



Report of Change Form

Nurse Aide Training and Competency Evaluation Program (NATCEP)

Facility/School Name:

Training Code # 395:

Facility/School Address:

County:

Telephone:

Fax:

Name of new or current program administrator:

Email address of new or current program administrator:

Name of new or current program coordinator:

Email address of new or current program coordinator:

Indicate change requested* by checking a box below:	
Program Sponsor, Name or Email Change	LPN Instructor
Program Administrator	Inactive Instructor
Classroom (Theory) Site	Inactive Clinical Site
Lab Site	Curriculum/Performance Checklist
Clinical Site	Theory/Classroom Virtual Delivery
Program Coordinator	Program Hours
Program RN Supervisor of LPN Instructor	Inactivate Approval of NATCEP
RN Instructor	

Signature of administrator or coordinator:

Date:

***NOTE:** *The requested change may **not** be implemented until approved by the PA Department of Education. Allow at least 30 calendar days from the submission date to the approval date.*

Pennsylvania Department of Education (PDE) Use Only

Date received:

Date reviewed:

Determination:

Approved

Need more information

Not Approved

Signature of PDE staff:

Date approved by PDE for implementation:

I. PROGRAM SPONSOR, STAFF NAME or EMAIL CHANGE

A. Sponsor Change

New sponsor:

New sponsor mailing address:

Telephone:

Fax:

Select box below to indicate type of facility or setting:

Licensed long-term care facility

Hospital with an area licensed as long-term care

If healthcare setting, a copy of the new license or written approval issued by Pennsylvania Department of Health for the new sponsor or name change is attached

Educational setting

If educational setting, the approval from PDE Division of Higher and Career Education for a private licensed school is attached

Former sponsor:

Former sponsor mailing address:

Telephone:

County:

B. Staff Name or Email Change

Former name/email:

Name changed to:

Email address changed to:

Indicate confirmation by checking box below:

Documentation as evidence of name change is attached

Signature of staff whose name/email changed:

Date:

II. PROGRAM ADMINISTRATOR CHANGE

Name of former program administrator:

Name of new program administrator:

Mailing address:

Telephone:

Fax:

Email address of new program administrator:

Signature of new program administrator:

Date:

III. CHANGE CLASSROOM/LAB/CLINICAL SITE

A. Classroom (Theory) Site

Name of facility:

Mailing address:

County:

Former facility name and address:

Indicate confirmation by checking boxes below:

Description of classroom (theory) site is attached

Rationale for change of classroom (theory) site is attached

B. Lab Site

Indicate confirmation by checking boxes below:

Description of new lab setting is attached

Page 4 of this document is completed, signed, dated and attached as assurance that all equipment is available and in good working order per OBRA and State regulations

C. Clinical Site

Name of new licensed long-term care facility:

Mailing address:

Number of beds:

License number/D.S.I. number:

Name of unit/wing/area and description of clinical area:

Indicate confirmation by checking the boxes below:

Clinical area is not in a locked unit or exclusive area for dementia

Current, signed Clinical Affiliation Agreement (contract) is attached (education-based programs only)

Page 5 of this document is completed, signed by the Nursing Home Administrator, and attached

Rationale for change of clinical site is attached

III. CHANGE in CLASSROOM/LAB/CLINICAL SITE

B. Basic Equipment for Skills Training in Laboratory (continued)

Verify the following equipment is available for the NATCEP by checking boxes below:

Maximum number of students:

Number of simulated settings (1 per 6 students):

One (1) Mock Resident Unit per six (6) students

Adjustable bed & working side rails (full or half)
Basin, wash and emesis
Lotion for each bedside cabinet
Bedpan or fracture pan for each bed
Bedside cabinet and chair for each bed
Cups (disposable)
Linen (minimum of six sets per bed)
Mattress that can be cleansed
Mannequin in good condition (male/female)

In Classroom/Lab or within 25 feet

Over bed table for each bed
Personal Care items (e.g. brush, soap, etc.)
Privacy curtains
Signaling device for each bed
Skin cleanser/hand sanitizer
Toilet tissues for each bedside cabinet
Urinal for each bed

In Classroom/Lab or within 25 feet

Paper towels
Restroom(s)

Sink with running water
Skin cleanser
Waste basket with liner

Training Supplies

Alcohol swabs
Bath thermometer
Bedside commode
Calibrated scale (dial or bar with weights)
Catheter for mannequin—internal, external(M)
with drainage bag
Clothing (tops, bottoms, socks, non-skid footwear,
male and female) at least two sets
Colostomy bag
Condom catheter (with drainage bag)
Denture cups (at least two sets)
Dentures (at least two sets)
Denture solution
Disposable briefs
Emery boards
Gloves (disposable)
Incontinent pads
Shaving kit

Liquid soap
Meal tray with utensils, napkin, variety of foods available,
clothing protectors
Measuring containers (at least 6)
Mechanical lifts (min. age 18)
Orange sticks
Patient gowns (at least 6)
Pillows for beds and positioning (minimum five per bed)
PPE equipment (gowns, masks)
Restorative devices
Sample charting sheets
Shampoo (according to facility policy)
Soiled linen container
Thermometer sheaths, cover, or similar item
Toothpaste (1 tube labeled mouth care, 1 labeled dentures)
Wall clock with second hand
Wheelchair, with footrests

Equipment/Training Supplies per student requirements

At least 1 per student:

Bath blanket, towel & washcloth
Basin, wash and emesis
Clothing protectors, one for each student
Thermometers—mercury free (oral and rectal)
Toothbrushes or toothettes

At least 1 per 2 students:

Blood pressure cuffs (regular and large)
Dual earpiece stethoscopes
Knee-high elastic stockings (several sizes)
Transfer belt

Signature of administrator or coordinator:

Date:

III. CHANGE in CLASSROOM/LAB/CLINICAL SITE

C. Clinical Site (continued)

Name of clinical site:

It is mandated by the Omnibus Budget Reconciliation Act (OBRA) of 1987 42 CFR § 483.151 that the Pennsylvania Department of Education document the status of the long-term care facility where the clinical experience is offered for nurse aide training.

Indicate confirmation by checking YES or NO for each item below if in the past two years, any substandard quality of care citations existed:

YES NO

1. *Substandard quality of care (Scope and Severity of F, H, I, J, K or L*) in:
 42 CFR §483.12 Freedom from Abuse, Neglect, Exploitation
 42 CFR §483.13 Resident Behavior and Facility Practices
 42 CFR §483.15 Quality of Life
 42 CFR §483.25 Quality of Care
2. A staffing waiver
3. An extended survey
4. Civil Money Penalty of not less than \$11,995 (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

If the answer is YES to any of the conditions cited above, the facility may **not** be utilized as a clinical site for a nurse aide training program for two years from the date of the **final** CMS determination.

If the answer is NO to all the conditions above, sign and date this form and attach a copy of the contract (agreement) between the program and the long-term care nursing facility (if applicable).

*Substandard quality of care implies that tag items 483.12, 483.13, 483.15 and/or 483.25 have incurred a deficiency that was graded as an F, H, I, J, K or L.

Name of facility administrator:

Signature of facility administrator:

Date:

IV. INSTRUCTIONAL STAFF

A. Program Coordinator

Name:

Email:

Indicate confirmation by checking boxes below:

Job description including the responsibilities of the nurse aide coordinator is attached

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

Month/Year TTE was completed:

Name of former program coordinator:

Signature of new program coordinator:

Date:

B. Program RN Supervisor of LPN Instructor

Name of program RN supervisor:

Telephone:

Email:

RN license number:

Expiration date:

If supervisor is active and an approved instructor for this NATCEP

Mark the box, sign and date the bottom of this section if the supervisor is an active¹, approved instructor for this NATCEP², and available when the LPN instructor is teaching³.

If supervisor is not an active¹ and approved instructor for this NATCEP², 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 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:

C. 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.

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 instructor:

Date:

D. LPN Instructor

Name of LPN instructor:

Telephone:

Email:

LPN 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

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 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.

Signature of LPN instructor:

Date:

Printed name of program RN supervisor:

RN supervisor license number:

Signature of program RN supervisor:

Date:

E. Inactive Supervisor or Instructor(s)

Name of Inactive Supervisor/Instructor:

RN/LPN License Number:

Inactive Date:

This page may be duplicated if necessary.

V. INACTIVATE CLINICAL SITE

Name of clinical site:

Reason for inactivation of clinical site status:

VI. CURRICULUM and PERFORMANCE CHECKLIST

Indicate confirmation by checking boxes below:

Copy of revised Performance Checklist is attached

Rational for change(s) to Curriculum and/or Performance Checklist is attached

Additions

Deletions

VII. VIRTUAL THEORY/CLASSROOM DELIVERY

Indicate confirmation by checking boxes below:

Submit a calendar and lesson plans that incorporate virtual learning. If using an online vendor nurse aide training, the program's calendar and lesson plans must clearly indicate the PA curriculum objectives that are **not** covered by the online vendor and indicate how instruction of those PA objectives will be incorporated into the delivery.

Ensure that all students will log on to the virtual presentation at the same time as their PDE-approved NATCEP instructor (synchronous) in order to verify required attendance and ensure questions are addressed in an efficient and timely manner.

When presenting principles related to skills in the virtual environment, the skill procedure should be incorporated in the virtual training and theory/classroom hours must be identified.

NATCEP will maintain attendance records that provide evidence of each student's completion of the approved virtual theory/classroom, and in-person lab and clinical hours.

Complete an individualized Performance Checklist for each student.

Maintain evidence of periodic assessment and test integrity.

NATCEP will maintain evidence of each student's demonstrated competency of each skill in the presence of a PDE-approved instructor and ensure that no student will perform any skill/task in clinical for which they have not first been deemed competent by the PDE-approved instructor, as required by federal OBRA.

Signature of administrator or coordinator:

Date:

VIII. HOURS

A. Change in Classroom (Theory), Skills Laboratory, and Clinical Hours

Indicate confirmation by checking boxes below:

New program calendar is attached and identifies all the required objectives, and the total theory, lab and clinical hours match the new hours as recorded in this section

Rationale for any change in hours or additional hours is attached

	New		Currently Approved	
	Theory	Skills Lab	Theory	Skills Lab
1.1 Role and Function				
1.2 Communication Skills				
1.3 Infection Control				
1.4 Safety/Emergency				
1.5 Clients' Rights				
1.6 Clients' Independence				
2.1 Nutrition				
2.2 Identify & Report Conditions of Body Systems				
2.3 Client's Environment				
2.4 Personal Care Skills				
2.5 Care for the Dying when Death is Imminent				
3.1 Restorative Care				
4.1 Behavioral Health and Social Service Needs				
5.1 Care of Cognitively Impaired Clients				
TOTAL Classroom (Theory) and Lab Hours				

B. Clinical Hours

New

Currently Approved

C. Additional Hours

D. Total Program Hours

VIX. INACTIVATE NATCEP APPROVAL

Name of NATCEP:

NATCEP program code # 395:

County:

Mailing address:

Indicate confirmation by checking box below:

Reason for inactivating the approval of NATCEP:

By signing this page, Section VIII, of the Report of Change, I understand that the NATCEP approval is inactive. From this date forward, no nurse aide training by this program is permitted. Should we wish to conduct a nurse aide training program in the future, we will be required to submit a new Application for Approval of Nurse Aide Training Program to the Pennsylvania Department of Education.

Name of administrator:

Signature of administrator:

Date: