Application for Approval of
Nurse Aide Training and Competency Evaluation Program

September 2022



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF EDUCATION**333 Market Street
Harrisburg, PA 17126-0333
www.education.pa.gov

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# Introduction

The information included in this document is designed to assist health care agencies and educational institutions in preparing an application for approval of a training program to prepare nurse aides for employment in nursing facilities participating in Medicare and Medicaid programs.

The Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203) (OBRA) §§1819(e) and 1919(e), as well as amendments of 1989, 1990 and 1997, directly states to specify by January 1, 1989, those training and competency evaluation programs that the state approve for nurse aides employed by nursing facilities participating in Medicare and Medicaid programs on or after October 1, 1990.

OBRA also indicates that a nursing facility must not use any individual as a nurse aide after October 1, 1990, unless the individual has successfully completed a state-approved training and competency evaluation program. Per diem or temporary employees must complete the training and competency evaluation before they may begin work as a nurse aide.

This document reflects the commonwealth’s understanding of the federal requirements of OBRA as published in the Federal Register, Sept. 26, 1991 (page 48,880-922).

In Pennsylvania, Act 14 of 1997 (P.L. 169 Nurse Aide Resident Abuse Prevention Training Act) requires that the curriculum for nurse aide training under OBRA must emphasize: identifying abuse situations, understanding what abuse is, and learning methods and techniques to further prevent resident abuse from occurring. The Act also requires applicant responsibility for obtaining a criminal history record check prior to enrollment in a nurse aide training program.

# PDE Nurse Aide Training Program Application Review Process

1. Effective August 17, 2022, only the **Application for Approval of NATCEP August 2022** will be accepted.
2. New program applications will be reviewed in the order in which they are received. The applicant will receive an initial response from the PDE within 90 calendar days of the date received in the PDE.
3. Any second (or subsequent) submission must be submitted by a date identified on the letter with required revisions. If you are unable to respond by the due date, please indicate via email to ra-natcep@pa.gov the date you will respond and the rationale for the extension. This request for an extension will be reviewed and may be accepted or denied.
4. For second (or subsequent) submissions, if no response is received within 60 days of the due date, all program materials will be destroyed, and a new application is required.
5. New program applications that are not sufficiently completed by having followed the detailed instructions in this document will not be approved. The applicant will be notified, and the application will not be returned; however, a list of insufficient items will be provided. In such cases, if the applicant wishes to resubmit, a new application must be completed and submitted.
6. Prior to final approval, the PDE will conduct a site inspection to assess the classroom, skills laboratory, clinical site, and curriculum. All items, including equipment, must be available for the inspection.

# Recommendations for completing application

1. Carefully read the federal and state regulations. See 42 CFR §§ 483.75, 151-154; and 22 PA Code §701.
2. Establish a timeline for completing all application requirements. The application process takes approximately 6 months from point of submission to PDE approval. Applications are considered for approval in the order in which they are received.
3. The completed application and supplemental documentation should be submitted in one mailing. A significant delay in the approval process may occur if application is incomplete.
4. Samples of policies, forms, and documents to be included in this application are located on the Penn State website, [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator), click on Resources, T-T-E Binder.
5. The prospective NATCEP administrator, coordinator and/or RN supervisor should attend a Teaching-the-Educator workshop prior to submitting a new program application to gain an understanding of the regulations and requirements of the program.
6. New programs must provide evidence that the Pennsylvania Nurse Aide Curriculum is taught. PDE does not approve training vendors.
7. Complete the entire application. Fill in each section by checking the appropriate boxes and answering each question in full. If the item(s) is not applicable to the program, write, “not applicable.”
8. Prepare two 3-hole binders with tabs separating each section and subsection detailing required documentation. One binder is to be mailed to the PDE and one is to be maintained by the applicant. The binder is to be compiled as followed:
	* **Section I** - Insert the **entire** completed application beginning with page 5-23.
	* **Section II** - Insert all requested items in Section II.
	* **Section III** - Insert all requested items in Section III, including Classroom and Skill Laboratory Requirements, and the Clinical Site Verification form.
	* **Section IV -** Insert all policies and documents listed in Section IV.
9. The completed binder must be mailed to: **Pennsylvania Department of Education, Nurse Aide Training Program, Market Street, 11th Floor, Harrisburg, PA 17126-0333**
10. Prior to final approval, the PDE will conduct an inspection to assess the classroom, skills laboratory, clinical site, and curriculum. All items, including equipment, must be available for the inspection.
11. If the Nurse Aide Training Program is not a long-term care facility, or a PDE-recognized secondary or postsecondary school and the intent is to offer nurse aide training and charge a fee, the program is required to gain prior approval from the Division of Higher and Career Education which can be reached at (717) 783-8228. In this case, the approval as a nurse aide training program is pending licensure by the Board of Private Licensed Schools.



# Section 1 (PDE 3128A):

## Nurse Aide Training Program Information

Name and Mailing Address of School or Nursing Facility:

Classroom Hours: Lab Hours: Clinical Hours: Total Course Hours:

County:

Name and Address of Nursing Facility for Clinical Experience:

## Program Staff Information

Name of Program Administrator/Director:

Administrator Phone Number: Email:

Signature of Administrator: Date:

Name of Program Coordinator:

Coordinator Phone Number: Email:

Signature of Coordinator: Date:

**FOR PDE USE ONLY**

Recommended Approval for Program Number 395

Staff Person: Date:

Bureau Director: Date:

# Section II

1. Indicate where the program will be offered (Check one):

[ ]  In a long-term care facility

[ ]  In a private licensed school
Note: To obtain a private school license, the Division of Higher and Career Education may require additional documentation.

[ ]  In a career and technology center as a program for secondary students

[ ]  In a career and technology center as a program for adult students

[ ]  In a community college

[ ]  Other (specify):

1. Insert the following items in *Section II* of the application binder in the order listed and confirm by checking the boxes.

[ ]  A market survey was conducted to determine the need for this program, including information on existing local NATCEPs. The survey results and analyses are provided.

Survey includes but not limited to:

* employment opportunities for graduates within 20 miles or 30 minutes of location
* identifies number of NATCEPs within 20 miles or 30 minutes of location
* based on relationships with the employers or community agencies, approximately how many students will participate in the course on an annual basis.

[ ]  An instructor’s schedule indicating the hours each faculty member will teach in the classroom, skills laboratory and clinical area on a daily basis is enclosed.
(Sample documents can be found in the Teaching-the-Educator manual located on the Penn State website and on the PDE website under Instructor's Corner.)

## Program Administrator

**Provide evidence of the following:**

[ ]  A resume with credentials and experience.

[ ]  A job description with duties related to the nurse aide training program.

[ ]  The administrator/director read the federal regulations and state statutes related to nurse aide training and Act 14.

* Federal Omnibus Reconciliation Act (OBRA) of 1987 42 CFR 483 Subpart D
[42 CFR 483.151](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5#se42.5.483_1151)

[42 CFR 483.152](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151#se42.5.483_1152)

[42 CFR 483.154](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151%20-%20se42.5.483_1152#se42.5.483_1154)

[42 CFR 483.75](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151%20-%20se42.5.483_1152%20-%20se42.5.483_175#se42.5.483_175)

* Pennsylvania Nurse Aide Resident Abuse Prevention Training Act of 1997, P.L. 169, No. 14 [PA Act 14 of 1997](http://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1997/0/0014..PDF)
* Pennsylvania Title 22: Chapter 701 Nurse Aide Training Program Applicant Criminal History Record Information (CHRI) [Chapter 701 CHRI](http://www.pacode.com/secure/data/022/chapter701/022_0701.pdf)

## Program Coordinator

Name of Coordinator:

Provide evidence of the following and indicate confirmation by checking the boxes:

[ ]  A resume of the proposed coordinator with credentials and experience.

[ ]  A job description including the responsibilities of a NATCEP program coordinator.

[ ]  [ ] A copy of the certificate of completion from the Teaching-the-Educator Workshop where the federal (OBRA) and Pennsylvania regulations were presented or

[ ]  Proposed program coordinator plans to attend the Teaching-the-Educator Workshop (location/dates):

## Program RN Supervisor of LPN Instructor

Name of program RN supervisor:

Telephone: Email:

RN license number: Expiration date:

Indicate confirmation by checking the boxes below:

[ ]  There are no practice limitations imposed on nursing license

[ ]  Legible copy of a current professional license with your signature is attached

[ ]  Current verification of license from the Pennsylvania Department of State website is attached

[ ]  RN supervisor is available when NATCEP instruction is taking place and must be permitted to cease nursing and any other duties should the LPN instructor require assistance.

[ ]  RN supervisor is responsible to sign and date the Performance Checklist and Nurse Aide Training Report and others required by the program to verify students were taught and demonstrated proficiency in the knowledge and skills required by the Omnibus Budget reconciliation Act (OBRA).

[ ]  Resume attached that includes name, address and phone number of employers, dates of employment with months/years, evidence of 2 years’ experience as an RN of which at least 1 year of nursing experience was in a licensed long-term care facility.

[ ]  New program RN supervisor completed the Teaching-the-Educator (TTE) workshop where the Federal (OBRA) and Pennsylvania regulations are presented, a certificate of completion was issued, and a copy attached.

Signature of RN Supervisor Date

## RN Instructor

Name of instructor:

Telephone: Email:

RN license number: Expiration date:

Indicate confirmation by checking boxes below:

[ ]  There are no practice limitations imposed on nursing license

[ ]  Legible copy of a current professional license with your signature is attached

[ ]  Current verification of license from the Pennsylvania Department of State website is attached

[ ]  Copy of the certificate of completion from the Teaching-the-Educator workshop is attached (letter of validation or temporary certificate is not acceptable)

[ ]  Program maintains evidence of a negative test for tuberculosis according to the policy of the nursing facility where students complete their clinical experience and in compliance with Pennsylvania’s guidelines regarding tuberculosis

[ ]  Program maintains evidence of an acceptable Pennsylvania Criminal History Record Information according to Act 13 of 1997, Title 18 Chapter 25 and per facility policy or the administrative policy of the nurse aide training program

[ ]  Resume attached that includes name, address and phone number of employers, dates of employment with months/years, evidence of 2 years’ experience as an RN of which at least 1 year of nursing experience was in a licensed long-term care facility.

Signature of RN instructor Date

## LPN Instructor

Name of LPN instructor:

Telephone: Email:

LPN license number: Expiration Date:

Indicate confirmation be checking boxes below:

[ ]  There are no practice limitations imposed on nursing license

[ ]  Legible copy of a current professional license with your signature is attached

[ ]  Current verification of license from the Pennsylvania Department of State website is attached

[ ]  A copy of the certificate of completion from the Teaching-the-Educator Workshop is attached. (A letter of validation or temporary certificate is not acceptable)

[ ]  Approved program RN supervisor is available when nurse aide training is taught and is permitted to cease nursing and all other duties should the LPN instructor require assistance

[ ]  Program maintains evidence of a negative test for tuberculosis according to the policy of the nursing facility where students complete their clinical experience and in compliance with Pennsylvania’s guidelines regarding tuberculosis

[ ]  Program maintains evidence of an acceptable Pennsylvania Criminal History Record Information according to Act 13 of 1997, Title 18 Chapter 25 and per facility policy or the administrative policy of the nurse aide training program

[ ]  Resume attached that identifies the name, address, and phone number of employers, includes dates of employment with months/years, provides evidence of 2-years’ experience as a LPN of which at least 1 year of nursing experience in a licensed long-term care facility.

[ ]  If the LPN instructor is teaching NATCEP in a secondary (high school) setting, checking this box indicates the LPN instructor meets the occupational competency assessment (OCA) requirements for secondary CTE teacher certification.

Signature of LPN instructor Date

Printed name of program RN supervisor

RN supervisor license number

Signature of program RN supervisor Date

Section III

1. Insert the following items into *Section III* of the application binder in the order requested and confirm by checking the boxes. (Sample documents are located in the Teaching-the-Educator manual located on the Penn State website and on the Instructor’s Corner on the PDE website)

[ ]  [[ ]](http://www.education.pa.gov/Documents/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/Curriculum%20Content%20-%20PDE-3128C.pdf) **[Curriculum Content PDE-3128C](http://www.education.pa.gov/Documents/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/Curriculum%20Content%20-%20PDE-3128C.pdf)** [[Instructor's Corner](http://www.education.pa.gov/Documents/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/Curriculum%20Content%20-%20PDE-3128C.pdf)](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

Information that will provide a basic level of knowledge and skills for each individual completing the program as mandated by OBRA regulations and Act 14 and assigns theory, laboratory, and clinical hours for each topic area on the curriculum content. Indicate the hours, per section, in the classroom, skills laboratory and clinical area as well as the total program hours. Ensure the required 16 hours of instruction (classroom and/or skills laboratory) are provided in the following subjects prior to resident contact:

* Communication and Interpersonal skills
* Respecting clients’ rights
* Infection control
* Safety and emergency procedures including abdominal thrust
* Promoting clients’ independence

[ ]  **Program Calendar** [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

A daily breakdown and schedule of hours of instruction and activities for the classroom, laboratory, and clinical components of a nurse aide training program. Ensure the required 16 hours of instruction (classroom and/or skills laboratory) are evident.
***Note****: Distribution of hours on the Program Calendar and Curriculum Content must align.*

[ ]  **Daily Lesson Plans** [Instructor's Corner](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

A daily breakdown of what the students will learn and how the teacher will effectively accomplish the goals and objectives throughout the program. Daily lesson plans are developed and utilized by all instructors, including objective-driven clinical lesson plans.

[ ]  **Cognitive Assessment**

* Copy of a final exam
* A separate quiz that assesses the student understanding of PA Act 13 and Act 14

[ ]  **Performance Checklist** [Instructor's Corner](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

Provides evidence that all of the theoretical and practical objectives, as mandated by OBRA regulations and Act 14, are taught, and satisfactorily achieved by the students. Performance Checklist serves as a transcript of the theory, laboratory, and clinical components of the nurse aide training program. The Performance Checklist must contain the name of the NATCEP and space for a student’s name on every page on this permanent document.

[ ]  **Directions for Completing the Performance Checklist** [Instructor's Corner](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

Marking this box indicates the instructions for completing the Performance Checklist were read.

[ ]  [**Classroom Environment Requirements PDE 3128D**](#_Classroom_Requirements)

A conducive environment with ample space to foster optimal learning for all students.

[ ]  [**Skills Laboratory Requirements PDE 3128D1**](#_Skills_Laboratory_Requirements)

A learning environment that has ample space to practice the skills required in nurse aide training. One complete set-up per every six students is required.

[ ]  [**Procedure Evaluation Checklists PDE 3128D2**](#_Procedure_Evaluation_Checklists)

A step-by-step process for performing the skills that are instructed and demonstrated by the student in the nurse aide training program.

[ ]  [**Basic Equipment for Training PDE 3128D3**](#_Basic_Equipment_for)

A learning environment that contains the basic equipment for skills laboratory training.

[ ]  [**Clinical Site Status PDE 281**](#_Clinical_Site_Status)

Regulation sections 42 CFR §483.151(b)(2) and (3) require a nursing facility to be in compliance with 483, Subpart B within 24 consecutive months prior to approval as a clinical site for a NATCEP. A facility that has been licensed by the Pennsylvania Department of Health as long-term care (LTC) and has a sufficient and appropriate population of clients to meet the requirements of the program.

[ ]  [**Clinical Site Verification PDE 281A**](#_Clinical_Site_Verification)

Provides assurance that the area where students complete their clinical experience is not a locked unit and meets state requirements for approval of nurse aide training program.

[ ]  **Clinical Site Documentation**

Submit a copy of the facility’s license and their last two annual Department of Health surveys.

[ ]  **Clinical Affiliation Agreement** [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

Submit a signed agreement between the educational institution and the long-term care (LTC) facility which identifies the responsibilities of all parties. (Does not apply to facility-based program.)

[ ]  **Documentation by Nurse Aides** [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

Submit a generic form to be used by students to communicate the care provided under the supervision of the instructor.

[ ]  **Clinical Evaluation** [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

Submit a form to be used to assess student performance in the clinical environment which provides evidence of attainment to the clinical level of achievement per program policy.

[ ]  **Attendance Record** [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

Submit a sample attendance record that records attendance on a daily basis and documents the student’s hours in the classroom, skills laboratory, clinical and make-up hours.



# Classroom Requirements (PDE 3128D)

Location of Classroom:

Amount of usable space\* for seating: Room Length: ft. Width: ft.

Approximate seating capacity (15 square feet per student):

Indicate confirmation by checking the boxes.

[ ]  Textbook is less than three years old

[ ]  Textbook is available for each student

[ ]  Workbook is available for each student and is less than three years old

[ ]  Podium/desk is provided for instructor

[ ]  Room meets local fire and safety codes

[ ]  Room is clean and clutter free

[ ]  Room is free of distraction and noise

[ ]  Room has adequate lighting, heating, and ventilation free of distraction and noise

[ ]  Room has a clock with a second hand for consistent time keeping and skills practice

[ ]  Room is not in a locked area

[ ]  Room is not in an area designated for resident use

[ ]  Restrooms are available (within 25 feet)

[ ]  Room is not used for other activities during class time

Instructional aids in the classroom: (Check all that apply)

[ ]  White/Blackboard [ ]  TV/VCR/DVD

[ ]  Bulletin Board [ ]  Computers and Software

[ ]  Handouts [ ]  Power Points

[ ]  Reference Books [ ]  Other

\*Useable space means the classroom area is free of storage units, file cabinets, etc.



# Skills Laboratory Requirements (PDE 3128D1)

Location of Skills Lab:

Amount of usable space\* for mock unit(s): Room Length: ft. Width: ft.

Number of Simulated Resident Units (one per six students):

Indicate confirmation by checking the box.

[ ]  Lab is in the [ ]  **same** or [ ]  **different** space than the classroom. (Check one)

[ ]  Room meets local fire and safety codes

[ ]  Room is clean and clutter free

[ ]  Room is free of distraction and noise

[ ]  Room has adequate lighting, heating, and ventilation free of distraction and noise

[ ]  Room is not in a locked area

[ ]  Room is not in an area designated for resident use

[ ]  A simulated resident unit contains at least an adjustable bed with side rails, bedside cabinet, toiletries for the bedside cabinet (toothbrush, toothpaste, comb, basin, bedpan, toilet tissue), bedside chair, over-bed table, a dresser and privacy curtain.

[ ]  [Basic equipment is available and in working order](#_Basic_Equipment_for)

[ ]  Mannequin (male/female) is available

[ ]  If more than one simulated resident unit is available, the beds are at least eight feet apart and each unit contains all of the required equipment as stated above

[ ]  Room is not used for other activities during class time.

[ ]  Working sink within 25 feet from the mock set-up

\* Useable space means the laboratory area is free of storage units, file cabinets, etc.

# Procedure Evaluation Checklists for Skills Laboratory (PDE 3128D2)

Place a mark in the box to indicate that a Procedure Evaluation Checklist was developed for the skills listed below.

[ ]  Abdominal thrust [ ]  Applies knee-high elastic stockings

[ ]  Assists client to bathroom [ ]  Assists client to dangle, stand & ambulate

[ ]  Assists client to use bedpan [ ]  Assists client to use urinal

[ ]  Assists client with shaving [ ]  Gives a back rub

[ ]  Assists client with a bed bath [ ]  Counts & records radial pulse

[ ]  Counts & records respirations [ ]  Demonstrates perineal care (female/male)

[ ]  Demonstrates reality therapy [ ]  Demonstrates handwashing

[ ]  Denture care (clean & store) [ ]  Dresses client who cannot dress self

[ ]  [ ] [ ] Demonstrates validation therapy [ ] [ ]  Feeding client that cannot feed self[ ]

[ ]  Measures & records rectal temperature [ ]  Makes an occupied bed

[ ]  Measures & records axillary temperature [ ]  Makes an unoccupied bed

[ ]  Measures & records oral temperature [ ]  Assists client with mouth care

[ ]  Measures & records weight & height [ ]  Assists client to move to side of bed

[ ]  Measures & records blood pressure [ ]  Positions client (supine, lateral & fowler’s)

[ ]  Mouth care to unconscious client [ ]  Prepares soiled linen for laundry

[ ]  Performs range of motion (head to toe) [ ]  Demonstrates proper use of restraints

[ ]  Prepares & serves tray to client who can feed self [ ]  Provides fresh drinking water

[ ]  Demonstrates proper use of safety devices [ ]  Provides a safe client environment

[ ]  Provides postmortem care [ ]  Provides foot & toenail care

[ ]  Provides catheter care [ ]  Reports pain

[ ]  Provides hand & fingernail care [ ]  Transfers client with mechanical lift

[ ]  Assists client with a shower/whirlpool [ ]  Turns & positions client on side

[ ]  Assists client to transfer from bed to wheelchair [ ]  Assists client to shampoo & groom hair

[ ]  Applies an incontinent brief [ ]  Isolation procedures (gown, glove, mask)

[ ]  Empties colostomy bag Measures & records urinary output

Name of individual confirming the availability and utilization of the Procedure Evaluation Checklist

Title of individual confirming the availability and utilization of the Procedure Evaluation Checklists

Date

# Basic Equipment for Classroom and Laboratory Training (PDE 3128D3)

Place a mark adjacent to each item to signify that the equipment is available for the NATCEP

**One (1) Mock Resident Unit per six (6) students In Classroom/Lab or within 25 feet**

[ ]  Adjustable bed & working side rails, (full or half) [ ]  Over bed table for each bed

[ ]  Basin, wash, and emesis [ ]  Personal Care items (e.g., brush, soap etc.)

[ ]  Lotion for each beside cabinet) [ ]  Privacy curtains

[ ]  Bedpan or fracture pan for each bed [ ]  Signaling device for each bed

[ ]  Bedside cabinet and chair for each bed [ ]  Skin cleanser/hand sanitizer

[ ]  Cups (disposable) [ ]  Toilet tissues for each bedside cabinet

[ ]  Linen (minimum of six sets per bed) [ ]  Urinal for each bed

[ ]  Mattress that can be cleansed

[ ]  Mannequin in good condition (male/female)

**In Classroom/Lab or within 25 feet**

[ ]  Paper towels [ ]  Sink with running water

[ ]  Restroom(s) [ ]  Skin cleanser

 [ ]  Waste basket with liner

**Training Supplies**

[ ]  Alcohol swabs [ ]  Liquid soap

[ ]  Bath thermometer [ ]  Meal tray with utensils, napkin, variety of foods

[ ]  Bedside commode available, clothing protector

[ ]  Calibrated scale (dial or bar with weights) [ ]  Measuring container (at least 6)

[ ]  Blood pressure cuffs (regular and large) [ ]  Mechanical lifts (min. age 18)

[ ]  Catheter for mannequin-internal, external (M) with [ ]  Orange sticks

 drainage bag [ ]  Patient gowns (at least 6)

[ ]  Clothing – (tops, bottoms, socks, non-skid footwear, [ ]  Pillows for beds and positioning (minimum of five

 male and female) at least two sets per bed)

[ ]  Colostomy bag [ ]  PPE equipment (gowns, masks)

[ ]  Condom catheter (with drainage bag) [ ]  Restorative devices

[ ]  Denture cups (at least two sets) [ ]  Sample charting sheets

[ ]  Dentures (at least two sets) [ ]  Shampoo (according to facility policy)

[ ]  Denture solution [ ]  Soiled linen container

[ ]  Disposable briefs [ ]  Thermometer sheaths, cover, or similar item

[ ]  Emery boards [ ]  Toothpaste (1 tube labeled mouth care, 1 labeled

[ ]  Gloves (disposable) dentures)

[ ]  Incontinent pads [ ]  Wall clock with second hand

[ ]  Shaving kit [ ]  Wheelchair, with footrests

**Equipment/Training Supplies per student requirements**

***At least 1 per student:*** ***At least 1 per 2 students:***

[ ]  Bath blanket, towel & washcloth [ ]  Blood pressure cuffs (regular and large)

[ ]  Basin, wash, and emesis [ ]  Dual earpiece stethoscopes

[ ]  Clothing protectors, one for each student [ ]  Knee-high elastic stockings (several sizes)

[ ]  Thermometers-mercury free (oral and rectal) [ ]  Transfer belt

[ ]  Toothbrushes or toothettes

Name of individual confirming the availability of basic equipment Date

# Clinical Site Status (PDE 281)

NATCEP (42 CFR §§ 483.151 (B), (E))

Provide **each** clinical site with a copy of this page to be completed by the nursing home administrator.

The Omnibus Budget Reconciliation Act (OBRA) mandates that the Pennsylvania Department of Education must document the status of the long-term care facility where the clinical experience is approved. Indicate whether any of the following conditions existed within the past two years.

**YES NO**

 1. \*Substandard quality of care in:

[ ]  [ ]  Freedom from Abuse, Neglect, Exploitation [42 CFR §483.12]

[ ]  [ ]  Resident Behavior and Facility Practices [42 CFR § 483.13]

[ ]  [ ]  Quality of Life [42 CFR § 483.15]

[ ]  [ ]  Quality of Care [42 CFR § 483.25]

[ ]  [ ]  2. A staffing waiver

[ ]  [ ]  3. An extended survey

[ ]  [ ]  4. Civil Money Penalty of not less than $11, 292 (adjusted annually)

[ ]  [ ]  5. Medicare and/or Medicaid participation terminated

[ ]  [ ]  6. Denial of payment for admission under Medicare and/or Medicaid

[ ]  [ ]  7. Operated under temporary management

[ ]  [ ]  8. Pursuant to state action, was closed or had its residents transferred

\* Substandard quality of care implies that a deficiency occurred for tag items 42 CFR §§ 483.13, 483.15 and 483.25 and the scope and severity were graded as F, H, I, J, K, or L.

If the answer is “YES” to any of the conditions cited above, please explain in detail on the back of this page.

Nursing Home Administrator(print name)Signature of Administrator

Facility Name Date

# Clinical Site Verification (PDE 281A)

Name, Address and License Number of Nursing (LTC) Facility:

Name of Floor, Hall, Unit where clinical experience is completed:

**Confirm by checking the boxes.**

[ ]  1. Client population will meet the objectives of the program.

[ ]  2. Client rooms provide adequate space for the instructor to observe the students.

[ ]  3. Shower room provides adequate space for the instructor to observe the students.

[ ]  4. There is a central dining room where the instructor can observe feeding technique.

[ ]  5. Nurse aide students will be under the direct supervision of an instructor approved by PDE.

[ ]  6. Each student will receive an individual resident assignment that fulfills curriculum objectives.

[ ]  7. Each student will be evaluated on a daily basis and be provided written feedback on their performance.

[ ]  8. Students will use a generic documentation form to record the care provided under the supervision of the approved instructor.

[ ]  9. Nurse aide students will **not** be assigned to shadow a nurse aide staff as part of their training experience.

[ ]  10. Nurse aide students will receive individual resident assignments beginning with one (1) resident and progressing to no more than three (3) residents.

[ ]  11. Clinical site is not a locked unit designated for clients with dementia.

[ ]  12. Instructor will be free of other service responsibilities while the NATCEP is in session.

[ ]  13. Nurse aide student/instructor ratio will not exceed 10:1 in the clinical setting.

[ ]  14. All nurse aide students will be assigned to the same hall in order to be supervised by the NATCEP instructor.

\*Duplicate page if more than one (1) clinical site is to be used for clinical experience.

# Section IV

1. Insert the policies, forms, or documents into *Section IV* of the application binder in the order requested and confirm by checking the boxes. All policies must be submitted for approval. (Sample documents are located at [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator))

## Student Policies

[ ]  A complete student policy document to be given to all students before the first day of class that contains a thorough explanation of at least:

[ ]  i. Non-discrimination policy

[ ]  ii. Admissions policy which outlines the entrance requirements

[ ]  iii. Program advises prospective students of the Department of Public Welfare, Medical Assistance Bulletin, 99-11-05, Exclusion from Participation in Medicare, Medicaid or any other federal health care program and the implications regarding future employment.

[ ]  iv. Health/physical requirements

[ ]  v. Attendance requirements including make-up time

[ ]  vi. Level of achievement for classroom (theory), lab (skills) and clinical (practical)

[ ]  vii. Expected student behavior

[ ]  viii. Written statement that students will perform in the clinical setting only those tasks for which they have been instructed and deemed competent by the instructor

[ ]  ix. Student grievance policy

[ ]  x. Tuition refund, if applicable**\***

[ ]  xi.Assurance form, if applicable**\***

[ ]  xii. Training agreement, if applicable\*

[ ]  xiii. A signature page that confirms receipt and agreement to the program policies

\*If not applicable, leave unchecked

## Administrative policies

[ ]  i. Explanation of how grades, attendance, performance level and anecdotal notes are

 documented and maintained in a secure location

[ ]  ii. Formal process for ongoing self-evaluation of program

[ ]  iii. Forum for developing and revising policies

[ ]  iv. Record keeping policy

[ ]  v. Class and student record maintenance and organization of files

[ ]  vi. CHRI policy

## NATCEP Forms

All items listed below must be submitted in the application binder

[ ]  i. PA Nurse Aide Training Report [Instructor's Corner](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

[ ]  ii. Administrator/Coordinator has read the Guidelines for Completing the PA Nurse Aide Training

 Report [Instructor's Corner](https://www.education.pa.gov/K-12/Career%20and%20Technical%20Education/Nurse%20Aide%20Training%20Program/InstructorsCorner/Pages/default.aspx)

[ ]  iii. Sample certificate of completion [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

[ ]  iv. End-of-program evaluation form [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

[ ]  v. Sample reimbursement receipt for training, if applicable\* [Teaching-the-Educator](https://ed.psu.edu/academics/departments/department-learning-and-performance-systems/teaching-the-educator)

[ ]  vi. [PDE 3128G Assurance form](#_Nurse_Aide_Training) (signed and dated)

[ ]  vii. [PDE-3128B1 Regulatory and Program Assurance form](#_Nurse_Aide_Training_1) (signed and dated)

[ ]  viii. [Completed Estimated Costs for Nurse Aide Training](#_Estimated_Costs_for) (required of all programs)



# Nurse Aide Training and Competency Evaluation ProgramASSURANCE (PDE 3128G)

To prevent an individual from receiving reimbursement from two or more nursing facilities for the cost of a Nurse Aide Training and Competency Evaluation Program (NATCEP) required by

42 CFR Part 483.152(c)(2), you as the sponsor of the NATCEP must provide the following assurances:

* Anyone who has successfully completed the NATCEP who has personally incurred the costs of the program will be provided with an original invoice. This does not include individuals whose program was paid by a nursing facility, government aid, etc.
* The invoice will include date, place, and time of nurse aide training.
* The original invoice will be signed and dated by the school administrator and the graduate.
* Any additional invoice will be clearly marked as a duplicate or copy in such a manner that the word “duplicate” or “copy” cannot be removed.

To maintain approval of the NATCEP under the regulations of the Omnibus Budget Reconciliation Act (OBRA), I agree to abide by the above.

Name of Administrator (Printed)

Signature of Administrator Date

Name of Facility/School



# Nurse Aide Training and Competency Evaluation ProgramREGULATORY and PROGRAM DELIVERY ASSURANCE (PDE 3128B1)

Facility/School Name and Address

The representatives of the facility/school, by submitting this signed document, hereby agree and assure that the requirements for the approval of a NATCEP have been read, reviewed, and understood prior to completion and submission of the NATCEP application and/or Self-Study Booklet.

1. The NATCEP shall consist of the prescribed theory, laboratory, and clinical education components as required by federal and state regulations and approved by the Pennsylvania Department of Education (PDE) for a period of two (2) years. The NATCEP is designed to impart the knowledge, skills, and behaviors of a nurse aide in a concise and systematic manner.
2. The NATCEP agrees to comply with Federal Omnibus Reconciliation Act (OBRA) of 1987 and Title 55 PA. Code that requires nursing facilities to assume responsibility for the full payment of training and testing costs for individuals employed or offered employment at the time of individual enters a Nurse Aide Training and Competency Evaluation Program.
3. The entity shall ensure that the following federal and state regulatory requirements for the administration, instruction, and recordkeeping of the NATCEP are being met as outlined in the NATCEP application, PDE-developed model curriculum, Teaching-the-Educator manual, and Self-Study Booklet.
4. Federal Omnibus Reconciliation Act (OBRA) of 1987 42 CFR Part 483 Subpart D

[42 CFR 483.151](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5#se42.5.483_1151)

[42 CFR 483.152](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151#se42.5.483_1152)

[42 CFR 483.154](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151%20-%20se42.5.483_1152#se42.5.483_1154)

[42 CFR 483.75](http://www.ecfr.gov/cgi-bin/text-idx?SID=0bfb48bcf275290afd6a1b9fabd3be87&mc=true&node=pt42.5.483&rgn=div5%20-%20se42.5.483_1151%20-%20se42.5.483_1152%20-%20se42.5.483_175#se42.5.483_175)

1. Pennsylvania Nurse Aide Resident Abuse Prevention Training Act of 1997, P.L. 169, No. 14 [PA Act 14 of 1997](http://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1997/0/0014..PDF)
2. Pennsylvania Title 22: Chapter 701 Nurse Aide Training Program Applicant Criminal History Record Information (CHRI) [Chapter 701 CHRI](http://www.pacode.com/secure/data/022/chapter701/022_0701.pdf)

NATCEP Administrator or Coordinator Print Name Date

Chief Administrator of Facility or School Print Name Date

# Estimated Costs for Nurse Aide Training

**Must be completed by all NATCEPs**

NATCEP Program Name:

Mailing Address:

County(ies) where training will be offered:

NATCEP training hours: Total: Theory: Lab: Clinical:

## Enrollment Information

|  |  |
| --- | --- |
|  | 1. Approximate number of students accepted annually
 |
|  | 1. Approximate number of students accepted into each class
 |

## Tuition

|  |  |
| --- | --- |
|  | 1. Tuition per student
 |

## Fees per Student (itemized if required)

|  |  |
| --- | --- |
|  | 1. Registration fee
 |
|  | 1. Textbooks/workbooks
 |
|  | 1. Uniforms
 |
|  | 1. Health/physical fee
 |
|  | 1. Drug test
 |
|  | 1. PA Criminal History Record Information (CHRI) report
 |
|  | 1. FBI report
 |
|  | 1. 2-step Mantoux or comparable method of determination
 |
|  | 1. CPR
 |
|  | 1. Examinations (entrance, HIPAA, OSHA, HIV/AIDS, others)
 |
|  | 1. I.D. badge
 |
|  | 1. Stethoscope/sphygmomanometer
 |
|  | 1. Thermometer
 |
|  | 1. Tote Bag
 |
|  | 1. Personal protective equipment
 |
|  | 1. Student liability insurance
 |
|  | 1. State competency examination
 |
|  | 1. Other:
 |
|  | 1. **Total Tuition and Fees Per Student (items 3-21)**
 |

## Tuition Payment

**YES NO**

[ ]  [ ]  23. Are the total tuition and fees collected prior to starting class?

 If no, explain:

## Program Expenses

|  |  |
| --- | --- |
|  | 1. Administrative expenses/salaries
 |
|  | 1. Instructional expenses/salaries
 |
|  | 1. Operational expenses (rent, utilities)
 |
|  | 1. Equipment
 |
|  | 1. Supplies
 |
|  | 1. Other:
 |
|  | 1. Total Program Expenses
 |

## Grants/Other Sources of Income

1. Program Income from Grants/Other Sources (list):

|  |  |
| --- | --- |
|  | 1. **Total Program Income from Grants/Other Sources**
 |

## Tuition Payment

**YES NO**

[ ]  [ ]  33. Copies of invoices for sponsored students and a letter of reimbursement for

 self-pay student’s payments will be retained for future compliance reviews.

Person Completing Estimated Cost form (type or print)

Title of Person Completing Estimated Cost form

Signature