**ST**

# **Nurse Aide Training Program Application PAcket**

Objective of the Nurse Aide Training Program

To provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing or nursing-related services to residents in a skilled nursing facility (SNF) or nursing facility (NF) and who are neither licensed health professionals nor volunteers that provide services without monetary compensation.

Nurse Aide Training Program Overview

The Louisiana Department of Health, Health Standards Section (LDH-HSS) reviews and approves or disapproves **NURSE AIDE TRAINING (NATP) AND COMPETENCY EVALUATION PROGRAMS(NATCEP)**for the state of Louisiana.

Any person or entity that wishes to offer an NATP must receive approval from the LDH-HSS.  Proprietary schools must also receive licensure from the [LA Board of Regents](https://www.laregents.edu/proprietaryschools/) prior to advertising or training.

This packet includes an overview of the approval process, application, and document templates necessary for approval of Nurse Aide Training Programs.

The LDH-HSS reserves the right to revise or update the process and/or required information as necessary.

Program Approval Information

1. Effective July 1, 2021, the LDH[**Nurse Aide Training** **Program** **Application**](https://www.ldh.la.gov/index.cfm/page/2767)must be submitted for new program approval. All required documentation must be submitted with the Application Packet.
2. New program applications will be reviewed in the order in which they are received, and will receive a response from the LDH-HSS within 30 calendar days of the date received.
3. Subsequent submissions/revisions will be placed in the queue, and will be reviewed in the order received.
4. Program application packets that are incomplete, missing information, or have not followed the detailed instructions provided, will not be approved. The applicant will be notified, and the application will not be returned. In such cases, if the applicant wishes to continue the approval process, a new application packet must be completed and submitted. The new application will be placed in the queue as stated in item 2 above.
5. Recommendations for completing application:
6. Carefully read the federal and state regulations. See [42 *CFR* §§ 483.75, 151-154](http://www.ecfr.gov/cgi-bin/text-idx?SID=a294f8ad421648a5a2adf6a478e3359e&mc=true&node=sp42.5.483.d&rgn=div6); and [*LAC*, Title 48:I, Chapter 100](https://www.doa.la.gov/doa/osr/louisiana-administrative-code/). Links to both regulation sets can also be found on the LDH website <https://www.ldh.la.gov/index.cfm/page/2767>.
7. Establish a timeline for completing all application requirements. Applications are considered for approval in the order in which they are received.
	* **NOTE:** Proprietary schools **must** contact the LA Board of Regents for licensing requirements. This will prevent revisions after approval by the LDH-HSS, as well as ensure the applicant is aware of necessary steps for licensure. The Board of Regents website is <https://www.laregents.edu/proprietaryschools/>.
8. The application packet (including all supplemental documentation) must be submitted in one email, using a Word format for any documents that may require editing. A significant delay in the approval process may occur if application packet is incomplete or not in proper format.
9. Templates for the policy, curriculum, and skills performance record are provided on the [LDH Nurse Aide Training New Program Approval website](https://www.ldh.la.gov/index.cfm/page/2767) and **must** be tailored to meet specifics for your program. Other documents provided may require additional information to meet your program’s specifications.
10. The prospective NATP administrator or RN Coordinator should attend a Train the Trainer workshop prior to submitting a new program application to gain an understanding of the regulations and requirements of the program.

Application Packet Instructions

The following items must be submitted with the application packet for the nurse aide training program review process. An explanation of each document, including specific requirements, is provided.

1. *Nurse Aide Training Program Application*
* Complete the entire application. Fill in each section by checking the appropriate boxes and answering all questions in full. If an item(s) is not applicable to the program, indicate “not applicable.”
1. *Policy*
* Use the Policy Template to detail procedures that your program will utilize to ensure compliance with state and federal regulations, as well as LDH program processes.
* The document is fillable, and fields should be completed with information specific to your program.
* The document DOES NOT allow spell check. **Please use a separate word processing program to review information for errors, and then copy/paste into the template.**
* Enter the name of the school in the heading.
* Instructions for each section of the Policy are provided:
	+ Mission/Philosophy of School: description of school’s purpose, commitments, goals, etc.
	+ Learning Objectives: Overall goals of the nurse aide training program (i.e., what will student gain from completion of the program; what will student learn while in program; etc.)
	+ Admission requirements:
1. Age—specify your program’s minimum age for admission.
2. Other admission requirements—
	* + List **ALL** prerequisites for admission (i.e., drug screen, physical exam, Covid vaccine, etc.) and identify what would prevent acceptance.
		+ Non-facility based programs should verify with nursing home, and include any specifics noted in clinical contract.
		+ Facility-based programs (i.e. nursing homes) must include pre-employment requirements.
	* General program operations:
		1. Instructor to Student ratio--specify your program’s classroom/lab and clinical ratios.
	* Classroom Instruction:
		1. Curriculum: Indicate textbook, edition, author, and publisher that program will utilize. Curriculum must be submitted with hour breakdown. The required curriculum templates are available on the [website](https://www.ldh.la.gov/index.cfm/page/2767).
		2. Skills Performance Record that correlates with curriculum must be submitted. The required skills performance record templates are available on the [website](https://www.ldh.la.gov/index.cfm/page/2767).
	* Clinical Instruction: List name of each facility and contract dates.
		1. Submit a Clinical Contract for each facility listed. Minimum requirements for the contract are available on the [website](https://www.ldh.la.gov/index.cfm/page/2767).
		2. Submit a Clinical Site Status Form for each facility listed. The form must be completed by the administrator of the facility.
		3. NOTE: Facility-based (NH) programs **do not** need a clinical contract.
	* Training Schedule and Attendance Policy:
		1. Program Length and Schedule:
			+ List instruction time in hours (total, theory, lab/skills, clinical orientation, and clinical instruction). *Do not include breaks as instruction time.*
			+ List the instruction schedule (days and times that instruction will be conducted).
			+ The schedule(s) must match those reported on curriculum and application.
			+ The clinical and lab hours should correlate with the curriculum breakdown totals.

**Example:** *Program that is* ***80 total hours****, including 24 classroom hours, 16 lab/skills hours, 4 orientation hours, and 40 clinical hours. Class and skills are conducted during week 1,* ***Monday thru Friday 8:00 AM to 5:00 PM, with 30-minute lunch and two (2) 15-minute breaks****. Orientation will be held* ***Saturday 8:00 AM to 12:00 PM, no break****. Clinical instruction will be held during week 2,* ***Monday thru Friday 6:00 AM to 2:30 PM, with a 30-minute lunch break****. Using this information, the table would be completed like this:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instruction schedule** | **Instruction days** *(ex. Monday thru Friday)* | **Total # of days**  | **Times of Instruction** *(ex: 8AM to 4PM, 1 hour break)* | **Total Instruction Time** *(in hours; do not include breaks)* |
| *Classroom/lab* | **Monday thru Friday** | **5** | **8AM to 5PM (1 hr breaks)** | **40** |
| *Clinical orientation* | **Saturday** | **1** | **8AM to 12PM (no break)** | **4** |
| *Clinical Instruction* | **Monday thru Friday** | **5** | **6AM to 2:30PM (30 min break)** | **40** |
| *Totals* | n/a | **11** | n/a | *(do not include orientation)* **80** |

* + 1. Attendance:
			- Define the **minimum** number of hours that student must complete to successfully complete the program. *(NOTE: This should be the same as noted in the section Competency Evaluation, A. 2. completion of instruction hours.)*
				* If program is greater than 80 hours, the minimum hours would be the number allowed to miss without making up time.
				* If your program is 80 hours or less, ALL missed time must be made up, or student has not completed the minimum training requirements.
			- Make-up work (i.e., bookwork, reports, etc.) **may not** be used in lieu of actual training hours.
			- If your program is the minimum 80 hours, any missed time **must** be made up, or student must be dropped from the program.
			- The makeup instruction table is used to clearly define makeup policy.
				* If make up will be allowed, indicate the maximum amount of time (in hours) that a student will be allowed to make up.
				* Define the time frame in which students must complete the make-up time. *NOTE: ALL Classroom and lab* ***must*** *be completed prior to clinical, including makeup.*
				* When determining your program’s policy, keep in mind that makeup instruction is based on actual time, and must be supervised. *Example: Your policy allows “4” hours of classroom instruction to be made up. The student that has missed 4 hours must be allowed to make this up, prior to the clinical rotation. An instructor must provide 4 hours of instruction, that is not during the normal program schedule.*
				* The longer a student is given to make up missed instruction time, the more likely for negative outcomes on the competency exam, due to the typically fast pace and the amount of information that is covered.
				* There shall be no “credit” for time completed. If student does not complete the program, re-enrollment will require **completion of the entire program**.

**Example:** *Using the sample program schedule above, each student is allowed to makeup a maximum of 4 hours of classroom, 4 hours of lab/skills, and 8 hours of clinical. There will not be makeup of clinical orientation. Missed classroom and lab will have 2 days for the student to complete (on the weekend between classroom and beginning of clinical, because it must be completed prior to clinical). Missed clinical must be made up within 5 days of the completion of the program. Using this information, the table would be completed like this:*

|  |  |  |
| --- | --- | --- |
| *Total possible hours* | *Maximum time that can be made up* | *Timeframe to complete required makeup* |
| Classroom: **24** *hours* | **4** *hours* | **2 days** *(\*must complete prior to clinical)* |
| Lab/skills: **16** *hours* | **4** *hours* | **2 days** *(\*must complete prior to clinical)* |
| Clinical orientation: **4** *hours* | **0** *hours* | **n/a** *(\*must complete prior to clinical)* |
| Clinical training: **40** *hours* | **8** *hours* | **5 days**  |

* + 1. Other program specifications:
			- Information specific to your program regarding attendance (i.e., fees to be charged if student starts program over, definition of excused absence, procedure to follow if tardy or absent, etc.).
			- Information regarding additional program requirements (i.e., tests, assignments, grading scale, etc.). *NOTE: Regulations DO NOT require this, but if will be used, must be included and defined.*
	+ Competency Evaluation:
1. Successful completion of the program must be defined (Section A). Regulations stipulate the minimum requirements are skills proficiency and 80 hours.
	* + - List the **minimum** hours that must be completed *(This should be the same as listed in the Attendance section, but may be less than total program hours)*
			- If your program will have additional requirements for eligibility to test (i.e., minimum classroom percentage), specify in the field “other completion requirements.”
* *NOTE: This is for* ***minimum requirements only****. Details (such as grading scale)* ***must be defined*** *in “other program specifications” in previous section.*
1. Non-nursing home programs:
	* + - Initial test fees (Section C, number 2a)—specify whether test fees will be included in tuition, or if student must pay, by choosing **“are”** or **“are not”** in the field.
			- Retest Fees (Section C, number 2b)—specify whether retest fees will be included in tuition, by choosing **“are”** or **“are not”** in the field.
			- Submission of application and fees (Section C, number 2c)—specify who is responsible for submission of application and test fees to Prometric by choosing **“school”** or **“student”** in the field.
* NOTE: If school will submit applications but student is required to pay for test, school **may not** hold applications if student does not have payment. *Prometric will accept applications without payment.*
1. Test site (Section D)—specify whether school is approved as an in-facility (IFT) test site by choosing **“is”** or **“is not”** in the field.
2. Remediation (Section E) may be offered to students who do not pass the competency. Indicate your program’s intent by choosing **“will”** or **“will not”** in the appropriate field. If there are stipulations to remedial offerings (i.e., cost, time allowed, etc.), include this in the second field.
	* Miscellaneous: This section should be used for information that is not included elsewhere, especially for **program-specific requirements**.
* **Facility-based programs** (nursing homes)
	+ Must be aware that the federal regulations require that nurse aide trainees must train and successfully complete competency **within 4 months** to work as a CNA.
	+ The facility must submit application and test fee within **10 calendar days** of completion of training.
	+ The policy MUST specify that:

Students will not be charged for any portion of the program, including textbook, initial test, or re-test;

DON may serve as RNC, but is prohibited from conducted actual training; and

Per CMS guidance, the NH cannot require a CNA to remain employed with the facility for a specific period of time.

* **Proprietary schools**
	+ Are required by the [Board of Regents](https://www.laregents.edu/proprietaryschools/) to include certain details. Contact the BOR to obtain an initial licensing packet.
	+ The policy MUST include BOR information required (example: refunds)
* **Community colleges**
	+ Must specify if program is a high school (dual enrollment) program. If so, identify all high schools that will be served.
	+ Ensure any contracts between the college and high school clearly define who is responsible for testing fees.
	+ **High school seniors that require certification for graduation should not be accepted into the program**, because failure of the competency exam would prevent graduation.
1. *RN Coordinator(s)*
	* For all RN Coordinators, submit resume which details month and year of employment for each position listed; verification of current nursing license; and verification of qualification to teach nurse aide training (one of the following: train the trainer, transcript that verifies master’s degree or above, VTIE, or CTTIE).
2. *Instructors* (if applicable)
	* For all instructors, submit resume which details month and year of employment for each position listed; verification of current nursing license; and verification of qualification to teach nurse aide training (one of the following: train the trainer, transcript that verifies master’s degree or above, VTIE, or CTTIE).
	* NOTE: It is assumed that an RN Coordinator (RNC) will serve as an instructor (except facility-based program DON). It is not necessary to list an RNC as an instructor also.
3. *Curriculum****:***
	* Must use an LDH approved textbook. The textbook is the curriculum. The approved textbooks are the **most recent** **edition** of the following:
		1. *Nursing Assisting: A Foundation in Caregiving,* Hartman Publishing
		2. *How to be a Nurse Assistant: Training Solutions for Quality Care*, American Healthcare Association
			+ **Verify your chosen textbook is available for purchase BEFORE submission of the application packet.**
	* The breakdown of time allotted for each subject area is submitted using the curriculum templates, available on the LDH [website](https://www.ldh.la.gov/index.cfm/page/2767)
	* The curriculum templates are designed for insertion of the time that will be spent for each area of content, as well as time dedicated to skills/lab.
	* You may use minutes or decimals for the breakdown, but the **Chapter totals should be in hours**.
	* **The Instruction Schedule and Hours MUST be the same as listed on the Application and the Policy.**  *Breaks cannot be included as instruction time.*

**EXAMPLE of correct curriculum template completion:**



1. *Skills Performance Record*
	* Must use the LDH Skills Performance Record that corresponds with the textbook.
	* Available on the LDH [website](https://www.ldh.la.gov/index.cfm/page/2767).
2. *Clinical Contract(s)*
	* Submit the signed clinical contract for all clinical sites that will be utilized for clinical training. Minimum requirements for the contract are available on the [website](https://www.ldh.la.gov/index.cfm/page/2767).
	* Clinical contract is NOT REQUIRED for facility-based programs.
3. *Clinical Site Status Form*
	* The administrator must sign the Clinical Site Status Form, to verify the facility meets requirements to serve as a training site.
	* The Clinical Site Status Form is required for **each** facility that serves as a clinical site.
4. *Equipment Supply List*
	* The Nurse Aide Training Program Basic Equipment and Supply List includes the **minimum** equipment and supplies that are required for skills/lab demonstration for all nurse aide training programs.
	* Include any additional equipment or supplies not included on the list that will be used by your program. If no additional supplies will be utilized, indicate **“not** **applicable”** in the field.
5. *LA Nurse Aide Training Program Application Checklist*
	* Complete to verify all required information has been gathered.
	* **This must be submitted with the application packet.**

Submission of Application Packet

Submit all required information to LA.NATP@la.gov. Documents created using the LDH Application templates should be renamed to include your program’s name and saved. It must then be submitted electronically. **Do not submit documents created from templates as a scan.** PDF files (scans) are acceptable for items such as instructor resumes, clinical contracts, etc.

**Allow a minimum of 30 days for your packet to be reviewed.** If additional information is required, an email will be sent to the email address provided.

Additional Information

Questions related to the application process or requirements may be directed to Jessica Seals, RN, Program Manager at LA.NATP@la.gov.

Thank you for your interest in providing quality training!