

To: Individuals/Facilities interested in establishing a nurse aide education program

From: Jacquelyn Wilmoth RN, MSN, Deputy Executive Director
Virginia Board of Nursing

Subject: Instructions for completing the Application to Establish a Nurse Aide Education Program

The attached Application to Establish a Nurse Aide Education Program has been developed to assist individuals/facilities who want to establish a nurse aide education program. Information provided on the form must be legible; please type or print. Please use the Virginia Board of Nursing approved designation of "Nurse Aide" when completing this application.

Page 1 of the application:

- 1) Provide the complete address of the proposed program, including Suite number or building number, as appropriate.
- 2) The "Beginning Date of First Class" may not be before the Board of Nursing approval of the application.
- 3) Check "No" for "Nursing facility based" if the individual/facility providing the nurse aide education program is not part of an organization that is also a licensed nursing home or Medicare/Medicaid certified skilled/intermediate care facility.

Page 2 of the application:

- 1) Identify the name, complete address and type of facility for the clinical facility where the students will have their clinical experience. Regulations require that at least 35 hours of the required 40 hours of direct client care clinical experience must be in a nursing home located in Virginia and licensed by the Virginia Department of Health. Assisted living facilities do not meet this requirement, but may be used for clinical hours above 35 hours.
- 2) When describing how learners are identified and recognizable include a description of the name badge students will wear, including the title Nurse Aide Student, as well as their attire during their clinical experience.

Page 3, 4, and 5 of the application:

- 1) For each instructor complete the appropriate Instructional Personnel Form, Primary Instructor, Other Instructional Personnel (RN), Other Instructional Personnel (LPN). A curriculum vitae or resume does not replace the Instructional Personnel form which must be included with the application.
- 2) Primary Instructor:
 - a) must be a Registered Nurse who holds a current unrestricted license in Virginia or a multistate licensure privilege
 - b) have two years' experience as a registered nurse within the previous five years
 - c) have at least one year experience in the provision of long-term care experience or one year previous teaching experience in a nurse aide education program or one year experience supervising nursing students in a nursing facility
- 3) Other Instructional Personnel (RN)
 - a) must be a Registered Nurse who holds a current unrestricted license in Virginia or a multistate licensure privilege
 - b) have at least one year direct patient care experience as a registered nurse
- 4) Other Instructional Personnel (LPN)
 - a) must be a licensed practical nurse with a current, unrestricted Virginia license or a multistate licensure privilege
 - b) graduated from a state-approved practical nursing program
 - c) have at least two years direct patient care experience as a licensed practical nurse
- 5) All Instructional Personnel:
 - a) satisfactory completion of a course in teaching adults, such as a Train-the-Trainer for Nurse Aide instructors. Include a copy of the completion certificate with the nurse aide education program application.
 - b) or, have experience teaching adults or high school students

Page 6 of the application:

- 1) Classroom facilities:
 - a) provide a description of all the equipment and supplies available for students and instructors. A list of supplies and audiovisuals may be attached to the application.

- b) identify how many hand washing stations with running water are available in the skills lab.
- 2) Records' of Graduates Performance:
 - a) describe how the nurse aide program will store the NNAAP exam scores that are received electronically from the testing service whenever a graduate takes the NNAAP exam
 - b) identify how frequently the faculty will review the NNAAP test results with the goal of adjusting the curriculum to provide more assistance on the skills that are most frequently failed
 - c) describe how the program will maintain the Skills Record for each graduate, including how long the Skills Record will be kept
 - d) identify what documents the graduate is given at the completion of the program (certificate of completion and copy of Skills Record)

Page 7 of the application:

- 1) Records of Disposition of Complaints
 - a) briefly describe the process for students, clients, client families to lodge a complaint regarding the nurse aide education program
 - b) describe how the nurse aide education program will maintain a file for complaints against the program
 - c) provide a copy of the Grievance/Complaint Policy with the final application to establish a nurse aide education program

Curriculum Content on Page 7 of the application:

- 1) If the nurse aide program is going to use the Virginia Board of Nursing approved nurse aide curriculum, do not complete Section 9, Curriculum Content. Instead of completing this section, provide a detailed document (e.g. syllabus or calendar) that identifies how the approved curriculum will be presented to the students. Identify the curriculum content (Unit number and page number of the approved curriculum) to be taught each day of the program. You may re-arrange the approved curriculum to meet the needs of your program, however documentation that all of the approved curriculum content is presented to the students must accompany the application to establish a nurse aide program.
- 2) If the nurse aide program opts not to use the Virginia Board of Nursing approved curriculum and chooses to write its own curriculum, complete Section 9, Curriculum Content. Using the Requirements for the Curriculum, per regulation 18VAC90-26-40 found on page 7 of the "Regulations for Nurse Aide Education Programs" (available for download at <http://www.dhp.virginia.gov/boards/nursing>) create a detailed topical outline of material to be taught to your students. Write an objective for each of the curriculum requirements that correspond to the content in your topical outline. Write the number of the Unit of Instruction on the first line of Section 9 and the page of the topical outline where the content is located on the second line. Do not write the page number of a textbook on the second line in Section 9.

Attachment 1 – Program Objectives:

- 1) provide the objectives for the nurse aide program, including that graduates of the nurse aide program will be eligible to take the NNAAP examination. These are not student objectives. Rather these are the reason you want to provide a nurse aide education program.

Attachment 2 – Unit Objectives

- 1) if the nurse aide program opts to use the Board approved curriculum, this attachment does not need to be included with the final application
- 2) if the nurse aide program chooses to write its own curriculum, include the objectives for each unit of instruction

Attachment 3 – Topical Outline

- 1) if the nurse aide program opts to use the Board approved curriculum, this attachment does not need to be included with the final application
- 2) if the nurse aide program chooses to write its own curriculum, include the topical outline for each unit of instruction. The unit objectives may be in the same document as the topical outline.

Attachment 4 – Classroom Schedule

- 1) using a calendar or syllabus format, provide documentation of the beginning and ending time for each class
- 2) when calculating hours for the curriculum, do not include mealtime
- 3) for each day of instruction include the topics to be taught
- 4) identify skills lab time

Attachment 5 – Clinical Schedule

- 1) using a calendar format, provide documentation of the beginning and ending time for each clinical session
- 2) when calculating hours for clinical experience, do not include mealtime

Attachment 6 – Teaching Methods

- 1) describe how the primary instructor will present content to the students (e.g. lecture, discussion, videos, etc.)
- 2) include “demonstration and return demonstration in skills lab and in clinical”

Attachment 7 – Evaluation Methods (class and clinical)

- 1) describe how students will be graded in class
 - a) grading scale
 - b) passing grade
 - c) must student pass classroom to enter clinical and/or to successfully complete the program?
- 2) skills lab
 - a) how will student be graded
 - b) must student pass skills lab to enter clinical?
- 3) clinical
 - a) how will student be graded
 - b) must student pass clinical to successfully complete the program?

Attachment 8 – Learner Skill Record

- 1) if the nurse aide program opts to use the Board approved Skills Record, this attachment does not need to be included with the final application
- 2) if the nurse aide program chooses to create its own Skills Record provide a copy of the program’s Skill Record
- 3) include a section for skill check-off in the skills lab and a section for skill check-off during the clinical experience
- 4) include the name of the nurse aide education program and the name of the student on every page of the Skill Record
- 5) have a signature page at the end of the Skill Record for the instructor and the student to sign and date the completed record at the end of the clinical experience

Attachment 9 – Proof of financial support

- 1) provide a letter, on letterhead, from the Administrator of the parent organization stating that the parent organization will provide financial support and resources sufficient to meet the Board of Nursing requirements

Attachment 10 – Guidance Document 90-55

- 1) provide documentation (e.g. a signature page) , that each student has received, read and understands Guidance Document 90-55 (available at <http://www.dhp.virginia.gov/boards/nursing>)

Attachment 11 – Licenses and Permits

- 1) provide current copy of business license
- 2) provide current copy of building/zoning permit

Attachment 12 – Agreement of Cooperation

- 1) provide copy of signed Agreement of Cooperation with the clinical facility where students will go for their clinical experience

If you have any questions as you are working on this application to establish a nurse aide program please contact Christine Smith at Christine.Smith@dhp.virginia.gov.

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING
Perimeter Center
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Richmond, Virginia 23233-1463
(804) 367-4515**

Application to Establish A Nurse Aide Education Program
(Please type)

1. Name and Address of Program Provider:

Agency: _____

Street: _____

City: _____ (Zip Code)

Phone Number: _____
(Area Code)

e-mail Address _____

Administrative Officer of the Program: _____
Name Title

Program Coordinator (Must be a Registered Nurse): _____

2. General Program Elements:

Program Title: _____

Beginning Date of First Class: _____

Frequency of program offering: _____

Maximum number of learners in each program session: _____

Hours: Total _____; Classroom (including Core Hours and Skills Lab) _____; Clinical _____

Faculty to learner clinical ratio: _____

Nursing facility based (licensed nursing home or Medicare/Medicaid certified skilled or intermediate care facility/unit): Yes _____ No _____

Financial support and resources sufficient to meet the Board of Nursing Regulations: _____

3.a. Clinical Resource(s) used for Clinical Learning Experiences of Students:

Name of Agency	Address	Type (licensed nursing home; Medicare/Medicaid certified units)

3.b. Have any of the above agencies used for clinical learning experiences of students been subject to penalty or penalties as provided in 42 CFR 483151(b)(2) (Medicare and Medicaid Programs, Nurse Aide Training and Competency Evaluation Programs, effective April 1, 1992) during the past two years? Yes _____ No _____

If "yes", state name of agency.

4. Learner Identification:

Briefly describe how learners are identified and recognizable to clients, visitors and staff when in the clinical setting.

5. Instructional Personnel:

A. Primary Instructor

1. Name: _____ Virginia R.N. license number: _____
 or copy of Multi-State Privilege Compact License and number _____
2. List work experiences as a Registered Nurse for the past five years and RN experience in long term care at any time in your RN career.

Dates From	To	Employer, Address & Phone Number	Type Facility	Type Clients	Duties/Responsibilities

3. Competence to teach adults

- a. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From	To	School & Location	Course Title & Description	Clock Hours	Credit Hours C.E.U.S.
		Include date and location of Train Trainer for Nurse Aide Program And copy of completion certificate			

- b. Experience in teaching adult learners within the past five years.

Dates From	To	Adult Learner Population(s) Taught	Agency & Location	Duties

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B. 1. Other Instructional Personnel (Registered Nurse)

a. Name: _____ Virginia R.N. license number: _____
 or a copy of Multi-State Privilege Compact License and number: _____

b. Direct patient care experience as an R.N. for the past five years.

Dates From To	Employer, Address & Phone Number	Direct Patient Care Experience

c. Competence to teach adults:

1. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From To	School & Location	Course Title & Description	Clock Hours	Credit Hours or C.E.U.S.

2. Experience in teaching adult learners within the past five years.

Dates From To	Adult Learner Population(s) Taught	Agency & Location	Duties

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B. 2. Other Instructional Personnel (Licensed Practical Nurse)

a. Name: _____ Virginia L.P.N. license number: _____
 or a copy of Multi-State Privilege Compact License and number: _____

b. Direct patient care experience as an LPN for the past five years.

Dates From	To	Employer, Address & Phone Number	Direct Patient Care Experience

e. Competence to teach adults:

1. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From	To	School & Location	Course Title & Description	Clock Hours	Credit Hours or C.E.U.S.

2. Experience in teaching adult learners within the past five years.

Dates From	To	Adult Learner Population(s) Taught	Agency & Location	Duties

- e. Assisting with eating and hydration including proper feeding techniques. _____
- f. Caring for skin, to include prevention of pressure ulcers. _____
- g. Transfer, positioning and turning. _____

(Curriculum content continued, # 9)

	<u>Unit No. of Instruction</u>	<u>Page No. of Topical Outline</u>
4. Individual Client's Needs Including Mental Health and Social Service Needs.		
a. Modifying the aide's behavior in response to behavior of clients.	_____	_____
b. Identifying developmental tasks associated with the aging process.	_____	_____
c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.	_____	_____
d. Demonstrating skills supporting age appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with clients' dignity.	_____	_____
e. Utilizing client's family or concerned others as a source of emotional support.	_____	_____
f. Responding appropriately to client's behavior; including, but not limited to, aggressive behavior and language.	_____	_____
g. Providing appropriate clinical care to the aged and disabled.	_____	_____
h. Providing culturally sensitive care.	_____	_____
5. Care of the Cognitively or sensory (visual and auditory) Impaired Client.		
a. Using techniques for addressing the unique needs And behaviors of individuals with dementia (Alzheimer's and others).	_____	_____
b. Communicating with cognitively or sensory impaired residents.	_____	_____
c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients.	_____	_____
d. Using methods to reduce the effects of cognitive impairment.	_____	_____
6. Skills for Basic Restorative Services.		
a. Using assistive devices in transferring, ambulation, eating and dressing.	_____	_____
b. Maintaining range of motion.	_____	_____
c. Turning and positioning, both in bed and chair.	_____	_____
d. Bowel and bladder training.	_____	_____
e. Caring for and using prosthetic and orthotic devices.	_____	_____
f. Teaching the client in self-care according to the client's	_____	_____

abilities as directed by a supervisor.

(Curriculum content continued, # 9)

Unit No. of
Instruction

Page No. of
Topical Outline

7. Clients' Rights.

- a. Providing privacy and maintaining confidentiality.
- b. Promoting the client's right to make personal choices to accommodate individual needs.
- c. Giving assistance in resolving grievances and disputes.
- d. Providing assistance necessary to participate in client and family groups and other activities.
- e. Maintaining care and security of the client's personal possessions.
- f. Promoting the resident's rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff.
- g. Avoiding the need for restraints in accordance with current professional standards.

8. Legal and regulatory aspects of practice as a certified nurse aide, including, but not limited to, consequences of abuse, neglect, misappropriation of client property and unprofessional conduct.

9. Occupational health and safety measures.

10. Appropriate management of conflict.

ATTACH TO THIS APPLICATION A DESCRIPTION OF THE PROGRAM INCLUDING:

- 1. Program Objectives.
- 2. Unit Objectives (stated in behavioral terms including measurable performance criteria).
- 3. Topical outline and sequence for each unit of instruction.
- 4. Classroom Schedule.
- 5. Clinical Schedule.
- 6. Teaching Methods.
- 7. Evaluation Methods (classroom and clinical).
- 8. Learner Skill Record.
- 9. Proof of financial support and resources sufficient to meet Board of Nursing requirements.
- 10. Evidence of providing each student a copy of applicable law regarding criminal history checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment.
- 11. Copy of Business License and Building/Zoning Permit
- 12. Copy of signed Agreement of Cooperation for clinical experience/site

I certify that the information in this application, including attachments, accurately represents the nurse aide education program for which approval by the Virginia Board of Nursing is being requested.

Signature of Administrative Officer or Program Coordinator

Phone Number: () _____

Date: _____

Email: _____

(Form may be copied)

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