School Name: _____   **Program Code:** _____

PACKAGE SUBMISSION CHECKLIST

This checklist has been created to ensure your package is complete prior to submission to the On-Site Inspector(s)/Board of Nursing. Please utilize the following checklist when emailing these items to your Inspector(s):

☐ 1. Agenda tailored to the visit including specific time of each item, not necessarily in this order, which will be discussed with Inspector(s) when negotiating the date of the visit:

      a. Inspector meeting with program Coordinator/Primary Instructor(s)
      b. Inspector meeting with current students and/or graduates
      c. Inspector meeting with teaching faculty
      d. Free time for Inspector to review school paperwork and student records
      e. Tour of classroom(s) and skills lab(s)
      f. Meeting with clinical facility staff (optional as decided by Inspector)
      g. Inspector meeting with school administrator(s)

☐ 2. One (1) copy of the curriculum/syllabus/outline (with objectives) used by the faculty

☐ 3. One (1) copy of the curriculum/syllabus/outline (with objectives) used by students if different than the one used by faculty

☐ 4. One (1) copy of most recent class and clinical schedules/calendar, (include day and evening classes if different); include specific times/hours with topics covered

☐ 5. Current license look-ups on the Coordinator and all nursing faculty

☐ 6. Statement of financial support

VIRGINIA BOARD OF NURSING
NURSE AIDE EDUCATION ON-SITE REVIEW REPORT

Program Name: **Program Code:** Click or tap here to enter text.

Street: Click or tap here to enter text.   **City:** Click or tap here to enter text.   **Zip Code:** Click or tap here to enter text.

Program Contact Person: Click or tap here to enter text.   **Title:** Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text.   **Email:**

Person Completing Report:

BON Inspector: **Date of Visit:**   **Last date of Visit:**

Summary of Factual Data

Classroom Hours: **Clinical Hours:**   **Total Hours:**

Program Frequency: **Current Student Enrollment:**   **Date of Last Program Offering:**

Enrollment Data

Financial Support (18 VAC 90-26-20.B.1.g.)

Evidence has been provided of financial support and resources sufficient to meet the requirements of the Board of Nursing Statutes
and Regulations (attach to this report). ☐Yes   ☐ No

Person Completing Report: _____

              (Print Name)   (Title)

              (Signature)   (Date)

NOTE: If more than one nurse aide education program is offered at your institution, a separate form must be completed for each program.

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-20.B.3. Maintaining a nurse aide education program.		
Provide documentation that each student applying to or enrolled in such program has been given a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes that pose a barrier to such employment.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
18 VAC 90-26-50. Other program requirements.		
C. Length of program.		
1. The program shall be at least 120 clock hours in length.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
2. The program shall provide for at least 24 hours of instruction prior to direct contact of a student with a nursing facility client.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
3. Skills training in clinical settings shall be at least 40 hours of providing direct client care. Five of the clinical hours may be in a setting other than a nursing home. Hours of observation shall not be included in the required 40 hours of skills training.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
4. Employment orientation to facilities used in the education program must not be included in the 120 hours allotted for the program.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
D. Classroom facilities. The nurse aide education program shall provide facilities that meet federal and state requirements including:		
1. Comfortable temperatures.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18VAC 90-26-50.D. Other program requirements. (continued)		
2. Clean and safe conditions.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
3. Adequate lighting.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
4. Adequate space to accommodate all students.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
5. Instructional technology and equipment needed for simulating client care.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
18 VAC 90-26-40.B. Unit objectives.		
1. Objectives for each unit of instruction shall be stated in behavioral terms which are measurable.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
2. Objectives shall be reviewed with the students at the beginning of each unit.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:

3

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-40.C. Curriculum changes.		
Changes in curriculum shall be approved by the board prior to implementation and shall be submitted at the time of the on-site visit or with the report submitted by the program coordinator in the intervening year.	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
18 VAC 90-26-40.A. Requirements for the Curriculum.		
A. Curriculum content. The curriculum shall include, but shall not be limited to, classroom and clinical instruction in the following:		
1. Initial core curriculum. Prior to the direct contact with a nursing facility client, a student shall have completed a total of at least 24 hours of instruction. Sixteen of those hours shall be in the following five areas:	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
a. Communication and interpersonal skills;	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
b. Infection control;	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
c. Safety and emergency procedures, including dealing with obstructed airways and fall prevention;	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-40.A.1. Initial core curriculum (continued).		
d. Promoting client independence; and	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
e. Respecting client's rights.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
2. Basic Skills.		
a. Recognizing changes in body functioning and the importance of reporting such changes to a supervisor.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
b. Measuring and recording routine vital signs.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
c. Measuring and recording height and weight.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
d. Caring for the client's environment.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
e. Measuring and recording fluid and food intake and output.	☒ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-40.A.2. Basic skills (continued).		
f. Performing basic emergency measures.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
g. Caring for a client when death is imminent.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
3. Personal Care Skills.		
a. Bathing and oral hygiene.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
b. Grooming.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
c. Dressing.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
d. Toileting.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:
e. Assisting with eating and hydration, including proper feeding techniques.	☐ Yes ☐ No **Curriculum Location** Unit | Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-40.A.3. Personal Care Skills (continued).		
f. Caring for skin, to include prevention of pressure ulcers.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
g. Transfer, positioning and turning.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
4. Individual client's needs, including mental health and social service needs.		
a. Modifying the aide's behavior in response to the behavior of clients.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
b. Identifying developmental tasks associated with the aging process.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
d. Demonstrating skills supporting age-appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with the client's dignity.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
e. Utilizing the client's family or concerned others as a source of emotional support.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR

18 VAC 90-26-40.A.4. Individual client's needs, including mental health and social service needs (continued).

f. Responding appropriately to the client's behavior; including, but not limited to, aggressive behavior and language.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:
g. Providing appropriate clinical care to the aged and disabled.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:
h. Providing culturally sensitive care.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:

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).	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:
b. Communicating with cognitively or sensory impaired clients.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:
c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:
d. Using methods to reduce the effects of cognitive impairment.	☐ Yes ☐ No **Curriculum Location** <u>Unit</u> <u>Objective</u>	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR

18 VAC 90-26-40.A. Requirements for the Curriculum (continued).

6. Skills for basic restorative services.		

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
a. Using assistive devices in transferring, ambulation, eating and dressing.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
b. Maintaining range of motion.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
c. Turning and positioning, both in bed and chair.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
d. Bowel and bladder training.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
e. Caring for and using prosthetic and orthotic devices.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
f. Teaching the client in self-care according to the client's abilities as directed by a supervisor.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:
7. Client's rights.		
a. Providing privacy and maintaining confidentiality.	☐ Yes ☐ No **Curriculum Location** Unit — Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR

18 VAC 90-26-40.A.7. Client's rights (continued).

b. Promoting the client's right to make personal choices to accommodate individual needs.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
c. Giving assistance in resolving grievances and disputes.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
d. Providing assistance necessary to participate in client and family groups and other activities.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
e. Maintaining care and security of the client's personal possessions.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
f. Promoting the client's rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
g. Avoiding the need for restraints in accordance with current professional standards.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR

18 VAC 90-26-40.A. Requirements for the Curriculum (continued).

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
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.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
9. Occupational health and safety measures.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
10. Appropriate management of conflict.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:
11. Observational and reporting techniques.	☐ Yes ☐ No **Curriculum Location** Unit / Objective	☐ Verified ☐ Unable to verify Comments:

18 VAC 90-26-50. Other program requirements.

A. Records.

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
1. Each nurse aide education program shall develop and maintain an individual record of major skills taught and the date of performance by the student. At the completion of the nurse aide education program, the program shall provide each nurse aide with a copy of this record and a certificate of completion from the program.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
2. A record of the reports of graduates' performance on the approved competency evaluation program shall be maintained.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments: Written Results: Skills Results:

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-50. Other program requirements (continued).		
3. A record that documents the disposition of complaints against the program shall be maintained.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
B. Student Identification.		
The nurse aide students shall wear identification that clearly distinguishes them as a "nurse aide student."	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
18 VAC 90-26-20.B. Maintaining an approved nurse aide education program.		
1.e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
2. Impose no fee for any portion of the program on any nurse aide who, on the date on which the nurse aide begins the program, is either employed or has an offer of employment from a nursing facility.	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
5. Provide each student with a copy of his certificate of completion.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify
18 VAC 90-26-30. Requirements for instructional personnel.		
F. When students are giving direct care to clients in clinical areas, instructional personnel must be on site solely to supervise the students. The ratio of students to each instructor shall not exceed 10 students to one instructor.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:

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CLINICAL RESOURCE(S) USED

Facility Name	Facility Address	Most Recent Date of Licensure by VDOH	Type of Agency (Licensed Nursing Home or Medicare/Medicaid Certified Facility/Unit and Others)
	Street: City:　　　　　　Zip Code: Contact Name: Title: Phone Number:		
	Street: City:　　　　　　Zip Code: Contact Name: Title: Phone Number:		
	Street: City:　　　　　　Zip Code: Contact Name: Title: Phone Number:		

Please identify any nursing facility used for skills training that was subject to penalty or penalties as provided in 42 CFR 483151 (b) (2) (Medicare and Medicaid Program: Nurse Aide Training and Competency Evaluation Program, effective April, 1992) in the past two years: _____

REGULATION NUMBERS/CRITERIA		PROGRAM		INSPECTOR
18 VAC 90-26-30. Requirements for instructional personnel.				
A. Program coordinator.				
1. Each program shall have a program coordinator who must be a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege.		☐ Yes ☐ No		☐ Verified ☐ Unable to verify Comments:
Coordinator Name	License #/Expiration Date		Date of Hire	Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.)
2. The program coordinator in a nursing facility based program may be the director of nursing services. The director of nursing may assume the administrative responsibility and accountability for the nurse aide education program but shall not engage in the actual classroom and clinical teaching.		☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A Comments:
3. The primary instructor may be the program coordinator in any nurse aide education program.		☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A Comments:
B. Primary instructor.				
1. Qualifications. Each program shall have a primary instructor who does the majority of the actual teaching of the students and who shall:		☐ Yes ☐ No		☐ Verified ☐ Unable to verify Comments:
a. Hold a current, unrestricted Virginia license as a registered nurse who holds a current, unrestricted license in Virginia or a multistate licensure privilege; and		☐ Yes ☐ No		☐ Verified ☐ Unable to verify Comments:

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REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-30. Requirements for instructional personnel (continued).		
b. Have two years of experience as a registered nurse within the previous five years and at least one year of experience in the provision of long-term care facility services. Such experience may include, but not be limited to, employment in a nurse aide education program or employment in or supervision of nursing students in a nursing facility or unit, geriatrics department, chronic care hospital, home care or other long-term care setting. Experience should include varied responsibilities, such as direct client care, supervision and education.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
2. Responsibilities. The primary instructor is responsible for the teaching and evaluation of students and, in addition, shall:	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
a. Participate in the planning of each learning experience;	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
b. Ensure that course objectives are accomplished;	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
c. Ensure that the provisions of subsection F of this section are maintained;	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:

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REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR
18 VAC 90-26-30. Requirements for instructional personnel (continued).		
d. Maintain records as required by subsection A of 18 VAC 90-26-50;	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
e. Perform other activities necessary to comply with subsection B of 18 VAC 90-26-20; and	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:
f. Ensure that students do not perform services for which they have not received instruction and been found proficient by the instructor.	☐ Yes ☐ No	☐ Verified ☐ Unable to verify Comments:

Primary Instructor(s) Name(s) *(If the primary instructor is the program coordinator, also include under this section)	License #/Expiration Date	Date of Hire	Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.)

REGULATION NUMBERS/CRITERIA	PROGRAM	INSPECTOR

18 VAC 90-26-30. Requirements for instructional personnel (continued).

C. Other instructional personnel.

1. Instructional personnel who assist the primary instructor in providing classroom or clinical supervision shall be registered nurses or licensed practical nurses.

a. A registered nurse shall:

(1) Hold a current, unrestricted Virginia license as a registered nurse; and	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
(2) Have had at least one year of direct patient care experience as a registered nurse.	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:

RN Instructor(s) Name(s)	License #/Expiration Date	Date of Hire	Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.)

b. A licensed practical nurse shall:

(1) Hold a current, unrestricted Virginia license as a practical nurse;	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
(2) Hold a high school diploma or equivalent;	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
(3) Have been graduated from a state-approved practical nursing program; and	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:
(4) Have had at least two years of direct patient care experience as a licensed practical nurse.	☐ Yes ☐ No ☐ N/A	☐ Verified ☐ Unable to verify ☐ N/A Comments:

REGULATION NUMBERS/CRITERIA		PROGRAM		INSPECTOR

18 VAC 90-26-30. Requirements for instructional personnel (continued).

2. Responsibilities. Other instructional personnel shall provide instruction under the supervision of the primary instructor.		☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A Comments:

LPN Instructor(s) Name(s)	License #/ Expiration Date	Date of Hire	Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.)

D. Prior to being assigned to teach the nurse aide education program, all instructional personnel shall demonstrate competence to teach adults by one of the following:

1. Satisfactory completion of a course in teaching adults that includes:
    a. Basic principles of adult learning;
    b. Teaching methods and tools for adult learners; and
    c. Evaluation strategies and measurement tools for assessing the learning outcomes; or
	☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A
			 Comments:

2. Have experience in teaching adults or high school students.	☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A Comments:
E. To meet planned program objectives, the program may, under the direct, on-site supervision of the primary instructor, use other persons who have expertise in specific topics and have had at least one year of experience in their field.	☐ Yes ☐ No ☐ N/A		☐ Verified ☐ Unable to verify ☐ N/A Comments:

Resource(s) Name(s)	License # (if applicable)/ Expiration	Date of Hire	Other Credentials (P.T.; O.T.; L.C.S.W; N.H.A., etc.)

18

PROGRAMS: Please list below the names, titles, addresses and phone numbers of the people who will be sent the final report:

Name: Title: Address: Phone Number: Email Address:	Name: Title: Address: Phone Number: Email Address:
Name: Title: Address: Phone Number: Email Address:	Name: Title: Address: Phone Number: Email Address:
Name: Title: Address: Phone Number: Email Address:	Name: Title: Address: Phone Number: Email Address:
Name: Title: Address: Phone Number: Email Address:	Name: Title: Address: Phone Number: Email Address:

Interviews held for this visit:

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:** _____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Name:	Title:

Interview Method: ☐ **In-Person** ☐ **Telephone:**_____

Number of students interviewed:

Areas visited, including clinical facilities:

Area name:	Address:
Area name:	Address:
Area name:	Address:
Area name:	Address:

Regulations not verified (# and title only):

Regulation #	Regulation Title

1.

2.

3.

4.

5.

6.

7.

8.

Inspector(s) suggestions/comments (optional):

_____

Inspector(s) Signature

Click or tap to enter a date.
Date

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November 2019