

**Nurse Aide Training and Competency Evaluation Program**

**ASSURANCE**

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.

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Name of Administrator (Printed)

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Signature of Administrator Date

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Name of Facility/School