriate individual at the facility and the Healthcare Facilities Regulation Division (HFR); and

Rev. 04/10

Rev. 08/09

r. If the instructor works for more than one training program, that instructor can only work with one clinical group at a time.

Note: Clinical background checks are mandated for all nursing facilities as stated in Georgia Code Title 31-7-350-31-7-353

If a Nursing Home Facility receives a sanction and currently has nurse aide training students, the facility cannot participate in a nurse aide program for 2 years after completion of the current program.

Rev. 10/12

Disciplinary Action:

First occurrence of *failing to adhere to any of the above section will result in 1 year's probationary status.*

Second occurrence of failing to adhere to any of the above section will result in withdrawal of the nurse aide training program.

606 Special Conditions of NATP Student Certification

To be certified in Georgia by the Nurse Aide Training Program (NATP), an individual must meet all program conditions established by the Department of Community Health (DCH).

In addition, an individual must:

Rev. 01/15

1. Apply and be accepted to a Georgia State approved program.
2. Complete all state approved hours in a GA State approved nurse aide training program, which includes classroom, lab and clinical hours. All clinical training **must** be in a Nursing Home Facility under the supervision of a state approved LPN/RN instructor. All CNA instructors **must** be approved by the State Contractor.
3. Take the written/oral and skills competency examination after successful

completion of the nurse aide training program and clinical rotation.

The program will issue the student a training program completion certificate, which will allow the student to schedule testing for the written/oral and skills competency examination.

Rev. 10/12

The training program certificate must include:

(a) Student's name
(b) Number of program completion hours
(c) Legal Name and program number as listed with the NATP
(d) Date of program completion
(e) Signature of program approved representative
(f) Certificate must be notarized

The student will have three (3) attempts at passing the written/oral and skills competency examination within one year. After the third attempt without passing the competency examination the student must re-take the nurse aide training program again. Once the student has passed the examination with the third attempt, the student's name is submitted for placement on the Georgia Nurse Aide Registry.

606.1 Code of Conduct

Rev. 10/12

The Code of Conduct is the professional standards for conduct, attitude, performance and ethics while enrolled in a nurse aide training program including the testing for the State competency examination. This Code of Conduct must be established with each program for students, program facility, instructors and/or program coordinators during class, lab, clinical rotation and competency examination.

Rev. 1/18

The candidate is allowed to take the written and skills state competency examination when all eligibility requirements are met as referenced in the Code of Federal Regulations (42CFR483-150-483.158). All programs must have a detailed office policy which must include a refund and code of conduct policy. The code of conduct policy must include consequences for violation of the policy. Each program must document progress notes throughout the nurse aide training program course for each candidate. All policies must be provided to the student at the time of registration. The candidate must sign an acknowledgement form for all policies.

The Code of Conduct must also include:

a. Dress Code including name tag identification and non-skid footwear;
b. Appropriate interaction with instructors, coworkers, residents, etc.;
c. No personal cell phone usage during class, lab or clinical rotation;
d. Disruptive behavior or inappropriate language such as profanity or inappropriate discussion of personal problems during any phase of training and testing is not permitted;
e. Display professionalism and self-control at all times;
f. Perform no task for which the trainee has not received training;

g. Practice all safety precautions taught for each lab skill;

h. Reporting appropriate information such as changes or problems in resident to instructor and/or supervisor; i.e. students must report all concerns immediately to the clinical instructor first, or a nursing home supervisor per nursing home policy.

i. Follow HIPAA Guidelines at all times. HIPAA violations may result in dismissal from program and may prevent placement on the Georgia Nurse Aide Registry;

j. Respond to emergencies as needed;

k. Cheating is prohibited and will result in the immediate dismissal from the nurse aide course;

l. The removal of unauthorized program and/or testing documents is prohibited and will result in the immediate removal from the program. Eligibility for placement on the Certified Nursing Aide Registry will not be allowed; and

m. Instructors/contractors must be paid according to the NATP service agreement with the program.

Rev. 10/12

Disciplinary Action

Failure to follow the Code of Conduct is immediate basis for dismissal from the program and/or loss of approval status with the State Contractor. The State Contractor reserves the right to remove approval for teaching/oversight status for program coordinators and/or instructors.

607 Conditions of Re-approval

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The State Contractor may not grant approval of a nurse aide training and competency evaluation program for a period longer than 2 years. A program must notify the State Contractor and the State Contractor must review that program when there are substantive changes made to that program within the 2-year period.

The State Contractor is responsible for mailing and/or emailing re-approval packets to the programs 60 days prior to re-approval date. The cover letter attached to the re-approval packet will show a return date for receipt of the requested information to the State Contractor. Lesson plans cannot be purchased from another nurse aide training program; the lesson plans should be unique for the individual program- **COURSE BOOK LESSON PLANS ARE NOT ACCEPTABLE. ALL LESSON PLANS MUST BE TYPED AND NOT HANDWRITTEN.**

The State Contractor must within 45 business days from receipt of the initial re-approval packet act upon the request by:

a. Advise the applicant if the program has been re-approved; and/or
b. Request additional information from the requesting entity;
c. Requested information must be submitted within 30 days from receipt of request;
d. If requested additional information is received within 30 days of receipt, but still

incorrect, the applicant will have 10 business days from the second request to submit information via e-mail/mail;
e. If the second request for information is not received within 10 business days from receipt, the requester must wait one (1) year to reapply and must complete the current class in session;
f. If the initial re-approval packet for requested information is not received within 30 days from receipt of request, a second request is e-mail/mailed; and
g. If second request is not received within 30 days from receipt of request, the program is listed as expired and no further classes can be held until program is re-approved (Review Appendix K); and
h. Allow 30 business days for the state contractor to review requested information upon each submission.

Rev. 04/12 **There will be no extensions for re-approvals of the nurse aide training program beyond the allotted time listed above. The programs will be allowed to finish the program in progress in accordance with the Code of Federal/State Regulations and will then be listed as "expired" in the nurse aide program database. There will be no further programs until the re-approval process has been completed.**

Rev. 04/17 **Upload documents 50 pages or less to the web portal self-service link. Material that exceeds 50 pages must be mailed.**

If the program is out of compliance in submitting class rosters to the State Contractor prior to start of each class, the program will *not* be re-approved. The first offense for not submitting class rosters will include notification by the State Contractor, requesting copies of the class rosters. Once the class rosters are received, the re-approval will be processed. The second offense will result in withdrawal of the nurse aide training program.

Training programs must post the most recent pass/fail quarterly report for applicants and students.

Rev. 01/14 **608 Withdrawal of Approval**

The State Contractor must withdraw approval for two (2) years of a nurse aide training and competency evaluation program or a NA competency evaluation program should:

a.The entity providing the program refuses to permit unannounced visits by the State contractor;
b. The program refuses to allow the State contractor proctoring for any of the Program's training or testing of students;
c. The program does not submit re-approval guidelines every two years;
d. The program provides or submits false and/or intentional misrepresentation information;
e. The Georgia State Contractor and other Georgia State/Federal Agencies findings of complaints filed

against a program are found valid;
f. The program refuses to follow State policies, Federal guidelines and/or the State Contractor recommendations;
g. Any program that utilizes **ONLY** the GA Candidate Handbook for skills training. The GA Candidate Handbook must be used to prepare the student for the state standardized test;
h. Valid complaints filed against a program regarding insufficient funds, as it relates to conducting and maintaining ethical business standards, (e.g., testing fees, student refunds, instructor payment fees, maintaining all equipment and leasing issues); and
i. Valid complaints regarding nurse aide class taught in any language except English.

Subject to the authority of DCH, the State Contractor may withdraw approval of a nurse aide training and competency evaluation program or nurse aide competency evaluation program, if it is determined that any of the applicable requirements are not met by the program and/ or evidence of impropriety or tampering is found upon review and/or findings of conditions documented in sections 603 of this manual.

Rev. 04/09 Should the State Contractor withdraw approval of a nurse aide training and competency evaluation program or competency evaluation program, the State Contractor must notify the program in writing, indicating the reason(s) for withdrawal of approval of the program.

Students who have started a training and competency evaluation program from which approval has been withdrawn must be allowed to complete the current course.

609 Complaint Guidelines

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All complaints against a program and/or instructors must be submitted in writing. The complaint should provide as much information as possible. Complaints can be submitted anonymously. If contact information is provided, the nurse aide program will contact the individual making the complaint within ten (10) business days of receipt. The State Contractor will notify the program of the complaint and conduct an investigation within thirty (30) days of notification to the program. If more time is warranted, the program will be notified the investigation is still pending. Depending on the type of complaint, the program will be allowed to finish the current class in session, but no further classes can be held until after the investigation is completed. The program will be notified via mail regarding the outcome of the complaint.

Disciplinary Action:

Depending on the nature of the complaint, the NATP may be placed on probation for one (1) year or withdrawn for two (2) years. All requirements by the state contractor must be followed. Failure to comply with disciplinary actions and/or reported additional valid complaints will result in immediate withdrawal of the NATP.

Rev. 01/14

610 Programs on Probation

Any program placed on probation due to non-compliance will be given a one (1) year probationary period.

The following parameters must be followed by the program:

a. A monthly Program Coordinator's Guide and equipment list must be submitted to the Georgia Nurse Aide Training Program by the 15th of each month for the entire duration of the probationary period (Review Appendix J);
b. All probations will remain in effect until expiration or may be extended based on the evaluation of the on-site visit or other complaints found to be valid by the State Contractor;
c. No additional satellite training locations for the program on probation can be approved during the probationary period; and
d. The program must comply with additional recommendations submitted by the State Contractor.

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Disciplinary Action:

Failure to comply with the guidelines set forth for programs on probation will result in withdrawal of program for two (2) years. The State Contractor reserves the right to place programs on probation or withdraw the nurse aide training program.

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611 Americans with Disabilities Act (ADA) Guidelines of 1990

All programs that have potential candidates with any functional abilities deficit that would require accommodations to safely perform nursing assistant functions must contact Georgia Medical Care Foundation (GMCF) prior to enrollment to inform the State Contractor of the ADA request. It is the nurse aide training program's responsibility to follow all ADA guidelines related to the ADA request. It is not the responsibility of GMCF to determine if the student should be enrolled in the nurse aide program. The program may choose to contact a lawyer or ADA Specialist for guidance.

Functional ability categories that could affect an individual's ability to perform are:

- Physical – gross and fine motor, physical endurance, physical strength mobility
- Sensory – visual, tactile, olfactory, hearing
- Cognitive – reading, arithmetic, analytical and critical thinking
- Interactive – interpersonal, communicative

If yes to one or more of the above categories, please describe in writing the nature of the mental or physical condition, the manner in which it affects the candidate's ability to practice safely and the type of accommodation or teaching method needed.

If a serious problem is identified, the program must follow the ADA guidelines to prove that all requirements are met, which include teaching methods and/or equipment. Reasonable accommodations to be provided upon request for persons with disabilities. The request should be in writing from the student.

612 Appeal Information

DCH has the final decision making authority after conferring with the State Contractor regarding any inquiries of programs or students.

CHAPTER 700
SPECIAL CONDITIONS FOR NURSING HOME BASED PROGRAMS

701 GENERAL CONDITIONS

a. **The Nursing Home Facility must not use** on a full-time basis any individual as a nurse aide in the facility for more than 4 months unless the individual has completed an approved Nurse Aide Training and Competency Evaluation Program (NATCEP) by the Contractor and is assured competent to provide nursing-related services.

b. **The Nursing Home Facility must not use** on a temporary, per diem, leased, or on any basis other than as a permanent employee any individual as a nurse aide in the facility, *unless the individual meets the requirements described immediately above.*

c. **The Nursing Home Facility must not permit** an individual, other than in an approved training and competency evaluation program by the contractor, to serve as a nurse aide or provide services of a type for which the individual has not demonstrated competency and must not use such an individual as a nurse aide unless the facility *has inquired of any State Registry* of all individuals that the facility believes will include information concerning the individual.

d. **The Nursing Home Facility must provide,** for individuals used as a nurse aide by the facility, for an approved competency evaluation program by the contractor and such preparation as may be necessary for the individual to complete such a program.

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e. The Code of Federal Regulations requires that each nurse aide program provide at least 16 hours of supervised practical training. Supervised practical training is defined as training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse. The Code of Federal Regulations**does not** require students to be paid for training purposes.

702 Retraining of Nurse Aides

The **Nursing Home Facility must ensure** that re-training is not required. This means determining that if, since an individual's most recent completion of a training and competency evaluation program, *there has been a continuous period of 24 consecutive* months *during which* the individual performed ***at least eight (8) hours*** of nursing aide services for monetary compensation, ***such individual shall complete a new training and***

competency evaluation program or a new competency evaluation program to qualify for employment.

- All nurse aides must provide proof of employment to update for current or past employers. Proof of employment consists of a copy of pay stub or W-2 form within the past 24 consecutive months.
- All nurse aides working private duty must be under the general supervision of an LPN or RN and provide a notarized letter from employer with the LPN or RN name and license number detailing job duties, length of employment, and state payment was given for services rendered within the past 24 consecutive months. If an individual's nurse aide certification has**expired over twenty (24) months**, the **individual must complete** a new training and competency evaluation program or a new competency evaluation program. If the nurse aide certification has **expired three (3) or more years,** the individual must complete **a new state approved training program**; after successfully passing both parts of the competency exam, the individual's certification is updated for two (2) years**.**

702.1 Staff Development Reviews

The Nursing Facilities must allow the State Contractor to perform a staff development review each year for all CNAs. This is referenced as the Nursing Homes Staff Development Reviews. The nursing facilities that do not have a training program are sent letters by the contractor the first of each month for their review period. The Nursing Home Facility is allowed thirty (30) days after the end of the review period to submit the information. All Nursing Facilities requesting an extension to submit the requested information must submit the request in writing. The maximum limit for the extension is thirty (30) days. **Please print or type the requested information.**

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Rev. 7/10 **The State Contractor will mail out a second letter to the nursing home if the requested information is not received within thirty (30) days after the end of the review period noted on the initial letter. The second letter for the requested information must be submitted by the nursing home within ten (10) business days of receipt.**

The contractor types out the staff development review report with all the in-services listed and a total number of all CNAs reviewed in the system for each Nursing Home Facility. If a CNA has an expired certification, the contractor notifies either the administrator, director of nursing or staff development review coordinator. The Contractor will list all CNAs with insufficient in-service hours and expired certification. The Contractor reviews the in-services to see if the facility is following the federal guidelines for CNA in-services (Review 42CFR483.75). The Contractor will be specific to give the credit for the in-service material.

The contractor will re-review all the hours and certification expiration dates. The Contractor will make out the comment section and any further corrective action plan (CAP) to be added. The contractor checks the file; this is to ensure that if the program had a (CAP) from the previous year, it has been responded to. The staff development report is mailed within 30 days after the completion of the review.

Rev. 7/10

Facilities are to submit corrective action plans to Georgia Medical Care Foundation, P O Box 105753, Atlanta, GA 30348. The corrective action plans are reviewed for relevancy and specificity. If the compliance plan is approved, an approval letter will generate to the facility within ten (10) business days of receipt. For unacceptable compliance plans, an email/letter is generated to the facility within ten (10) business days of receipt identifying deficiencies and requesting a revised corrective action plan. Documentation of the approved compliance plan is entered in the NAP database.

Part time and PRN CNAs also need to have in-service hours.

Full time CNAs status works 2080 hour/annually = 12 hours in-service.

Part time CNAs at 20 hours a week = 1040 hours/annually = 6 hours of in-service, etc.

The Nursing Home Facility must provide such regular performance review and regular in-service education to assure that individuals used as nurse aides are competent to perform services as nurse aides, including training for individuals providing nursing-related services to residents with cognitive impairments.

The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews.

The in-service training must-

- Be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year;
- Address areas of weakness as determined in nurse aides'
- Performance reviews and may address the special needs of residents as determined by the facility staff; and
- Address the care of the cognitively impaired for nurse aides providing services to individuals with cognitive impairments, also

Training of nurse aides may be performed under the general supervision of the Director of Nursing (DON) for a Nursing Home Facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer.

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<u>Note</u>: The facility program will also need to meet Healthcare Facilities Regulation Division (HFR) mandatory in-services.

The State Contractor recommends the nursing facilities conduct a competency exam prior to hiring a CNA currently listed on the Nurse Aide Registry.

If the CNA is not competent in skills, i.e. vital signs, etc., the facility should report to the State Contractor so that an investigation of the CNA"s training program is executed by the State Contractor.

702.2 Nursing Facilities Receiving Sanctions

The State Contractor may not approve a nurse aide training and competency evaluation program offered by a program, which includes in a facility in the previous two years-

(a) Has operated under a waiver due to the extent that the Nursing Home Facility engaged the services of a registered professional nurse and the waiver was granted on the basis that the facility is unable to provide nursing care required for a period in excess of forty-eight (48) hours per week;
(b) A program that has been subject to an extended (or partial extended) survey or probation; or
(c) A program that has been assessed a Civil Money Penalty (CMP) of not less than $5,000 or subject to a Federal or State remedy.

GMCF may not, until two years since the assessment of the penalty (or penalties) has elapsed, approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility that, within the two-year period beginning October 1, 1988-

(a) Had its participation terminated under Federal or State Policy or State Plan;
(b) Was subject to a denial of payment by Medicare or Medicaid;
(c) Was assessed a CMP of not less than $5,000 for deficiencies in Nursing Home Facility standards;
(d) Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
(e) Pursuant to State action, was closed or had its residents transferred

703 Prohibition of Charges

No nurse aide who is employed by, or who has received an offer of employment from, a facility on the date on which the aide begins a nurse aide training and competency evaluation program may be charged for any portion of the program (including any fees for textbooks or other required course materials).

NOTE: Facilities should refer to the Part II Nursing Home Facility Manual Chapter 1000 for reimbursement Methodology.

704 Reasons for Application Denial (Review section 603)

The State Contractor may not approve a nurse aide training and competency evaluation program offered by or in a facility which in the previous two years:

(a) Has operated under a waiver due to the extent that the Nursing Home Facility engaged the services of a registered professional nurse and the waiver was granted on the basis that the facility is unable to provide nursing care required for a period in excess of forty-eight (48) hours per week;
(b) A program that has been subject to an extended (or partial extended) survey or probation; or
(c) A program that has been assessed a Civil Money Penalty (CMP) of not less than $5,000 or subject to a Federal or State remedy.

The State Contractor may not, until two years since the assessment of the penalty (or penalties) has elapsed, approve a nurse aide training and competency evaluation program or competency evaluation program offered by or in a facility that, within the two-year period beginning October 1, 1988:

(a) Had its participation terminated under Federal or State Policy or State Plan;
(b) Was subject to a denial of payment by Medicare or Medicaid;
(c) Was assessed a CMP of not less than $5,000 for deficiencies in Nursing Home Facility standards;
(d) Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
(e) Pursuant to State action, was closed or had its residents transferred.

CHAPTER 800

PROGRAM PROCEDURES AND CURRICULUM

801 Requirements for Approval

Rev. 01/14

For a nurse aide training and competency evaluation program (NATCEP) to have approval by the contractor, the program must have, at a minimum, an eighty-five (85) hour training curriculum. The 85 hours of program includes classroom/lab hours and a mandatory 24 hours of clinical training within a Nursing Home Facility clinical setting. (10 p.m. – 7 a.m. is not acceptable for the clinical rotation) A **maximum of eight (8) hours is allowed** for the training of the NA student per day.

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Lesson plans must have a time allotment each day for the class time and the lab time. The rationale: all instructors will be teaching material in the same time frame to promote compliance with the Federal/State Core Curriculum. The time allotment taken from the lesson plan is recorded on the hourly breakdown form. The total on the hourly breakdown form is recorded on page one (1) of the approval application in whole numbers. The hourly breakdown form and approval application must match.

The skills must be listed on the lesson plan day when demonstrated. The skill is then recorded on the skills checklist. Each skill must reference a page number from the book where the skill format was taken or submit a skill breakdown/rubric. The rationale: each skill using the breakdown/rubric will be taught in the same manner by all instructors. The skills, as listed on the example skills checklist, are compliant with the Federal/State Core Curriculum. Skills can be added to the skills checklist but none of the skills can be deleted.

All skills warrant an instructor demonstration prior to a **required** student return demonstration. Videos are an additional learning aid and do not replace the actuality of an instructor demonstration.

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The skills checklist form must be kept by the **program** and completed by the instructor. Signatures are required on the skills checklist from the instructor and student once the skills are completed. The student can request a copy of the skills checklist form after the completion of the program.

The curriculum of the training program must include the following areas as stated in 42CFR 483.152 and State guidelines:

The **first 16 hours of training** must include these subjects**.** *This training must be completed before the student has any direct contact with a facility resident*:

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(a) Communication and interpersonal skills **including stress management and chain of command;**

(b) Infection control;

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(c) Safety/emergency procedures, including FBAO **& body mechanics;**

(d) Promoting residents' independence;

(e) Respecting residents' rights;

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(f) **Legal/ethical behavior and scope of practice.**

In addition, the training program must provide:

1. Basic nursing- related skills;

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(a) Taking/recording vital signs and **vital signs parameters**;

(b) Measuring and recording height and weight;

(c) Caring for the residents' environment;

(d) Recognizing abnormal changes in body functioning 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

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- Urine has dark color or strong odor
- **Behavior change**
- **Talks or communicates less**
- **Physical appearance/mental health changes**
- **Participated less in activities or refused to attend**
- **Eating less**
- **Drinking less**
- **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 pain and reporting to supervisor; and
(f) Caring for residents when death is imminent and post mortem care.

2. Personal care skills, including, but not limited to:

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(a) Bathing **(to include observation for pressure ulcers);**
(b) Grooming, including mouth care;
(c) Dressing;
(d) Toileting;
(e) Assisting with eating and hydration;
(f) Proper feeding techniques;
(g) Skin care; **to include pressure ulcer observation and skin tears**; and

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(h) Transfers, positioning, and turning **(to include observation for pressure ulcers).**

3. Mental health and social service needs:

(a) Modifying aide's behavior in response to residents' behavior, **including depression**;
(b) Awareness of developmental tasks associated with the aging process;
(c) How to respond to resident behavior;
(d) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity;
(e) Using the resident's family as a source of emotional support;

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(f) **Spiritual and cultural needs of the residents; and**

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(g) **Emotional and mental health needs of the residents**.

4. Care of cognitively impaired residents:

(a) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
(b) Communicating with cognitively impaired residents;
(c) Understanding the behavior of cognitively impaired residents;
(d) Appropriate responses to the behavior of cognitively impaired residents;
(e) Methods of reducing the effects of cognitive impairments; and
(f) Spiritual and cultural health.

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5. **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;

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(b) **Ambulation with/without a gait belt**;
(c) 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;

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(f) Bowel and bladder training; and
(g) Care and use of prosthetic/orthotic devices and **eyeglasses.**

6. Residents' Rights.

(a) Providing privacy and maintenance of confidentiality;
(b) Promoting the residents' right to make personal choices to accommodate their needs;

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(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 residents' personal possessions;
(f) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff; and
(g) Avoiding the need for restraints in accordance with current professional standards.

7. Include at least 24 hours of supervised practical training. Supervised practical training means the student has training in a laboratory or other setting in which the trainee demonstrates knowledge and proper technique while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse. The supervision of the registered nurse or a licensed practical nurse should ensure that students do not perform any services for which the student has not trained and been found proficient by the instructor.

802 **Requirements of Program Coordinators and Instructors:**

Rev. 10/13

The Program Coordinators and Instructors are required to meet the following Requirement:

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 includes the following, but is not limited to:

(a) Overseeing the program in its entirety
(b) All required documentation for the yearly on-site review
(c) Assisting instructor in resolving any issues with students
(d) 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
(e) Assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program
(f) Attending the first clinical rotation with all first time instructors **without** nursing home experience.

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Duties of a Program Coordinator include, but are not limited to: overseeing the program in its entirety; all necessary paperwork for on-site review is in order; assisting instructor in resolving any issues with students; making occasional on-site visits to classroom/lab, making sure all equipment is in working order at all times, visiting clinical sites to ensure proper instruction is taking place and documenting those visits, assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program and overseeing in-facility test dates scheduled by the program.

Program coordinators and instructors must have completed a course in teaching adults or have experience in teaching adults or supervising nurse aides and attend the Georgia Train-the-Trainer workshop; **All instructors must be approved by the contractor prior to instructor teaching.**

Rev. 01/11

Registered Nurse or Licensed Practical Nurse must have a current active Georgia Nursing License in good standing with Georgia Board of Nursing. License cannot have the following status codes: probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered. The State Contractor reserves the right to refuse the approval of an instructor/program coordinator based on documentation listed on the Georgia Board of Nursing or misconduct by the instructor/program coordinator once approved. Programs will receive written notification of instructor/program coordinator denials.

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The request for this approval must be submitted in writing along with program number, copies of personal resume, current GA LPN/RN License and Train-the-Trainer Certificate to the contractor.

Program Coordinators and instructors must register for the Train-the-Trainer workshop on the web site at www.mmis.georgia.gov. If a registered participant arrives to the two

day workshop on the second day without having completed the first day of the workshop, the individual will be required to attend both days in the manner of order. The individual will not be allowed to remain as a participant for the second day but must register for another workshop in order to attend for subject matter sequence.

Rev. 04/12

An instructor/program coordinator approved to teach in a state approved program that violates federal and state guidelines will be removed as an approved instructor to teach in the Georgia Nurse Aide Program and/or Assisted Living Medication Aide Training.

Rev. 10/13

All new state approved instructors and temporary instructors must have an orientation completed by the Program Coordinator (PC). The orientation form must be kept on file at the program location. PC attendance required on the first day of the clinical rotation with any Instructor who does not have LTC experience. Additional observation and assistance by the PC may be needed for new instructors in the clinical setting. (Review Appendix L)

Rev. 10/13

A request for temporary approval for an instructor and/or program coordinator must be submitted in writing with existing program number listed. Temporary instructor and/or program coordinator approval will not be granted for new NATP submissions. Please submit a copy of current Georgia nursing license and resume, along with cover letter requesting temporary approval. The temporary approval is granted for sixty (60) days on the intention that the Train-the-Trainer workshop will be attended within that allotted time. If the instructor and/or program coordinator does not attend the required Train-the-Trainer workshop within sixty (60) days, the individual's name is removed from the program and no further teaching can be conducted until the workshop is completed. **Temporary instructor and/or program coordinator approval is granted at the discretion of the State Contractor.**

In a facility-based program, the training of nurse aides may be performed under the general supervision of the director of nursing for the facility who is prohibited from performing the actual training.

Rev. 01/13

Other personnel from the health professions may supplement a guest speaker specializing a particular field, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts.

Rev. 10/12

No Certified Nurse Aide can assist in the teaching of the state approved nurse aide training program course. The state approved certified nurse aide training program course can only be taught by a GA Licensed LPN/RN.

Note: Supplemental guest personnel must have at least 1 year of experience in their fields.

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803 Requirements for Programs

The Nurse Aide Training Program must assess each potential student prior to allowing

the student to enroll in a nurse aide training program for competency to perform **all** requirements listed in the Code of Federal Regulations. Student must be able to perform **all** skills required in the Code of Federal Regulations.

The Georgia Nurse Aide Training Programs (NATP) must maintain an 80 percent or greater pass rate for the yearly state written/oral and skills competency examinations. Failure to maintain the required yearly minimum 80 percent state competency pass rate will result in the following:

a) Program placed on probation for 1 year
b) Continuous failure to maintain required yearly pass rate for the written/oral and/or skills examinations may result in withdrawal of the nurse aide training program. The state contractor will take into consideration prior to withdrawal the following:
    - "Good Standing" status
    - Valid complaints filed
    - Class rosters submitted correctly and prior to the start of each class
    - Re-approval applications submitted timely
    - Corrective Action Plan (CAP) submitted timely
    - Failure to attend mandatory NATP meetings

The program must allow an on-site visit to make sure the environment is conducive for learning and to check the lab for the necessary equipment needed to conduct the nurse aide training program. **If the environment is not adequate or conducive for learning; the approval of the program site will not be approved as referenced in Section 602.1 & 603.**

NOTE: The classroom and lab must be of sufficient size to accommodate the number of students within each setting. DCH recommends that the classroom and lab should have a maximum of fourteen (14) students per one (1) instructor for **all** programs, ***with the exception of the State high school and technical school programs,*** where ratios are set per State authority. The classroom and lab must be kept clean at all times.

A program will have a yearly on-site visit from the contractor to review program, student records and classroom/lab areas. If the program is found to be out of compliance by the State Contractor the program's approval could be withdrawn for two (2) years.

The program **must** give each student a copy of the program evaluation form which is included in the program's approval/re-approval application packet received from the contractor.

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The program must keep a sign-in sheet, with the student's signature in each student's file which verifies that the program evaluation form was given to the student at the end of the course. This ensures that the student is given an opportunity to give feed-back on programs to the contractor.

Rev. 10/12

The program cannot copy the nurse aide course textbook, handbook or workbook, unless written permission is given by the publisher and a copy of the publisher's written permission is submitted to the State Contractor. All students must have a course textbook at the start of each class.

The program must have an office policy with a signature and date section for each student to sign. A copy of the policy must be given to the student during the registration process. The original policy with the student's signature must be kept in each student's file.

All instructors/contractors must be paid according to the NATP service agreement with the program.

Rev. 1/18

Yearly Onsite Audit Requirements

Records available from any classes held from the last onsite review.
A current copy of the Nurse Aide Program Manual.

Statistics:

Current # of trainees (are they in class and clinical)
Number of classes held since the last review (include current class)
Number of trainees completed (received Certificate of Completion)
Number of trainees certified (passed the State Test)
Number of drops
Number of fails (during class)
Number of trainees that retested (State Competency Test)

Individual Trainee records must have :

ID's
TB (chest xray , if needed) results
Drug Screening (per NATP policy or LTC requirements)
Criminal Background
Physical Assessment
Mandatory Skills Checklist
Progress Notes
Attendance Records
Tests or Test Results
Copy of Notarized Certificate of Completion
Receipt for Program Evaluation (to be mailed by the trainee to GMCF)
Signed Acknowledgement for receipt of office policy from candidate

804 Nurse Aide Competency Evaluation.

The skills demonstration must consist of a demonstration of randomly selected items drawn from a pool consisting of the tasks generally performed by nurse aides. This pool of skills must include all of the personal care and/or restorative care skills listed in Section 801. The skills competency exam consists of a total of five (5) skills performed by nurse aide.

The competency examination must be administered and evaluated only by DCH or the DCH approved entity, such as the contractor, which is neither a skilled Nursing Home Facility that participates in Medicare nor a Nursing Home Facility that participates in

Medicaid.

The skills demonstration part of the evaluation must be performed in a facility or laboratory setting comparable to the setting in which the individual will function as a nurse aide; and must be administered and evaluated by a registered nurse with at least one year's experience in providing care for the elderly or the chronically ill of any age.

DCH may permit the competency evaluation to be proctored by facility or program personnel if DCH finds that the procedure adopted by the facility or the program assures that the competency evaluation program-

(a) Is secure from tampering;
(b) Is standardized and scored by a testing, educational, or other organization approved by the State;
(c) Requires no scoring by facility or program personnel; and
(d) The competency evaluation may be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in **Section 702.2.**

Rev. 07/12

Rev. 10/11

The Georgia Nurse Aide Program has an outside testing agency to administer the written/oral and skills competency examination. The nurse aide candidate must receive a Georgia Nurse Aide Candidate Handbook and testing application from the program, the website www.pearsonvue.com or the Georgia Nurse Aide Registry at 678-527-3010 or 800-414-4358. The candidate handbook will have the following information needed for testing:

- **Introduction of the testing agency- currently utilizing Pearson Vue Testing Agency;**
- **Eligibility requirement;**
- **Application and scheduling requirements;**

- **Cancellation and rescheduling requirements;**
- **Misconduct may prevent placement on the Georgia Nurse Aide Registry;**
- **Requirements for the Written or Oral Examination;**
- **Sample Written/ Oral Questions- sample test also provided on the website at www.pearsonvue.com;**
- **Skills Evaluation requirements;**
- **Listing of the skills along with the procedure breakdown;**
- **Exam results;**
- **Registry information.**

The testing applications must be submitted to the address on the application along with all the requested information and fees. It will take twelve (12) business days to process all applications. Once the application is reviewed and processed the nurse aide will receive an admission ticket with instructions regarding examination location and time of examination. If the application is incomplete, the candidate will receive a deficiency letter requesting additional information and the application processing time frame will start over again.

Once the written/oral and skills competency testing is passed the testing agency will electronically transmit this information to the Georgia Nurse Aide Registry. The Georgia Nurse Aide Registry will have ten (10) business days to place the nurse aide's information on the registry. The Certified Nurse Aide will receive a Georgia Nurse aide Certification Card within fourteen (14) business days after being placed on the registry.

Rev. 01/14

All nurse aide training programs responsible for mailing the testing applications for the candidates must submit the completed application with testing fees to Credentia within five (5) days of completion of the program. Training program completion certificates cannot be held for funds owed. The program is responsible for collecting all funds owed prior to the completion of the classroom, lab and clinical sessions.

The yearly skills pass/fail rates are posted on the mmis.georgia.gov website. All nurse aide training programs must provide state competency examination results to potential students upon request.

Rev. 10/13

The Georgia Nurse Aide Training Programs (NATP) must maintain an 80 percent or greater pass rate for the yearly state written/oral and skills competency examinations. Failure to maintain the required yearly minimum 80 percent state competency pass rate will result in the following:

a) Program placed on probation for 1 year
b) Continuous failure to maintain required yearly pass rate for the written/oral and/or skills examinations may result in withdrawal of the nurse aide training program. The state contractor will take into consideration prior to withdrawal the following:
   - "Good Standing" status
   - Valid complaints filed
   - Class rosters submitted correctly and prior to the start of each class
   - Re-approval applications submitted timely
   - Corrective Action Plan (CAP) submitted timely
   - Failure to attend mandatory NATP meetings

NOTE:
DCH reserves the right to or permit the Contractor to supervise and oversee any facility based or non-facility based program proctoring, at any time, without notification to the program.

DCH must and will retract the right to proctor Nurse Aide Competency Evaluations from facility based or non-facility based programs in which DCH finds any evidence of impropriety, including evidence of tampering by or tampering allowed by the Facility and/ or Program Staff.

DCH has a standard for satisfactory completion of the competency evaluation program. The individual's record of successful completion of the competency is to be reported to the Contractor within 30 days of the date, if the individual is found to be competent.

If the individual does not complete the evaluation satisfactorily, the individual must be advised of the areas which he or she did not pass; and that he or she has three (3) opportunities to take the evaluation within twelve (12) months after the completion of the program.

If the competency evaluation program is not completed satisfactorily within the 12 months period, the individual must enroll in a state approved NATP for retraining.

Note: The exam must be administered at an approved test site by approved staff, which is determined by the Contractor.

Rev. 07/12

DCH reserves the right to terminate the NATP and withdraw approval of any program that evidence of impropriety or tampering is found upon review and/ or findings of conditions documented in Sections 603, 608 and 801-803 of this manual.

805 Nurse Aide Registry

DCH has established and maintains a registry of nurse aides. All persons who have successfully passed evaluation and testing will be added to the registry which is managed by the contractor. The contractor is contracted by DCH to oversee the daily operation and maintenance of the registry, while DCH maintains accountability for overall operation of the registry and compliance with these regulations. The registry contains information on each individual who has successfully completed a nurse aide training and competency evaluation program which meets the requirements of Sections 800 and has been found by the State Contractor to be competent to function as a nurse aide or who may function as a nurse aide because of meeting criteria in Section 800.

805.1 Adverse Findings

The registry contains the individual's full name, including information necessary to identify each individual, and the date the individual became eligible for placement in the registry through successfully completing a nurse aide training and competency evaluation program or by meeting DCH requirements. This information is collected for administrative purposes only.

The registry also contains information on any finding by the State survey agency of abuse, neglect, or misappropriation of property by the individual, including documentation of the State's investigation, including the nature of the allegation and the evidence that led the State to conclude that the allegation was valid; the date of the hearing, if the individual chose to have one, and its outcome. A statement made by the individual disputing the allegation, if he or she chooses to make one, will be included in the registry. All information must be included in the registry within 10 working days of the finding and must remain in the registry permanently, unless the finding was made in error, the individual was found not guilty in a court of law, or DCH is notified of the individual's death.

Adverse findings on a nurse aide record such as neglect, abuse and/or misappropriation of funds are placed on the nurse aide registry permanently. The records are retained permanently which means the nurse aide cannot work in any Long Term Care Facility. Only the finding of neglect can be petitioned to be removed after one year of incident.

A CNA may petition one (1) time to get their name removed from the registry for neglect, *only*, as provided by the Social Security Act 1819(g)(1)(D) and 1919(g)(D). This provision includes addressing the removal of the name of a nurse aide from the nurse aide adverse registry in limited circumstances, such as in the case of the finding of neglect during an investigation of allegation(s) the nurse aide may petition the state to have his or her name removed from the registry if the state determines that the employment and personal history of the nurse aide does not reflect a pattern of abusive behavior or neglect and the neglect involved in the original finding was a singular occurrence. The law requires that a determination on a petition for removal cannot be made prior to the expiration of one (1) year period beginning on the date, which the name of the nurse aide was added to the adverse file of the registry.

The contractor must disclose all of the information regarding the date the individual became eligible and findings by the State Survey Agency to all requesters and may disclose additional information if deemed necessary.

The contractor will promptly provide individuals with all information contained in the registry on the individual when adverse findings are placed on the registry and upon request. Individuals on the registry must have sufficient opportunity to correct any misstatements or inaccuracies contained in the registry.

The registry provides that any response to an inquiry that includes a finding of abuse, neglect, or misappropriation of property also includes any statement disputing the finding made by the nurse aide, as provided under this section.

Rev. 10/09

A listing of all nurse aides with findings is located at www.mmis ga.gov, click on the Provider Information tab, click on view full list under the Banner Message section and click on Nurse Aide Registry Adverse Findings Report.

805.2 CNAs Performing No Nursing-related Services for 24 Consecutive Months

The registry must remove entries for individuals who have performed no nursing-related

services for a period of 24 consecutive months, unless the individual's registry entry includes documented findings of abuse, neglect or misappropriation of property.

If, since an individual's most recent completion of a training and competency evaluation program, *there has been a continuous period of 24 consecutive* months *during none of which* the individual performed *at least eight (8) hours* of nursing aide services for monetary compensation,***such individual shall complete a new training and competency evaluation program or a new competency evaluation program to qualify for employment.***

- All nurse aides must provide proof of employment to update for current or past employers. Proof of employment consists of a copy of pay stub or W-2 form within the past 24 consecutive months.

- All nurse aides working private duty must be under the general supervision of an LPN or RN and provide a notarized letter from employer with LPN or RN name and license number detailing job duties, length of employment, and state payment was given for services rendered within the past 24 consecutive months.

- If an individual's nurse aide certification has expired over twenty (24) months, the individual must complete a new training and competency evaluation program or a new competency evaluation program. If an individual's nurse aide certification has expired three (3) or more years, the individual must complete a new state approved training program; after successfully passing both parts of the competency exam, the individual's certification is updated for two (2) years.

805.3 Certification Renewal

The nurse aide must renew their certification every two years from date of original certification. The registry will send out renewal forms 60 days prior to expiration date**. It is the responsibility of the nurse aide to renew their certification and to make sure the registry has the correct mailing address for that nurse aide.** Nurse aides should return all renewal forms immediately.

Information regarding the registry should be provided promptly by the nurse aides, such as name change, address change, employer change, etc. Please allow 14 days from date of receipt for processing by the nurse aide registry.

805.4 Access to the Georgia Nurse Aide Registry

The registry is sufficiently accessible to the public and health care providers, including home health care providers. You may access the registry by calling 678.527.3010 or 1.800.414.4358. The registry is also WEB accessible at www.mmis.georgia.gov. For adverse findings and certification status, go to the "Nurse Aide/Medication Aide Tab". This tab will allow the public/providers to view links related to nurse/medication aides and to search for a nurse aide by entering certain search criteria.

Note: The website does not provide a printed list of all nurse aides on the registry.

Note: **Only the State survey and certification agency may place on the registry findings of abuse, neglect, or misappropriation of property.**

806 Reciprocity Requirements

Nurse aides transferring from another State's nurse aide registry must complete a transfer form.

The reciprocity (transfer) form can be obtained on the web portal at www.mmis.georgia.gov, under the "Nurse Aide/Medication Aide Tab". This tab will allow the public/providers to view links related to nurse/medication aides or by contacting the Georgia Nurse Aide Registry.

The certified nurse aide must be current, in good standing on the other States registry and have proof of employment within the past 24 consecutive months.

If the nurse aide does not complete and pass the written/oral and skills competency exam within one year of completion in another State's approved training program, ***Georgia will not extend reciprocity***. The nurse aide must complete a Georgia State approved program and pass Georgia's written/oral and skills competency exam to become certified.

The State Contractor reserves the right to require nurse aides transferring to take the written/oral and skills competency exam.

Rev. 7/09

An LPN or RN with an active nursing license in Georgia or another state within the U.S. will be required to take the written/oral and skills competency exams. Most Licensed Practical Nurses or Registered Nurses that wish to be placed on the Certified Nurse Aide Registry are usually transferring from another state awaiting licensure with the Georgia Board of Nursing.

An LPN or RN who has applied to take their licensing examination may become certified by completing the first 16 hours of training required before "hands on" patient care and then successfully completing the written/oral and skills competency examination can be on the CNA Registry. A written request for placement on the CNA Registry must be submitted with the following to the Georgia Nurse Aide Registry:

(a) Transcript from LPN/RN school;
(b) Copy of the Georgia Board of Nursing verification letter for testing;
(c) Copy of Social Security Card; and
(d) Copy of government issued picture identification.

Note: All requests for transfer or placement on the registry will be reviewed within 10 business days of receipt. The individual will receive written confirmation from the contractor of placement or requirements needed for placement on the registry.

807 Charges for Registering Nurse Aides on the Georgia Nurse Aide Registry

DCH does not impose any charges related to registration for individuals to be listed on the registry; therefore Programs may not request or require payment related to registration of an individual.

APPENDIX A
Glossary of Terms

Adverse Findings-

"Adverse Findings" means a Certified Nurse Aide has substantiated finding of caregiver misconduct (resident abuse, neglect of a resident or misappropriation of resident property) by a nurse aide. Adverse findings remain in the CNA record indefinitely unless the individual was found not guilty in a court of law, or the state is notified of the individual's death.

Certified Nurse Aide (CNA)-

A "nurse aide," is also known as a nursing assistant. This individual provides direct health care to a client by performing routine patient care duties under a supervision of a registered nurse (RN) or licensed practical nurse (LPN).

Competency Evaluation Program (CEP)-

The "competency evaluation program" is the testing program for the nurse aides that are approved by the Department of Community Health and the State Contractor. Individuals who successfully pass the competency test are included on the Georgia Nurse Aide Registry.

Department of Community Health (DCH)-

The State Department that governs Medicaid in Georgia. The department is designated to have over-site of Georgia's NATCEP (Nurse Aide Training Competency Evaluation Program).

Rev. 04/10

Healthcare Facilities Regulation Division (HFRD)-

A State Department that investigates and maintains the Nurse Aide Adverse Finding information.

Hewlett Packard (HP)-

The organization contracted by DCH to oversee the Medicaid Provider, Member & Claims processing.

GMCF- Georgia Medical Care Foundation (GMCF);

The contractor; this organization is appointed by Department of Community Health (DCH) to administer and oversee the State nurse aide registry and training program.

Non Nursing Facilities

A State approved program in a facility such as a high school, a technical school, a private entity, an acute care facility, or a home health facility.

Nurse Aide-

In this manual, the term ''nurse aide'' means any individual providing nursing-related services to residents in a Nursing Home Facility, but does not include an individual who is a licensed health professional defined as a physician, physician assistant, nurse practitioner, physical, speech, or occupational therapist, physical or occupational therapy assistant, registered professional nurse, licensed practical nurse, or licensed or certified social worker, or a registered dietician, or someone who volunteers to provide such services without monetary compensation.

Nurse Aide Training Program (NATP)-

A State approved program, which includes Nursing Home Facility based or Non Nursing Home Facility based, that offers training to a candidate that desires to become a certified nurse aide. Georgia requires the programs to provide one comprehensive course to train individuals to work in all health care facilities (e.g. nursing homes, hospitals, hospice, home health, etc.).

Nursing Assistant Services- (Review CNA)

Nursing Home Facility-

Any facility who primarily provides skilled nursing care and related services to residents who require medical or nursing care; rehabilitation services to the injured, disabled, or sick; or on a regular basis, health care and services to individuals who because of their mental or physical condition require care and services.

Prohibition-

A "prohibition is a restriction from approving a nurse aide training program based on criteria outlined in federal regulations.

Reciprocity-

''Reciprocity'' means to transfer a certified nurse aide certification from one state to another.

Registry-

''Registry'' means the Georgia Nurse Aide Registry. Beginning in 1990, the federal government required all states to maintain a registry of individuals who were eligible to work as nurse aides based on the federal and state requirements.

Proctor Nurse-

Someone who supervises students or an examination, especially in order to prevent cheating.

Substantial Change-

A "substantial change" is any change in the primary instructor, training course instructor, program coordinator, program site, curriculum or clinical site.

Waiver-

A "waiver" is the granting of an exemption to a program from a federal/state requirement or state administrative rule.

APPENDIX B
Renewal Forms

STATE OF GEORGIA
NURSE AIDE REGISTRY
CERTIFICATION RENEWAL APPLICATION

Dear Certified Nurse Aide:

In order to remain on the Registry and to be eligible to work in a licensed facility, you must meet the requirements for Re-Certification. Federal Regulations require that you must have worked as a CNA for pay, a minimum of eight hours within the last 24 consecutive months under the supervision of a Registered Nurse. If you are unable to meet this requirement, you must retest to remain on the Georgia Registry. If your certification expires three or more years from date of last re-certification date, then you must take another State approved nurse aide training program.

You must send the Registry a completed *Application for Renewal as a Certified Nurse Aide. The form is enclosed, but may be printed from the web site (www.mmis.georgia.gov) or you may request a form via* the Interactive Voice Response System 1-800-766-4456.

If you **are** currently working as a nurse aide, complete **Section A** of the application form and have your employer sign the form. Submit a copy of check stub and W-2 Form as verification of employment. Private Duty requirements below apply to section A.

If you **are** currently working or have worked private duty employee, please provide proof of income. Acceptable private duty services must be under the general supervision of a LPN/RN. **Please include a Notarized statement with detailed job duties and time frame worked from employer along with LPN/RN signature and license number. Also, attach a copy of check stub or W-2 form as verification of employment. These requirements apply to section A and B. Failure to submit proof will delay your re-certification.**

If you **are not** currently working as a nurse aide, but meet the requirements of 8 hours of work within the last 24 consecutive months, complete **Section B** of the application form. Private duty requirements above apply to Section B.

Please be sure to include your signature and the signature of your current employer, if applicable in the space provided. **Please do not fax certification renewal forms to us. We must have the form with original signatures.**

You will be issued a new certification card identifying the new two-year expiration date. If your name changes within the next 24, months fill out a Change of Name Form. If your personal information (address, phone, employer) changes within the next 24 months, please fill out a Change of Personal Information form and mail it to the Georgia Nurse Aide Registry PO Box 105753, Atlanta, GA 30348. You may request a form for *Change of Name* or C*hange of Personal Information* via the Interactive Voice Response System *(*or request the *Change of Name* form or make an online request for *Change of Personal Information* via the GMCF website www.mmis.georgia.gov).

Failure to return the *Application for Renewal as a Certified Nurse Aide* will result in your name being removed from the Georgia Registry and you will not be eligible to be hired as a nurse aide by a licensed facility. If you have any questions or need additional information, please call the numbers above. Thank you for your cooperation.

Sincerely,
Georgia Nurse Aide Registry

STATE OF GEORGIA
NURSE AIDE REGISTRY
APPLICATION FOR RENEWAL AS A CERTIFIED NURSE AIDE

(PLEASE PRINT)
Name:

_____
LAST FIRST MI

ADDRESS: _____
Street/Apt Number

_____
City State Zip Code

DATE OF BIRTH:_____SOCIAL SECURITY NUMBER:_____

PHONE NUMBER:_____Email Address:_____

I certify that all the information on this form is true and complete.

X_____ **X**_____
SIGNATURE OF NURSE AIDE ***DATE***

Verification of Employment
Section A

If you **are** currently working as a CNA, please complete the information below with your employer's signature along with proof of employment. (i.e. copy of a check stub or W-2 Form) **PRIVATE DUTY** services must be under the general supervision of an LPN/RN. Please include a notarized statement with detailed job duties and time frame worked from employer along with LPN/RN signature and license number. Also, attach a copy of check stub or W-2 Form as verification of employment.

_____ (_____)_____
Current Employer (Facility, Agency or Private Duty) Employer's Phone Number

_____
Employer's Address City State Zip Code

_____ **X** _____
Date of Hire **EMPLOYER SIGNATURE** Date

Section B

If you are NOT currently working as a CNA, please complete the information below for your most recent job within the prior 24 consecutive months (2 years) as a nurse aide. **Please attach proof of income (i.e. check stub, W-2 or letter from employer – review private duty requirements above or on the front of this form).**

_____(_____)_____
Employer (Facility or Agency Name) Employer's Phone Number

_____
Employer's Address City State Zip Code

-

_____ _____
Date of Hire Date of Termination

Please return this form to: Georgia Medical Care Foundation, P O Box 105753, Atlanta, GA 30348 (allow 14 business days for processing)

Rev. 10/13

APPENDIX C
Reciprocity Form
STATE OF GEORGIA
NURSE AIDE REGISTRY LISTING BY RECIPROCITY
GENERAL INFORMATION

Part I: Eligibility

A nurse aide from another state may apply for listing on the Georgia Nurse Aide Registry in lieu of completing a Georgia state-approved Nurse Aide Training and Competency Evaluation Program or state-approved Competency Evaluation Program by meeting the following qualifications. The individual:

1. Is currently listed on another state's Nurse Aide Registry with an active status.

2. Has no pending or substantiated findings of patient abuse, neglect, or misappropriation of resident/patient property recorded on another state's Nurse Aide Registry.

3. Has a valid, government-issued social security card with the name matching the individual's registry listing in the state noted in #1 above.

4. Has been employed as a Certified Nurse Aide for at least eight (8) hours, for pay, under registered nurse supervision within the past 24 months.

Part II: Instructions for Application as a Certified Nurse Aide in the State of Georgia

1. In order for the Georgia Nurse Aide Registry to consider you for reciprocity, you must complete Section A, *Application for Nurse Aide Registry Listing by Reciprocity* form.

2. The application requires verification of your most recent nurse aide employment under registered nurse supervision within the past two years. This information is included under Section B. A registered nurse or director must complete the form supervisor at the employing facility.

3. Private Duty services must be under the general supervision of a LPN/RN. Please provide notarized statement listing job duties and time frame worked from LPN/RN with nurse's signature and current license number. Also, attach a copy of check stub or W-2 form as proof of payment for nurse aide services.

4. The Georgia Nurse Aide Registry will verify registry status in the state that currently lists your name as a certified nurse aide. Upon state verification, the Georgia Nurse Aide Registry will evaluate the complete application along with the state verification information before adding your name to the Georgia registry without taking the Georgia Written/Oral and Skills Competency Examination. You must meet **a**l the eligibility requirements listed in Part I. In states where verification is not available via the web portal, the Georgia registry will mail a verification form to the state to complete. This process will hold up the review for approval for placement on the Georgia Registry. **Please allow 14 business days for processing when verification of registry status can be verified in the current certification state via the web portal. If the verification form is mailed from Georgia to the current certification state for completion, please allow more time for processing.**

5. If no Georgia address is given at time of placement on the Georgia registry a certification card will not be mailed out. Once you move to Georgia, call the nurse aide registry at 678-527-3010 or 800-414-4358 to give a Georgia address and a certification card will be requested to the correct address. Verification status can be printed via the web site at www.mmis.georgia.gov.

Please return the form to: Georgia Medical Care Foundation, Attn: Nurse Aide Registry
P O Box 105753, Atlanta, GA 30348

STATE OF GEORGIA

STATE OF GEORGIA APPLICATION FOR NURSE AIDE REGISTRY LISTING BY RECIPROCITY

Section A.

Instructions to Nurse Aide Applicant: It is your responsibility to complete Section A and Section B.

(Please Print or Type)
Name (Last)_____(First)_____(Middle)_____

Social Security Number #_____

Attach the following:

- **Legible Copy of Social Security Card**
- **Legible Copy of Government Issued Photo ID**
- **Copy of current State Certification Card or Web Portal Printout)**

Date of Birth_____Maiden Name (Last Only)_____

Address_____
_____County_____
Area Code & Home Phone Number _____

Current nurse aide certification State _____Certification #_____

I hereby apply for listing on the Georgia Nurse Aide Registry by reciprocity from the state indicated above. I acknowledge that all information provided in this application and in the enclosed documents is true and accurate. I understand that information provided under any other pretense is considered fraud, punishable by law, and will result in denial of me being listed on the Georgia Nurse Aide Registry.

Nurse Aide Applicant Signature_____Date_____

Section B: Verification of Employment

___No CNA employment history within the past two (2) years.

___Trained and/or passed the state competency examination within the last year. Date completed_____

List the current or last **CNA** employer within the past two years. The exact dates of employment are required. **The employer's complete name, address and phone number must be completed and include one copy of the following as proof of employment: paycheck stub, W-2 form or letter from most recent CNA employer on employer's letterhead listing job duties and dates of employment. The State of Georgia will not accept volunteer work. Review Private Duty requirements on the general information page.**

_____to_____.
Date of Hire (mo.day.year) Last Day Worked (mo.day.year)

Facility Name_____

Address_____

City_____State_____Zip_____

Telephone (_____)_____Type of Employer/Facility_____
GMCF

APPENDIX D
Change of Personal Information Form

STATE OF GEORGIA
NURSE AIDE REGISTRY
CHANGE OF PERSONAL INFORMATION REQUEST

If your address, contact information, or employer has changed, please fill out this form completely. **Incomplete forms will not be processed**. **Do not use this form for change of name.** A change of name may be requested by completing a *Change of Name* form that may be obtained via the Georgia Medical Care Foundation website (www.mmis.georgia.gov) or the Interactive Voice Response system by calling the Georgia Nurse Aide Registry at 678-527-3010 or 1-800-414-4358 (toll free).

Instructions: (please type or write legibly so your request may be processed):

1. For identification verification purposes **you must provide the following** information.

Name (Last) _____ (First) _____ (Middle) _____

Certification or Social Security Number # _____

Date of Birth _____

2. Complete any of the following items that you wish to update.

Personal Information:

Address (street, city, state, zip code, county)_____
Phone Number _____

E-mail Address _____

Fax Number _____

Employer Information:

Employer Name _____

Employer Type (circle one) **Nursing Home** – **Hospital** – **Home Health** - **Other**

Address (street, city, state, zip code, county)_____
Phone Number _____

---

3. Sign and date the form at the bottom.
I certify that the above information is true and complete.

_____ _____
SIGNATURE OF NURSE AIDE ***DATE***

MAIL TO: Georgia Nurse Aide Registry P.O. Box 105753 Atlanta, GA 30348

APPENDIX E Change of Name Form

Rev. 10/13

STATE OF GEORGIA NURSE AIDE REGISTRY REQUEST A CHANGE OF NAME

Georgia Medical Care Foundation
Georgia Nurse Aide Registry P.O.
Box 105753
Atlanta, GA 30348

If your name has changed, please fill out this form completely. Incomplete forms will not be processed. Please check for updates to registry status at www.mmis.georgia.gov.

Instructions: (please type or write legibly so your request may be processed):

1. Provide complete information in the spaces provided.
2. Sign and date the form at the bottom.
3. Provide a copy of either your marriage/divorce decree, social security card or a court document that verifies your name change.
4. Provide copy of social security card to correct the spelling of your name on the registry.
5. Mail this form **and** a copy of your legal document to the address listed below.
6. **Return the current certification card with incorrect name.**

Previous Name:
Name (Last)_____ (First)_____(Middle)_____

New Name:
Name (Last)_____(First)_____(Middle)_____

Address:_____
_____

Certification Number # _____
or
Social Security Number # _____

Date of Birth_____

____Certification Card with incorrect name attached to form

____Certification Card with incorrect name lost- not attached to form

I certify that the above information is true and complete.

_____
SIGNATURE OF NURSE AIDE ***DATE***

Please allow 14 business days for processing.
Mail form to address listed at top of page.

APPENDIX F
Duplicate Certification Card Form

STATE OF GEORGIA NURSE
AIDE REGISTRY CERTIFICATION
CARD REQUEST

Rev. 01/11

Georgia Medical Care Foundation
Georgia Nurse Aide Registry
P O Box 105753
Atlanta, GA 30348

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: Area Code (_____) _____

CERTIFICATION # or SS# _____

Work History: Verify work history for pay in a nursing related capacity for the last 4 years, which should include the present employer if applicable. Please include Dates of Employment, Employer's Name, Address, and Phone Number.

THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR APPLICATION

FROM____/___/____TO:__/____/_____ **FROM:__/__ /____TO___/___/_____**

_____ _____
name **name**

_____ _____
address **address**

_____ _____
city state zip **city state zip**

FROM__/___/____TO____/____/_____ **FROM___/__/____TO____/___/_____**

_____ _____
name **name**

_____ _____
address **address**

_____ _____
city state zip **city state zip**

Reason for Duplicate: ( ) Lost or Stolen (Must provide copy of driver's license or SS card)
( ) Damaged (Must Return Original)
( ) Name Change - requires a copy of a court certified marriage certificate, divorce decree or court order granting name change (Must Return Original CNA certification card)

Please print name exactly how you would like it to appear on your Certification Card:

_____

Please allow at least 2 weeks for your information to be processed and a duplicate to be mailed to you.

SIGNATURE _____ ***DATE*** _____

MAIL TO ADDRESS AT TOP OF PAGE

Appendix G

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 Georgia Medical Care Foundation.

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 GMCF.

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

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

Georgia Medical Care Foundation
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 Georgia Medical Care Foundation (GMCF) 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 Georgia Medical Care Foundation 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**

GEORGIA MEDICAL CARE FOUNDATION
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 Georgia Medical Care Foundation (GMCF) 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:

Georgia Medical Care Foundation
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: _____

Georgia Medical Care Foundation
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 ( ) _____

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. New program sites must have an approval letter from Department of Community Health (DCH) in order to be considered an approved Nurse Aide Training Program site. 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

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.

Name	Title	GA License Number

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

Name	Title	GA License Number

Recommended student/instructor ratio per GMCF recommendation is 14:1 in classroom/lab and clinical setting based on 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

*** Only Nurse Aide Competency Evaluation Services (**Credentia)** can administer the written/oral and skills competency exam to students for all programs including students 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 the form to Georgia Medical Care Foundation (GMCF).

___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 **FINA**L 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 (changes listed on the enclosed curriculum are bolded)

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 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:

Georgia Medical Care Foundation
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov

Georgia Medical Care Foundation Use Only

☐ Approved

☐ Denied

By: _____ _____

Reviewer Date

Program# _____ **Program Type**_____

Rev. 09/15/2014 NAPNATP – F01

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		
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		
Walker with wheels		
Quad Cane		
Gait Belt		
Ambulatory scale/height measuring device (optional)		
Non-electronic/non-digital standing or bathroom scale		
Waste basket with plastic liner		
Tongues blades for stool specimen - five (5)		
Measuring tape for the height of bedridden		
Graduated cylinder - CLEAR PLASTIC		
Bedpan (standard and fracture)		
Urinal - MALE		
Bedside Commode		
Speci Pan		
Chux - package		
Incontinent Briefs - package		
Specimen cup with small clear biohazard bag		
Foley Catheter with closed drainage system		
Alcohol Wipes - box		
Sphygmomanometer – Manual (Regular, Large, Extra Large)		
Thermometer Covers - Disposable - box		
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 - package		
Masks - box		
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 - box		
Toothbrush (each student must have one) toothpaste/floss for oral care demonstration		
Denture cup/Dentures/ Denture Brush		
Toothettes - box		
Disposable Razors/Shaving Cream - several razors		
Wash Basin		
Liquid Soap		
Emesis Basin		
Hair Brush/Comb		
Water Pitcher/Cup/ Straws		
Food Tray/Clothing Protector/Plate/Silverware		
Anti-embolic stockings (2)		
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.

4/14 **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 Georgia Medical Care Foundation
- 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 Georgia Medical Care Foundation

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		
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		

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/RUBRIC
INFECTION CONTROL			
Hand washing - 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/RUBRIC**
Transfer with lift (clinical)			
Ambulation with cane/walker			
Positioning: • Lateral • Sims • Fowler's • Supine • Prone			
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/RUBRIC
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/RUBRIC**
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: • 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/RUBRIC**
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/RUBRIC**
Change in activity participation			
Signs of Hypo/Hyperglycemia			
Beginning Procedure: Check care plan; Gather equipment; Knock; Ask visitors to step out; Hand washing prior to contact; Gloves if necessary; State intent; Privacy; Adjust bed height, and; Keep resident informed throughout care procedure			
Ending Procedure: 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/RUBRIC

EACH SPACE MUST BEAR THE INSTRUCTOR'S INTIALS 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 SHOULD NOT 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

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:

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

PART IV.

Mental Health and Social Service Needs:

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

PART V.

Care of Cognitively Impaired Residents:

A. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others); _____
B. Communicating with cognitively impaired residents; _____
C. Understanding the behavior of cognitively impaired residents; _____
D. Appropriate responses to the behavior of cognitively impaired residents; _____
E. Methods of reducing the effects of cognitive impairments _____
F. **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; _____

Reference: Federal Register/Vol.56, No. 187, Subpart D, Sec. 483.152, (b), (1-7).
State of Georgia Nurse Aide Training 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

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:

E. 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; _____

Reference: Federal Register/Vol.56, No. 187, Subpart D, Sec. 483.152, (b), (1-7).
State of Georgia Nurse Aide Training Manual

HOURLY BREAKDOWN

DELETE TIME TAKEN FOR BREAKS & MEALS

DAY OF THE WEEK	TIME # OF HOURS	TIME # OF HOURS	TIME # OF HOURS

CLASSROOM LAB CLINICAL
CLASSROOM LAB CLINICAL

TOTAL HOURS OF NURSE AIDE TRAINING PROGRAM_____

LESSON PLAN

TEXTBOOKS:

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

LESSON PLAN

DAILY SCHEDULE – DAY #	**OBJECTIVES Use measurable verbs**	**CONTENT**	**METHODS AND MATERIALS**	**EVALUATION METHOD**	**TEST QUESTION**
Page number(s) in book - author's name if using two books Allotted time for objective 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 Total Hours: Classroom/lab___ Clinical_____	Cognitive - recall and/or comprehension (define, list, explain, identify and describe) Affective - feeling, emotion and/or value (discuss, observe, participate, identify and relate) 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) Berry, L. 2002. From nurse to educator: creating effective learning experiences for adults. Albuquerque: Hartman	What will be used to support the objective - should be no more than a couple of words	Appeal to Visual, Auditory and Kinesthetic learning abilities Interactive lecture (includes Qs & As) Role play Case study Group activities such as nail care, pot luck or baby food for feeding Video (with title and publisher) Guest speaker Games such as Jeopardy, Family Feud, Medical terminology bingo with Dollar store rewards Websites Instructor demo Writing personal stories Workbook	Class participation Return demonstration Quiz Test	Cognitive - example of recall or comprehension what does __ mean? Affective - Situation that evokes personal feeling, emotion or value

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	**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) **Identify opportunities in healthcare** **Define the role of the healthcare team** **Identify expectations following completion of the NATP**	Interpersonal skills The art of caring Challenges/rewards Stress management Work ethics in healthcare Scope of practice Career ladder Job opportunities Members of the healthcare team and their role Review competency requirements Nurse aide registry (NAR)	Interactive lecture - 15 minute intervals with class discussion Q & A - Guest speaker - CNA from medical center (**30 minutes**) Q & A – discussion H/O-job description from medical center attached - discuss Overhead - career ladder 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 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"	quiz	List 4 interpersonal skills a CNA should possess: **1.compassion/empathy** **2.enjoy people** **3.art of caring** **4.good stress mgmt.** T/**F** - the CNA administers medication in the absence of the nurse. **T**/F - 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. List the telephone number to the NAR. **678-527-3010 option 4** If the CNA does not have a computer where could one go to access the use **LIBRARY**

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.

Print Name of Student	**Signature of Student**	**Time of ARRIVAL**	**Time of DEPARTURE**

Print Name of Instructor	**Signature of Instructor**	**Time of Arrival**	**Time of Departure**

NAPNATP – F07

NURSE AIDE TRAINING PROGRAM EVALUATION

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

Returned to: GEORGIA MEDICAL CARE FOUNDATION,
NURSE AIDE TRAINING PROGRAM
P. O. Box 105753
Atlanta, Georgia 30348
www.mmis.georgia.gov

Name of Nurse Aide Training Program: _____

Student's Name: _____

Address: _____

- 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.**

Rev. 01/13

APPENDIX H

Nurse Aide Training Program Nursing Home Facility Clinical Sign-In Form



Dear Administrator,

Beginning January 1, 2006, Georgia Medical Care Foundation is requesting that all long-term care facilities hosting nursing assistant students for clinical rotation keep a log of those students. Enclosed is the form to be used for the gathering of information. Please have this information available upon Georgia Medical Care Foundation Nurse Aide Training Program's request.

Thank you for your cooperation.

Respectfully,
Georgia Nurse Aide Training Program

P O Box 105753
Atlanta, Georgia 30348

Date _____

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.

Print Name of Student	Signature of Student	Time of ARRIVAL	Time of DEPARTURE
Print Name of Instructor	**Signature of Instructor**	**Time of Arrival**	**Time of Departure**

Rev. 01/13

APPENDIX I
Staff Development Review Letter and Forms

XXXXXX

XXXXXX
XXXXXX
XXXXXX

Provider Number:

Dear Administrator:

Georgia Medical Care Foundation (GMCF) no longer conducts annual staff development on-site reviews at Nursing Facilities that do not have a Nurse Aide Training Program (NATP). All aspects of the staff development audit will be reviewed via the submission of verified documentation that supports compliance of the two federal regulations listed below.

- **The Code of Federal Regulations, 483.75,(e),(8) requires that "each facility complete a performance review of every nurse aide at least once every twelve (12) months, and must provide regular in-service education based on the outcome of these reviews."**
- **This in-service training must: "be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in the nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and, for the nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired."**

The facility will have thirty (30) days from the closing date of the review period to mail the required documentation to **Georgia Medical Care Foundation, Attn: Nurse Aide Training Program, P. O. Box 105753, Atlanta, GA 30348**. Please include page one (1) and two (2) of this letter along with the following documentation:

In-services conducted annually – **XXXXXX to XXXXXX**

Staff Development Documentation Request

Provider Number:

List of typed or printed in-services – Review enclosed categorized in-service form. Include the date and time of the in-service;

- **List of Certified Nursing Assistants (CNAs) employed during the review period (place a "T" if terminated or "R" if resigned next to the appropriate names), indicate whether full-time, part-time, leave of absence or PRN, date of hire and Certified Nursing Assistant's total in-service hours for the review period;**
- **Attach a printed copy of current certification card or web portal print out as verification of current certification for each CNA;**
- **CNA in-services must follow the federal guidelines - please review on page one of this letter;**
- **When recording in-services please review the attached list - choose the category in which the in-service title will fit and document the date of in-service - no other titles should be assigned to the in-service. There is a miscellaneous section to document any additional in-services and dates not listed.**

Please remember facility and job orientation to certified nurse aides cannot count as in-service hours. A Certified Nursing Assistant has 120 days from the date of employment to transfer certification from another state to the Georgia Registry (the reciprocity form can be download from our website at www.mmis.georgia.gov). Also frequently asked questions can be viewed on the website.

Facilities failing to mail the staff development information within the timeframe specified in this letter will receive an on-site review. Facilities cited for non-compliance will receive a letter detailing the deficiency and will have thirty (30) days to submit a corrective action plan. Those failing to submit a corrective action plan will receive an on-site facility visit. Random unannounced visits for follow-up validation will take place in order to perform quality assurance of the program. Please share this information with your staff.

Please find enclosure forms that will assist you in providing the needed information we are seeking. Please be advised they were designed to capture the information needed for our review.

If you have any questions or concerns please contact Linda Williams, RN, Staff Development Review Nurse at 678.527.3457.

Respectfully,

Nurse Aide Training Program
Enclosures

STAFF DEVELOPMENT IN-SERVICES OFFERED

Review dates from _____ to _____

Date & Quarter Document the date the in-service was done under the appropriate quarter				**In-service Topics** ***List additional in-services** **or dates in Miscellaneous***	**Length of in-service (1hr., 30min., etc. Document in 15 min. increments**
1st	**2nd**	**3rd**	**4th**		
				ADL Documentation	
				ADL/Care/Safety	
				Abuse	
				Abuse Prevention	
				Acute Illness	
				Admission	
				Advance Directives	
				Allowing Residents to Make Personal Choices	
				Alzheimer's	
				Appropriate Responses to the Behavior of Cognitively Impaired Residents	
				Assisting with Eating and Hydration	
				Assistive Devices for ambulation, transfers, eating and grooming	
				Bathing	
				Basic Restorative Services	
				Behavior Management	
				Bowel and Bladder Training	
				Blood borne Pathogens	
				Body Mechanics	

STAFF DEVELOPMENT IN-SERVICE TOPICS OFFERED

Review dates from _____ to _____

Date				In- Service Topics	Length of in-service
				Braces/Splints	
				Care	
				CPR	
				Call Lights	
				Care of the Resident's Environment	
				Catheter Care	
				Chronic Illness	
				Cognitively Impaired	
				Combative/Aggressive Resident	
				Comfort Measures	
				Communication	
				Communication with the Cognitively Impaired	
				Confidentiality	
				Customer Service	
				Death and Dying	
				Dehydration	
				Dementia	
				Depression	
				Diabetes	

STAFF DEVELOPMENT PROGRAMS OFFERED

Review dates from _____ to _____

Date				In-service Topic	Length of in-service
				Dignity	
				Disaster Preparedness	
				Disease Process	
				Documentation	
				Drug Awareness	
				Duties of a CNA	
				Dysphagia	
				Dysphasia	
				Elopement	
				Emergency Response	
				End of Life Care	
				Fall Prevention	
				Falls	
				Family	
				Fire Safety	
				Grievance	
				Grooming	
				HIPAA	
				Handling Conflicts	

STAFF DEVELOPMENT PROGRAMS OFFERED

Review dates from _____ to _____

Date				In-service Topic	Length of in-service
				Handwashing	
				Hospice	
				Incidents	
				Incontinent Care	
				Infection Control	
				Interpersonal Skills	
				Legal Aspects	
				Lifts	
				Mental Health and Social Service Needs	
				Methods of Reducing the Effects of Cognitive Impairments	
				Misappropriation of Property	
				Modifying CNA's Behavior in Response to Resident's Behavior	
				Nail Care	
				Neglect	
				Nutrition	
				OSHA	
				Observation/Reporting abnormal body functions	
				Observation/Reporting **Depression**	
				Observation/Reporting **Pain**	
				Observation/Reporting **Pressure Ulcers** and When to Observe	
				Perineal Care	

STAFF DEVELOPMENT PROGRAMS OFFERED

Review dates from _____ to _____

Date				In-service Topic	Length of in-service
				Personal Hygiene	
				Positioning	
				Pressure Ulcers	
				Privacy	
				Promoting Resident Independence	
				Proper Feeding Techniques	
				Providing/Reinforcing Behavior Consistent with the Resident's Dignity	
				Quality Initiative	
				Quality of Life	
				Range of Motion	
				Restorative Program	
				Resident's Rights	
				Rehabilitation	
				Restraints and Alternatives	
				Safety	
				Sexual Harassment	
				Signs and Symptoms	
				Skills	
				Skin Care	
				Smoking	
				Specific Resident	
				Stress Management	

STAFF DEVELOPMENT PROGRAMS OFFERED

Review dates from _____ to _____

Date				In-service Topic	Length of in-service
				Survey	
				Teamwork	
				Theft in the Facility	
				Toileting	
				Transfers	
				Turning	
				Understand the Behavior of Cognitively Impaired Residents	
				UTI	
				Vital Signs	
				Wandering Residents	
				Weather Alert	
				Weights	
				Work Ethics	
				Workplace Violence	
				Wound Care	
				****MISCELLANEOUS**** **LIST ANY OTHER IN-SERVICES TOPICS WITH THE DATE, LENGTH OF IN-SERVICE UNDER MISCELLANEOUS**	

STAFF DEVELOPMENT PROGRAMS OFFERED

Review dates from _____ to _____

Date				In-service Topic	Length of in-service

Name of Long-Term Care Facility: _____

Address: _____

_____

Provider Number: _____

Please Print or Type

Date: _____ Phone:

E-mail: _____

Review Period: _____

Administrator: _____ **Attach a copy of the CNA Certification Card or a Copy of the Web Portal Print Out**

Director of Nursing: _____

Staff Development Coordinator: _____

Certified Nursing Assistant If terminated or have resigned within the review period, please place a "T" or "R" in front of CNA's name - a CNA who was terminated or has resigned releases the facility from the responsibility for current certification and/or number of in-service hours	**FT/ PT/ PRN WORK STATUS**	**Part time & PRN CNAs annual hours worked during review period**	**Hire Date**	**Total In-service Hours for the Review Period**

Appendix J
Monthly 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		

Appendix K
NATP Expired Letter

XXXXXX

XXXXXX
XXXXXX
XXXXXX

Dear Nurse Aide Training Program Coordinator:

The Omnibus Budget Reconciliation Act (OBRA) of 1987 requires that each state-approved Nurse Aide Training Program must undergo a re-evaluation for approval every two (2) years.

The Georgia Medical Care Foundation notified your program that your (2) year program approval expired on XXXXXX. Due to the non-receipt of your Nurse Aide Training Program application to continue operating by the specified due date of XXXXXX, your organization cannot conduct a training class until your program is re-approved by our office. If a current class is in session, please complete the current class and no future classes can be held until the program is re-approved. The program is now listed as expired.

If you have questions, please feel free to contact Sylette DeBois, RN, at (678) 527-3482.

Sincerely,

Georgia Medical Care Foundation
Nurse Aide Program

P O Box 105753
Atlanta, GA 30348

Rev. 10/13

Appendix L
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.