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| **Application**  |
| This application is for initial approval of a nurse aide training program.*See Application Packet Instructions here* [*https://www.ldh.la.gov/index.cfm/page/2767*](https://www.ldh.la.gov/index.cfm/page/2767) *for details.*  |
| Type of Program:  | [ ] Nursing home/SNF [ ] College  | [ ] Proprietary [ ] High School  | [ ] Job Corps [ ] Other (specify)        |

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| **Section 1: Program Demographic and Contact Information** |
| Name of Nurse Aide Training Program:       |
| Physical address of classroom:       |
| Mailing address of program:       |
| Days and Hours of operation (NOT instruction days/times):       |
| Email address of facility/program:       |
| Name of program Owner/Administrator:       |
| Email address of Owner/Administrator:       |
| Telephone Number (with area code):       | Fax number (with area code):       |

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| **Section 2: Program Information** |
| Instructor to student ratio: Classroom/lab *(max 1:23)*       Clinical *(max 1:10)*       |
| ***PROGRAM HOURS*** |
| Total      (do not include orientation) | Classroom/theory *(min 24)*       Lab/skills *(min 16)*        | Orientation *(min 4)*       Clinical *(min 40)*       |
| ***INSTRUCTION DAYS & TIMES*** |
| **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; without breaks)* |
| *Classroom/lab* |       |       |       |       |
| *Clinical orientation* |       |       |       |       |
| *Clinical Instruction* |       |       |       |       |
| *Totals* | n/a |       | n/a | *(do not include orientation)*       |
| ***(IF APPLICABLE) INSTRUCTION DAYS & TIMES OF ADDITIONAL CLASS*** |
| **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; without breaks)* |
| *Classroom/lab* |       |       |       |       |
| *Clinical orientation* |       |       |       |       |
| *Clinical Instruction* |       |       |       |       |
| *Totals* | n/a |       | n/a | *(do not include orientation)*       |
| ***(IF APPLICABLE) INSTRUCTION DAYS & TIMES OF ADDITIONAL CLASS*** |
| **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; without breaks)* |
| *Classroom/lab* |       |       |       |       |
| *Clinical orientation* |       |       |       |       |
| *Clinical Instruction* |       |       |       |       |
| *Totals* | n/a |       | n/a | *(do not include orientation)*       |
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| ***(IF APPLICABLE) INSTRUCTION DAYS & TIMES OF ADDITIONAL CLASS*** |
| **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; without breaks)* |
| *Classroom/lab* |       |       |       |       |
| *Clinical orientation* |       |       |       |       |
| *Clinical Instruction* |       |       |       |       |
| *Totals* | n/a |       | n/a | *(do not include orientation)*       |
| ***TEXTBOOK*** |
|  [ ] *Nursing Assisting: A Foundation in Caregiving,* Hartman Publishing: edition:       [ ] *How to be a Nurse Assistant*, American Healthcare Association: edition:       |

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| **Section 3: Instructors** |
| **RN Coordinator (RNC):** All programs must have a program coordinator responsible to provide, receive, and communicate all updates and notice to staff. The coordinator must be an RN, and is obligated to update the LDH of changes to program. A program may have more than 1 RN Coordinator (RNC). The RNC must be onsite at least 50% of all classroom and clinical training. RNC must have at least 2 years nursing experience, which includes *1 year of long term care experience* (NH or SNF). For each RNC, attach resume, nursing license, and 1 of the following: train the trainer, transcript to verify master’s degree or above, VTIE, or CTTIE. |

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| RN Coordinator:Email: | RN Coordinator:Email: |
| RN Coordinator:Email: | RN Coordinator:Email: |
| **Instructor:** RN or LPN that may serve *in addition to* the RNC. The RNC may serve as instructor (except DON of a facility-based program). Instructors must have at least 2 years of nursing experience in caring for elderly or chronically ill. For each instructor, attach resume, nursing license, and 1 of the following: train the trainer, transcript to verify master’s degree or above, VTIE, or CTTIE. ***Note:*** *It is assumed the RNC will serve as instructor also, since must be onsite, so no need to list again*. |
| Instructor:       Email: | [ ] RN[ ] LPN | Instructor:       Email: | [ ] RN[ ] LPN |
| Instructor:       Email: | [ ] RN[ ] LPN | Instructor:       Email: | [ ] RN[ ] LPN |
| Instructor:       Email: | [ ] RN[ ] LPN | Instructor:       Email: | [ ] RN[ ] LPN |
| Instructor:       Email: | [ ] RN[ ] LPN | Instructor:       Email: | [ ] RN[ ] LPN |

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| **Section 4: Clinical Training Sites** |
| Clinical training must be conducted in a nursing home (NH) or skilled nursing facility (SNF). Per the *CFR* 483.151 (b), nurse aide training may not be conducted “by or in a facility” that has had any of the remedies listed in the previous 2 years. The school is responsible for ensuring this is met. It is suggested that the clinical contract contain language that the *NH will notify the school* if it becomes ineligible at any time during the contract, and current students must be allowed to complete clinical training. For each clinical site listed, attach copy of contract and Clinical Site Status Form. |
| Clinical site:      Address:       | Contract Effective Date:      Contract Expiration Date:       | Auto renew?[ ] yes [ ] no  |
| Clinical site:      Address:       | Contract Effective Date:      Contract Expiration Date:       | Auto renew?[ ] yes [ ] no  |
| Clinical site:      Address:       | Contract Effective Date:      Contract Expiration Date:       | Auto renew?[ ] yes [ ] no  |
| Clinical site:      Address:       | Contract Effective Date:      Contract Expiration Date:       | Auto renew?[ ] yes [ ] no  |

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| **Section 5: Statement of Acknowledgement and Attestation** |
| *Note: Any falsified documents submitted to this office will be forwarded to the Office of the Attorney General for possible prosecution.* |
| By virtue of my signature, I agree that (name of school)       and its affiliates will abide by all state and federal regulations, as well as any policies of the Louisiana Department of Health (LDH). It is my responsibility to notify the LDH in writing of any changes to the information submitted and approved as part of this application. I agree to provide any requested documentation to the LDH upon request. I understand that failure to adhere to any state or federal regulations, or LDH policies, may result in loss of approval to conduct Nurse Aide Training in the state of LA. I certify that the information herein is true, correct, and supportable by documentation to the best of my knowledge.  |
| Name of applicant       | Title       |

*DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.*

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| Signature of applicant       | Date Click or tap to enter a date. |