

# Guidelines for Approval of a Nurse Aide Training Program



University of the State of New York  
State Education Department  
Albany, New York 12234

Office of Career and Technical Education

March 24, 2020

## Table of Contents

### Part I: Orientation

Introduction.....	2
Terminology.....	3
Program Requirements .....	5
Program Application and Approval Process.....	8
Record Keeping and Reporting Obligations .....	9

### Part II: Application Forms and Instructions

General Instructions .....	11
Application Forms and Attachments.....	12
Forms and Attachment Completion Reminders .....	13
Application Cover Sheet (Form 1) .....	14
Program Coordinator Verification (Form 2).....	15
Nurse Aide Instructor Verification (Form 3).....	16
Curriculum Identification/Verification (Form 4) .....	17
Site Visit Evaluation Self-Study (Form 5).....	18
Program Continuity (Form 6) .....	21

### Appendices

A. New York State Department of Health Curriculum Requirements.....	23
B. New York State Department of Health Skills Performance Record .....	26
C. Sample Content Outline from the Practical Nursing State Syllabus .....	29
D. Sample Affiliation Agreement.....	33

# Part I

## Orientation

## Introduction

These guidelines address the evaluation and approval of nurse aide training programs under the jurisdiction of the Office of Career and Technical Education in the New York State Education Department. These programs include, public high schools, Boards of Cooperative Educational Services, proprietary schools, Educational Opportunity Centers, community-based organizations, and college programs. This guidance should be used by educational institutions to apply for approval of their program to train nurse aides for employment in residential health care facilities (RHCFs) participating in Medicare and Medicaid programs.

The Nursing Home Reform Law of the Omnibus Budget Reconciliation Act of 1987 (OBRA, PL 100-203) created new federal mandates for the training and qualifications of nurse aides in residential health care facilities. Specifically, OBRA requires that all individuals employed by RHCFs as nurse aides successfully complete a state-approved nurse aide training program and pass a two-part competency test to help ensure that all nurse aides have the knowledge and skills to provide safe and appropriate supervised nursing care to residents.

The Omnibus Budget Reconciliation Act mandated states to establish a nurse aide registry that contains specific information on all RHCF nurse aides who successfully complete a state-approved nurse aide training and competency evaluation program. OBRA further requires that all nurse aide training programs offered by facility based and non-facility based sites be approved by the State. Sections 1819(e) and 1919(e) of OBRA directs states to specify the training and competency evaluation programs that they have approved to prepare nurse aides for employment in RHCFs on or after January 1, 1990. New York State achieved compliance with this regulation as of July 1, 1989.

The New York State Department of Health (DOH) has been identified as the primary agency in New York State responsible for the implementation of these federal regulations. Since June 1989, the Department of Health and the State Education Department (NYSED) have operated under a memorandum of agreement that established guidelines governing approval criteria for programs under the jurisdiction of the New York State Education Department. The guidelines specify content areas that must be addressed in order for a program to receive approval (e.g., minimum training hours; qualifications of nurse aide instructors and program coordinators; minimum curriculum requirements; methodology for state review; and the competency evaluation program—written and performance skills). Programs must meet the standards set for preparation of candidates to take the New York State Department of Health RHCF Nurse Aide Competency Evaluation.

## Terminology

The following terms related to the nurse aide training program are used throughout this document:

Certified Nurse Aide/Certified Nurse Assistant	An unlicensed individual who has successfully completed a state-approved nurse aide training program and a competency evaluation as documented by the State Registry, and who performs appropriate tasks in support of a professional plan of care as delegated by a licensed nurse
Client, Patient, Resident	The individual to whom health care services are provided
Competency-based Education	An educational process planned and managed by the teacher that shares with the student specific objectives, including the acceptable conditions and levels of achievement of observable actions or behaviors that the student will be expected to consistently demonstrate to meet those objectives
Laboratory	An extension of the classroom that provides adequate contemporary equipment, supplies, and work station's for the number of students assigned to the site to practice skills before demonstrating competency in a clinical setting
Non-facility Based Training Program	Training that takes place in a school or community setting, as opposed to training that takes place in a residential health care facility
Nurse Aide/Nurse Assistant	A student who is currently enrolled in or has completed a state-approved nurse aide training program but has not yet successfully completed the competency evaluation necessary to be considered certified and entered into the State Registry.
Nurse Aide Instructor	The individual who develops lesson plans and teaches the curriculum; coordinates theory, clinical experiences, and maintains program standards; must be a registered professional nurse (RN, associate degree or higher), have two years of experience caring for the elderly and/or chronically ill; and must provide documentation of at least one of the following: <ul style="list-style-type: none"> <li>a. be certified to teach nurse aide or practical nursing, or</li> </ul>

- b. hold a license as a trade school teacher of nurse aides, or
  - c. have three years experience teaching nursing or nursing-related programs to adults in an academic setting approved by the Commissioner of Education, or
  - d. have three years experience teaching nurse aides in a residential health care facility, or
  - e. have completed a professionally-recognized course in teaching adult learners
- \*Proof of teacher certification is required for secondary programs

Omnibus Budget Reconciliation Act

The original act of 1987 that requires all states to establish a nurse aide registry containing specific information on all residential health care facility nurse aides

Program Coordinator

The individual who is assigned the administrative responsibility and accountability of the program; must be a registered professional nurse (RN, associate degree or higher), with at least two years experience caring for the elderly and/or chronically ill; and must provide documentation of at least one of the following:

- a. be certified to teach nurse aide or practical nursing, or
  - b. hold a license as a trade school teacher of nurse aides, or
  - c. have three years experience teaching nursing or nursing-related programs to adults in an academic setting approved by the Commissioner of Education, or
  - d. have three years experience teaching nurse aides in a residential health care facility, or
  - e. have completed a professionally-recognized course in teaching adult learners
- \*Proof of teacher certification is required for secondary programs

Residential Health Care Facility (RHCF)

Skilled Nursing and Licensed Long-Term Care facilities

Supervised Clinical Experience or Externship

An extension of classroom and laboratory instruction to a Long-Term Care (LTC)/Skilled Nursing Facility (SNF) in order to teach the application of previously introduced skills for direct patient care; clinical experience must be supervised and directed by the RN nurse aide instructor

## Program Requirements

The Omnibus Budget Reconciliation Act of 1987 requires specific minimum areas to be covered in a nurse aide program—introductory curriculum; basic nursing skills; personal care skills; mental health and social service needs; care of cognitively impaired residents; basic restorative services; and residents’ rights (sections 1818 (f)(2)(A)(i) and 1918 (f)(2)(A)(i)).

The New York State DOH, in collaboration with the NYSED, requires the development and approval of nurse aide training and competency evaluation programs for individuals providing nursing or nursing-related services to residents of a residential health care facility. (This excludes those who are health professionals or volunteers providing services without monetary compensation.)

## Curriculum

Minimum curriculum requirements were designed to assist states, residential health care facilities, health care agencies, and educational facilities in developing training and competency evaluation programs for nurse aides. The goal of such a program is to provide quality services to residents of residential health care facilities by training nurse aides to be able to:

- form a relationship, communicate and interact with the resident;
- demonstrate sensitivity to the resident’s emotional, social and mental health needs through skillful direct interactions;
- assist residents in attaining and maintaining functional independence;
- exhibit behavior in support of an individual’s rights; and
- demonstrate observational and documentation skills in the assessment of a resident’s physical and emotional well-being.

The program must address the psychosocial, physical and environmental needs, as well as nursing and medical needs of residents. Trainees must develop the attitudes and behaviors needed to promote healthy and independent functioning of the resident.

- Secondary and adult nurse aide and practical nursing programs in secondary agencies should identify use of:
  - New York State Department of Health required curriculum
    - Introductory curriculum (CORE)
    - Basic nursing skills
    - Personal care skills
    - Mental health and social service needs
    - Care of cognitively impaired residents
    - Basic restorative services; and
    - Residents’ rights
  - Health Occupations Education CORE
    - Legal & Ethical Responsibilities of the Healthcare Worker
    - Therapeutic Communication

- Personal Health and Wellness
  - Infection Prevention and Control
  - Overview of the Human Body
  - The Life Cycle
- Nurse Aide NYSDOH Curriculum (content outline, Appendix A), or
  - New York State Practical Nursing Syllabus (sample content outline, Appendix C), or
  - locally-developed curriculum, including performance objectives.
  - Any of the above selected, must be inclusive of and reflect the NYSDOH required nurse aide training program curriculum and requirements
- Proprietary and community-based organization programs should submit the Curriculum Approval Application, following Bureau of Proprietary School Supervision guidelines.
  - College and Educational Opportunity Centers should use the process described for the secondary and adult nurse aide and practical nursing programs.

Any curriculum developed and used by the educational facility will be reviewed to ensure its consistency with federal and state regulations.

## Program Training Hours

The minimum number of hours required by NYSED for the implementation of a nurse aide training program:

**Secondary Nurse Aide Training Program:** 216 total program hours; 108 hours of theory (NYSDOH nurse aide training program required curriculum, health occupations core curriculum, and content hours of nurse assisting theory); and 108 hours of supervised clinical experience. The supervised clinical experience must include a minimum of 30 hours of patient care performance skills in an approved long-term care facility. Orientation, observational/shadowing, and like experiences are not be included in the 30 hours.

**Adult Nurse Aide Training Programs:** 120 total program hours; must include a minimum of 90 hours of classroom instruction (NYSDOH nurse aide training program required curriculum, health occupations core curriculum, and content hours of nurse assisting theory); and 30 hours of supervised clinical experience. The supervised clinical experience must consist of patient care performance skills in an approved long-term care facility. Orientation, observational/shadowing, and like experiences are not be included in the 30 hours.

Hours may be increased, but they cannot be fewer than the prescribed minimums.

## Supervised Clinical Experience

During the supervised clinical experience component of the training program, a performance record shall be kept for each student-trainee. This record is to include each of the skills, as

prescribed by the NYSDOH. Skills may be added but not removed and consists of, at minimum, clear records of:

- duties/skills expected to be learned in the program,
- date of initial demonstration by instructor, with instructor initials
- date of student successful return demonstration, with initials of instructor or program coordinator who supervised the performance
- corresponding program instructor or coordinator signature

The student/teacher ratio for the supervised clinical experience in the long-term care facility should not exceed eight to one.

### **Nurse Aide Student Identification**

Each nurse aide student shall be clearly identified as a student during the clinical education portion of the program. This identification must be easily discerned by residents, family members, visitors and staff.

### **Clinical Affiliation Agreements**

An affiliation agreement is a legal contract between the educational institution and the nursing facility and/or health care agency in which the clinical experience portion of the program is being conducted. The agreement must be written and duly signed by both parties. If the educational institution affiliates with more than one agency, an agreement with each agency must be submitted with the application. (See sample affiliation agreement, Appendix E.)

The contract must:

- specify a starting date;
- be reviewed annually and rewritten as needed;
- state the rights and responsibilities of the educational institution, the affiliating agency, and the students; and
- contain a non-discrimination clause consistent with state and federal regulations.

### **Nursing Program Students Requiring Nurse Aide Certification**

Adult and secondary nursing assistant students, who have successfully completed the content and competencies per the NYSDOH and NYSED requirements, after a minimum of the outlined hours of nursing theory and supervised clinical experience, will be eligible to take the performance and written nurse aide competency evaluation.

The adult and secondary student eligibility is also contingent upon the status of the Nurse Aide Training Program. An “Application for Approval of a Nurse Aide Training Program” form must have been completed and approved and a program code issued by NYSED in order for a program’s student to be eligible for the post-training evaluations.

## **Program Application and Approval Process**

### **Initial Approval**

Nurse Aide Training Programs shall submit an application for review and approval by the New York State Education Department. Following approval of the application, the training program will receive conditional department approval. A program must have submitted an application and received written conditional approval before training begins. Full approval is contingent upon the successful outcome of a site visit conducted by the New York State Education Department. A letter denoting approval or disapproval will be sent to the educational facility. Upon full approval by the New York State Education Department, the program will be issued a program code.

To begin the approval process, the program must submit the; Application for a Nurse Aide Training Program Cover Sheet (Form 1), Program Coordinator Verification (Form 2), Nurse Aide Instructor Verification (Form 3), and Curriculum Identification/Verification (Form 4), including all attachments and supporting documentation requested. This material will be reviewed by representatives of the appropriate NYSED office for compliance with the federal and state curriculum and program requirements. Applications must be complete in order to be reviewed for approval. The Site Visit Evaluation Self-Study (Form 5) may be used to guide you in this process. Please do not submit Form 5 with your application.

### **Continuing Approval**

An onsite program review will be conducted every two years to determine approved programs' continued compliance with the requirements. NYSED will contact the program coordinator in writing at least 30 days prior to the scheduling of the site visit. The program coordinator will use the "Site Visit Evaluation Self-Study" (Form 5) in preparation for the site evaluation. NYSED may also conduct unannounced site visits.

During the alternate year in which a site evaluation is not required or conducted, the program coordinator must submit a Program Continuity Form (Form 6) to the New York State Education Department to maintain approved status.

## Record Keeping and Reporting Obligations

### Program Records

The agency delivering the program must develop a record-keeping system which will maintain the following information:

- A record of all students admitted to the program, dates of attendance and a record of the skills the students mastered, i.e., a performance task list.
- The names of the program coordinator and nurse aide instructor and a record of his or her credentials. (In some instances, these may be the same individual.)

### Reporting Changes in Approved Programs

The New York State Education Department must be notified of any major proposed changes in a nurse aide training program. The following list represents some of the changes and information that are to be submitted for prior approval:

If there is a change in...	Information needed...
The delivery agency	Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet (Form 1).
The school/site name	Submit the Application for Approval of a Nurse Aide Training Program Cover Sheet, noting change in school/site name (Form 1).
The clinical site(s)	Submit a mutually signed affiliation agreement for each new site.
The program coordinator or nurse aide instructor	Submit the Program Coordinator (Form 2) and/or Nurse Aide Instructor Verification (Form 3).
The curriculum	Submit the Curriculum Identification/Verification (Form 4).

If there is a complete revision of course structure, the agency must resubmit the entire application packet. A separate and complete application is required for the request of an additional site/program.

## Part II

# Application Forms and Instructions

## General Instructions

The forms found in this section constitute a complete application for approval of a Nurse Aide Training Program. Make sure that all forms are complete and that all attachments and supporting documents are included as missing information will delay review and program approval.

Four months prior to the anticipated start date of the Nurse Aide Training Program, submit the completed application to the appropriate offices found below. *Retain copies for your records.*

Program type	Send application to:
Secondary and Adult Nurse Aide and Practical Nursing programs in public secondary agencies	New York State Education Department Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234

## Application Forms and Attachments

A complete application packet is comprised of the following forms and attachments:

**Form 1:** Application Cover Sheet

**Form 2:** Program Coordinator Verification

**Form 3:** Nurse Aide Instructor Verification

**Form 4:** Curriculum Identification/Verification

### Attachments

- Form 1:
  - Copy of Clinical Affiliation Agreement(s)
- Form 2:
  - Copy of current New York State Professional Nurse Registration
  - Professional work experience
  - Teaching qualifications
- Form 3:
  - Copy of current New York State Professional Nurse Registration
  - Professional work experience
  - Teaching qualifications
- Form 4:
  - Curriculum

## Forms and Attachment Completion Reminders

Submit the following application form(s). Retain copies for your records.

Form	Remember to...
<b>Form 1:</b> Application Cover Sheet	<p>Supply <i>all</i> information requested.</p> <p>Submit an individual application (Application Cover Sheet-Form1) for each program (multiple sites, secondary, adult and postsecondary programs, e.g., a BOCES with multiple campuses that use a common curriculum).</p>
<b>Form 2:</b> Program Coordinator Verification  <b>Form 3:</b> Nurse Aide Instructor Verification	<ul style="list-style-type: none"> <li>• Individuals must be hired and approved prior to the program's start in order for the program to receive full approval.</li> <li>• Program coordinator or nurse aide instructor complete and sign, then have forms signed by the school administrator.</li> <li>• Programs are to verify all criteria for a program coordinator or nurse aide instructor are met prior to submitting request for review or approval.</li> <li>• Collect required documentation for coordinator and instructor(s).</li> <li>• Send Form 2 and Form 3 with required documentation.</li> </ul>
<b>Form 4:</b> Curriculum Identification/ Verification	<p>Indicate which curriculum is being used. If a locally developed curriculum is used, submit the curriculum and performance objectives.</p>
<b>Form 6:</b> Program Continuity	<p>This form must be submitted <i>during years in which a site evaluation is not scheduled</i>.</p>

<b>Cover Sheet</b> <b>Application for a Nurse Aide Training Program</b>	<b>FORM 1</b>
--	---------------

*Submit individual applications for each program (multiple sites, secondary and adult).*

**A. Program Information**

School District or BOCES:	Program Code Number: (Ex. 33x-xxxx)
<input type="checkbox"/> New Program Request <input type="checkbox"/> Re-approval Site Visit <input type="checkbox"/> Approval of Program Change(s)	
Level: <input type="checkbox"/> Secondary <input type="checkbox"/> Adult  Program Type: <input type="checkbox"/> Nurse Aide <input type="checkbox"/> Practical Nursing	School/Site Name:  Address:  Phone: (    )
Coordinator Name: Address:  Phone: (    ) Fax: (    ) E-mail address:	Primary Instructor Name: Address:  Phone: (    ) Fax: (    ) E-mail address:

**B. Course Detail**

RN to student clinical ratio: (8:1 max. per NYSDOH)	Minimum required hours: <u>Secondary</u> - 108 class; 108 supervised clinical (at least 30 of which are in a long-term care facility) <u>Adult</u> - 90 class; 30 supervised clinical in a long-term care facility  Class Hours: Clinical Hours:	Number of course offerings per year:	Number of students per class:
--	---	--------------------------------------	-------------------------------

**C. Supervised Clinical Experience Site**

*List all long-term care facilities used and attach a copy of clinical affiliation agreement for each. Use additional sheets if needed.*

Name	Address	Phone	Contract Expiration Date
		(    )	
		(    )	
		(    )	

<b>For State Use Only</b>	
Approval: Yes <input type="checkbox"/> No <input type="checkbox"/>	SED Staff Person: _____ Date: _____

**Program Coordinator Verification** **FORM 2**

Submit this form with the application cover sheet (Form 1). Mail to the appropriate office listed under general instructions. Attach a separate form for each program code number/site.

School District or BOCES:	Program Code Number: (Ex. 33x-xxxx)
Coordinator Name: Address:  Phone: (    ) Fax: (    ) E-mail address:	School/Site Name:  Address:  Phone: (    )

Required Documentation	Yes	No
A. Professional Credential: copy of current New York State Professional Nurse Registration (attach)	<input type="checkbox"/>	<input type="checkbox"/>
B. Professional Work Experience: verification of two years experience caring for the elderly and/or chronically ill (attach)	<input type="checkbox"/>	<input type="checkbox"/>
C. Teaching Qualifications (at least one of the following - attach):		
• Certification to teach nurse aide or practical nursing; or	<input type="checkbox"/>	<input type="checkbox"/>
• Licensure as a trade school teacher of nurse aides; or	<input type="checkbox"/>	<input type="checkbox"/>
• Three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the Commissioner of Education; or	<input type="checkbox"/>	<input type="checkbox"/>
• Three years of experience teaching nurse aides in a residential health care facility; or	<input type="checkbox"/>	<input type="checkbox"/>
• Completion of a professionally recognized course in teaching adult learners.	<input type="checkbox"/>	<input type="checkbox"/>
*Proof of teacher certification is required for secondary programs		

**Verification**

*I certify that the above information is correct*

Program Coordinator Signature:	Date:
School Administrator Signature:	Date:

Nurse Aide Instructor Verification		FORM 3		
Submit this form with the application cover sheet (Form 1). Mail to the appropriate office listed under general instructions. Attach a separate form for each program code number/site.				
School District or BOCES:		Program Code Number: (Ex. 33x-xxxx)		
Nurse Aide Instructor Name: Address:  Phone: (    ) Fax: (    ) E-mail address:		School/Site Name:  Address:  Phone: (    )		
Required Documentation			Yes	No
A.	Professional Credential: copy of current New York State Professional Nurse Registration (attach)		<input type="checkbox"/>	<input type="checkbox"/>
B.	Professional Work Experience: verification of two years experience caring for the elderly and/or chronically ill (attach)		<input type="checkbox"/>	<input type="checkbox"/>
C.	Teaching Qualifications (at least one of the following - attach):			
	• Certification to teach nurse aide or practical nursing; or		<input type="checkbox"/>	<input type="checkbox"/>
	• Licensure as a trade school teacher of nurse aides; or		<input type="checkbox"/>	<input type="checkbox"/>
	• Three years of experience teaching nursing or nursing related programs to adults in an academic setting approved by the Commissioner of Education; or		<input type="checkbox"/>	<input type="checkbox"/>
	• Three years of experience teaching nurse aides in a residential health care facility; or		<input type="checkbox"/>	<input type="checkbox"/>
	• Completion of a professionally-recognized course in teaching adult learners.		<input type="checkbox"/>	<input type="checkbox"/>
	*Proof of teacher certification is required for secondary programs			
Verification				
<i>I certify that the above information is correct</i>				
Nurse Aide Instructor Signature:			Date:	
Program Coordinator Signature:			Date:	
School Administrator Signature:			Date:	

Curriculum Identification/Verification		Form 4	
Program—please check one			
Secondary <input type="checkbox"/>		Adult <input type="checkbox"/>	
Secondary Programs		Yes	No
A.	This program uses the <i>New York State Department of Health required curriculum and Health Occupations Education CORE Syllabus</i> .	<input type="checkbox"/>	<input type="checkbox"/>
B.	This program uses the <i>New York State Practical Nursing Syllabus</i> .	<input type="checkbox"/>	<input type="checkbox"/>
C.	This program uses locally developed curriculum, inclusive of the required NYSDOH and Health Occupations CORE curriculum. If yes, a copy of the curriculum must be submitted.	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Aide Instructor Signature:		Date:	
Program Coordinator Signature:		Date:	
Adult/Postsecondary Programs		Yes	No
A.	This program uses the <i>New York State Department of Health required curriculum and Health Occupations Education CORE Syllabus</i> .	<input type="checkbox"/>	<input type="checkbox"/>
B.	This program uses the state <i>Practical Nursing Syllabus</i> .	<input type="checkbox"/>	<input type="checkbox"/>
C.	This program uses locally developed curriculum, inclusive of the required NYSDOH and Health Occupations CORE curriculum. If yes, a copy of the curriculum must be submitted.	<input type="checkbox"/>	<input type="checkbox"/>
Nurse Aide Instructor Signature:		Date:	
Program Coordinator Signature:		Date:	

<b>Site Visit Evaluation Self-Study</b>	<b>Form 5</b>
---	---------------

The following sample evaluation is provided to help you prepare for the site visit by representatives of the New York State Education Department. During the site visit, you will be asked to produce evidence of compliance with the regulations (e.g., a copy of each student’s performance record). The evaluator will review the items found in the following checklist to assess the program’s compliance. This form is for your use and should not be submitted with your application.

Program Content	Yes	No
A. The high school program of 216 total hours; must include a minimum 108 hours of theory; and 108 hours of supervised clinical experience. The adult program of 120 total hours; must include a minimum 90 hours of classroom instruction; and 30 hours of supervised clinical experience. Both secondary and adult programs are required to include NYSDOH curriculum, health occupations core and nurse assisting theory.	<input type="checkbox"/>	<input type="checkbox"/>
B. The NYSDOH-developed Nurse Aide curriculum and Health Education CORE syllabus is being used.	<input type="checkbox"/>	<input type="checkbox"/>
C. A locally developed curriculum, approved by the New York State Education Department and in compliance with federal and state regulations, is being used.	<input type="checkbox"/>	<input type="checkbox"/>
D. Instruction reflects the curriculum as evidenced by daily lesson plans, expanded outlines and/or classroom observations.	<input type="checkbox"/>	<input type="checkbox"/>
E. The written objectives and evaluation instruments used in supervised clinical experience reflect the curriculum and the skills performance are a minimum of those prescribed by the NYSDOH.	<input type="checkbox"/>	<input type="checkbox"/>
F. If the health care facility serves special populations, the curriculum has been supplemented to address the needs of such populations.	<input type="checkbox"/>	<input type="checkbox"/>

Coordinator Qualifications	Yes	No
A. The coordinator on file with the New York State Education Department is a current registered professional nurse.	<input type="checkbox"/>	<input type="checkbox"/>
B. The coordinator possesses two years of experience caring for the elderly and/or chronically ill.	<input type="checkbox"/>	<input type="checkbox"/>
C. The coordinator meets at least one of the following criteria:		
• has certification to teach nurse aide or practical nursing, or	<input type="checkbox"/>	<input type="checkbox"/>
• has licensure as a trade school teacher of nurse aides, or	<input type="checkbox"/>	<input type="checkbox"/>
• has three years experience teaching nursing or nursing related programs to adults in an academic setting approved by the Commissioner of Education, or	<input type="checkbox"/>	<input type="checkbox"/>
• has three years experience teaching nurse aides in an RHCF, or	<input type="checkbox"/>	<input type="checkbox"/>
• has completed a professionally-recognized course in teaching adult learners.	<input type="checkbox"/>	<input type="checkbox"/>

\*Proof of teacher certification is required for secondary programs

Instructor Qualifications		Form 5	
		Yes	No
A.	The instructor on file with the New York State Education Department is a current registered professional nurse.	<input type="checkbox"/>	<input type="checkbox"/>
B.	The instructor has at least two years experience caring for the elderly and/or chronically ill.	<input type="checkbox"/>	<input type="checkbox"/>
C.	The instructor meets at least one of the following criteria:		
	• has certification to teach nurse aide or practical nursing, or	<input type="checkbox"/>	<input type="checkbox"/>
	• licensure as a trade school teacher of nurse aides, or	<input type="checkbox"/>	<input type="checkbox"/>
	• three years experience teaching nursing or nursing related programs to adults in an academic setting approved by the Commissioner of Education, or	<input type="checkbox"/>	<input type="checkbox"/>
	• three years experience teaching nurse aides in a residential health care facility, or	<input type="checkbox"/>	<input type="checkbox"/>
	• completion of a professionally-recognized course in teaching adult learners.	<input type="checkbox"/>	<input type="checkbox"/>
*Proof of teacher certification is required for secondary programs			

Nurse Aide Trainee		Yes	No
A.	Evidence is provided that the nurse aide trainee is identified as such during the clinical education portion of the program.	<input type="checkbox"/>	<input type="checkbox"/>
B.	Evidence is provided that the nurse aide trainee only assumes specific duties involving direct patient care after completing at least 16 hours of classroom instruction, and only performs duties for which previous instruction has been given.	<input type="checkbox"/>	<input type="checkbox"/>
C.	The nurse aide trainee is supervised by an approved nursing instructor in a health care facility.	<input type="checkbox"/>	<input type="checkbox"/>

Records		Yes	No
A.	There is a program record on file which includes the following:		
	• the names of the RN program coordinator and RN nurse aide instructor and a copy of credentials,	<input type="checkbox"/>	<input type="checkbox"/>
	• a current, signed affiliation agreement for each agency used in the clinical experience portion of the nurse aide training program,	<input type="checkbox"/>	<input type="checkbox"/>
	• the names of all students admitted to the program and their dates of attendance, and	<input type="checkbox"/>	<input type="checkbox"/>
	• a record of program completers.	<input type="checkbox"/>	<input type="checkbox"/>

Records (continued)	<b>Form 5</b>	
	Yes	No

B. There is an individual student performance record on file, as prescribed by the NYSDOH, that includes the following:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • a list of measurable performance criteria for each duty/skill expected to be learned in the program | <input type="checkbox"/> | <input type="checkbox"/> |
| • documentation of the date the student performed each duty/skill                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| • documentation of satisfactory student performance   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Initials and name of RN instructor supervising the student performance                              | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Facilities	Yes      No	
---------------------	-------------	--

A. Both the classroom and the skills training laboratory provide the following:

- |   |                          |                          |
|---|--------------------------|--------------------------|
| • clean and safe conditions                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • adequate space to accommodate all students                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • adequate equipment and supplies to accommodate all students | <input type="checkbox"/> | <input type="checkbox"/> |

Program Continuity		FORM 6
To maintain continuous program approval, this form must be submitted by July 1 of each year a State Education Department site evaluation is not conducted.		
School District or BOCES:		Program Code Number: (Ex. 33x-xxxx)
Level: <input type="checkbox"/> Secondary <input type="checkbox"/> Adult  Program Type: <input type="checkbox"/> Nurse Aide <input type="checkbox"/> Practical Nursing	School/Site Name:  Address:   Phone: (    )	
Coordinator Name: Address:   Phone: (    ) Fax: (    ) E-mail address:	Primary Instructor Name: Address:   Phone: (    ) Fax: (    ) E-mail address:	
Program Continuity		
<input type="checkbox"/> There have been no changes in this program since the last site visit/approval.  <input type="checkbox"/> All changes in this program since its last site visit/approval have been submitted and approved by the State Education Department.  <input type="checkbox"/> There have been changes in this program since the last site visit/approval that have not been submitted/approved. If a change in instructor, coordinator, curriculum, clinical or classroom site have occurred, please submit the application cover sheet (Form 1), verification forms for coordinator (Form 2), instructor (Form 3), and/or curriculum (Form 4) along with clinical contracts, per the proposed changes.		
Signature	Date	
Program Coordinator:		
Mailing Instructions		
Secondary and adult nurse aide and practical nursing programs in public secondary agencies		New York State Education Department Career and Technical Education 89 Washington Avenue, Room 315 EB Albany, New York 12234

## Appendices

- A. New York State Department of Health Curriculum Requirements
- B. New York State Department of Health Skills Performance Record
- C. Sample Content Outline from the Practical Nursing State Syllabus
- D. Sample Affiliation Agreement

Appendix A  
New York State Department of Health Curriculum Requirements

Unit	Topics	Hours:Min
Introductory Curriculum	Communication and Interpersonal Skills Infection Control Safety and Emergency Procedures, including the Heimlich maneuver Promoting Residents' Independence Respecting Residents' Rights	16:35
Basic Nursing Skills	Taking and recording vital signs Measuring and recording height and weight Caring for the resident's environment Recognizing abnormal changes in body functioning and the importance Freedom from pain Care for resident when death is imminent	7:40
Personal Care Skills	Overview for personal care Bathing Grooming Dressing Toileting Assisting with eating and hydration Proper feeding techniques Skin care and Alternations in Skin Transfers, positioning, and turning Ambulation	28:15
Mental Health and Social Service Needs	Developmental tasks that occur with the aging process How to respond to resident behaviors Modifying aide's behavior in response to resident's behavior Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity Family as a source of emotional support	2:00

Unit	Topics	Hours:Min
Care of Cognitively Impaired Residents	Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others) Communicating with cognitively impaired residents Understanding behaviors of cognitively impaired residents Appropriate responses to the behavior of cognitively impaired residents Methods of reducing the effects of cognitive impairments	4:45
Basic Restorative Services	Training the resident in self-care according to the resident's abilities Use of assistive devices in transferring, ambulating, eating and dressing Maintenance of range of motion Proper turning and positioning in bed and chairs Bowel and bladder training Care and use of prosthetic and orthotic devices	5:10
Resident Rights	Providing privacy and maintenance of confidentiality Promoting resident's rights Giving assistance in resolving grievances and disputes Providing needed assistance in getting to and participating in resident and family groups and other activities Maintaining care and security of resident's personal possessions Promoting the resident's rights to be free from abuse, mistreatment, and neglect and the need to report any instance of such treatment to appropriate facility staff Avoiding the need for restraints in accordance with current professional standards	5:35

Unit	Topics	Hours:Min
Supervised Clinical Training	<p>Training on the resident unit with residents, in a LTC facility, under the direct supervision of an approved nurse aide instructor</p> <p>This training time may be dispersed throughout the program, as appropriate, or performed at the end of all classroom and lab training</p> <p>During this time, the nurse aide trainee practices, with residents in real situations, the skills learned during the training program, prior to the return demonstration to the program coordinator or primary instructor</p>	30:00

APPENDIX B  
**NURSE AIDE TRAINING PROGRAM**  
**CLINICAL SKILLS PERFORMANCE RECORD EVALUATION CHECKLIST**

NA TRAINEE: \_\_\_\_\_

NA TRAINING PROGRAM: \_\_\_\_\_

PRIMARY INSTRUCTOR: \_\_\_\_\_

DATE OF NA TRAINING: FROM \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TO \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CLINICAL SKILL	DATE INITIAL DEMO. BY INSTR.	Instructor INITIALS	DATE FINAL SUCCESSFUL RETURN DEMO. BY TRAINEE	Instructor INITIALS	COMMENTS
<b>UNIT I. INTRODUCTORY CURRICULUM</b>					
1. Hand washing					
2. Using an ABC fire extinguisher					
3. Heimlich maneuver					
<b>UNIT II. BASIC NURSING SKILLS</b>					
4. Measure / Record Respiration					
5. Measure / Record Oral Temp (Non-Digital Thermometer)					
6. Measure / Record Rectal Temp (Non-Digital Thermometer)					
7. Measure / Record Radial Pulse					
8. Measure / Record Height					
9. Measure / Record Weight (Balance Scale / Chair Scale)					
10. Make unoccupied bed					
11. Make occupied bed					
12. Use of Personal Protective Equipment (PPE)					
a. gloves					
b. gown					
c. mask					
d. goggles					
13. Follow isolation procedures in the disposal of soiled linen					
14. Provide post-mortem care					
<b>UNIT III. PERSONAL CARE SKILLS</b>					
15. Give complete bed bath					
16. Give partial bed bath					
17. Provide AM and PM care					
18. Give shower					
19. Give tub bath / whirlpool bath					
20. Provide hair care					
a. shampoo resident					
b. grooming, brushing, combing					
21. Provide mouth care (natural teeth)					
22. Provide mouth care (no teeth)					
23. Provide mouth care (unconscious)					
24. Provide denture care					
25. Shave resident					
26. Provide hand and nail care					
27. Provide foot care					
28. Dress resident					

APPENDIX B  
**NURSE AIDE TRAINING PROGRAM**  
**CLINICAL SKILLS PERFORMANCE RECORD EVALUATION CHECKLIST**

NA TRAINEE: \_\_\_\_\_

CLINICAL SKILL	DATE INITIAL DEMO. BY INSTR.	Instructor INITIALS	DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY TRAINEE	Instructor INITIALS	COMMENTS
a. care of eyeglasses					
b. care of hearing aides					
29. Perineal care – female					
30. Perineal care – male					
31. Perineal care – incontinent resident					
32. Assist with bedpan (offer / remove / clean)					
33. Assist with urinal (offer / remove / clean)					
34. Use bedside commode					
35. Urinary catheter care					
36. Care of / emptying of urinary drainage bag					
37. Measure / Record Food and Fluid Intake					
38. Measure / Record Urinary Output					
39. Provide ostomy care					
40. Collect urine specimen					
41. Collect stool specimen					
42. Feed resident					
a. set-up tray					
b. partial assistance					
c. total assistance					
d. adaptive devices					
e. residents with dysphasia					
f. alternative feeding methods					
43. Provide skin care					
a. protective devices					
b. provide back rub					
44. Position resident in chair					
45. Move resident up in bed					
46. Position resident on side in bed					
47. Transfer resident					
a. one assist					
b. two assist					
c. mechanical lift					
d. transfer belt					
e. lift sheets					
<b>UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS</b>					
48. Response with abusive resident					
<b>UNIT V: CARE OF CONGITIVELY IMPAIRED RESIDENTS</b>					
49. Communication skills					
<b>UNIT VI: BASIC RESTORATIVE SERVICES</b>					
50. Assist with ambulation using gait belt					
51. Easing resident (about to fall) to floor during ambulation					
52. Ambulation assistive devices					
53. Ambulation adaptive equipment					
54. Feeding adaptive equipment					
55. Range of motion to upper extremities					
56. Range of motion to lower extremities					
57. Use of positioning devices in bed					
58. Use of positioning devices in chair					
59. Use of prosthetic / orthotic devices					
60. Apply hand splint					
<b>UNIT VII: RESIDENT'S RIGHTS</b>					
61. Apply waist restraint					

KNOWLEDGE PERFORMANCE EVALUATIONS	DATE	Instructor INITIALS	PASS OR FAIL?	If Failed, DATE OF SUCCESSFUL PERFORMANCE EVALUATION FOR UNIT	Instructor INITIALS
UNIT I: INTRODUCTORY CURRICULUM					
UNIT II: BASIC NURSING SKILLS					
UNIT III: PERSONAL CARE SKILLS					
UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS					
UNIT V: CARE OF COGNITIVELY IMPAIRED RESIDENTS					
UNIT VI: BASIC RESTORATIVE SERVICES					
UNIT VII: RESIDENT'S RIGHTS					
DATE OF FINAL NATP PERFORMANCE EVALUATION					
ADMINISTRATION DATE OF STATE COMPETENCY EXAMINATIONS					

NOTES/COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Trainee has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Nurse Aide trainee.

Instructor			
Date	Name/Title of RN Instructor	Signature	Initials

Date(s) of New York State Department of Health Nurse Aide Certification Competency Examination:

DATE	CLINICAL SKILLS TEST P/F	WRITTEN/ORAL TEST	P/F
1 <sup>ST</sup> Attempt: _____	_____	_____	
2 <sup>nd</sup> Attempt: _____	_____	_____	
3 <sup>rd</sup> Attempt: _____	_____	_____	

Appendix C  
Sample Content Outline from the Practical Nursing State Syllabus

Module	Topics
Introduction to Practical Nursing	Evolution of nursing and nursing education Roles and responsibilities of the LPN Terminology
Community and Personal Health	Public health organizations and responsibilities Community health Health care Factors affecting health Personal health decisions Terminology
Introduction to Human Development	Generalizations common to growth and development Developmental theories Human needs Coping mechanisms Terminology
Special Needs of the Child	The child and society The child and the family play Community resources Terminology
The Child: Infant through School Age	Development assessment Nutrition Health maintenance Parent teaching Terminology
The Adolescent	Physical and psychosocial development Health maintenance Community resources Terminology
The Adult	Physical and psychosocial development Health maintenance and counseling Terminology

Module	Topics
Microbiology	Characteristics of microbes Disease transmission and control Terminology
Introduction to Pharmacology	Measurements and calculations Drug classification Terminology
Physical Sciences	Biochemistry Physics Terminology
Body Organization	Structural levels Body cavities and planes Skin and skin appendages Terminology
Support and Movement	Skeletal system Muscular system Terminology
Regulation of Body Activities	Endocrine system Nervous and sensory system Terminology
Internal Transport	Circulatory system Lymphatic system Respiratory system Terminology
Nutrient Process and Waste Elimination	Gastrointestinal system Nutrition Urinary system Terminology
Reproduction of Life	Male reproductive system Female reproductive system Genetics Terminology

Module	Topics
Introduction to the Fundamentals of Nursing	Introduction to nursing skills Communications Nursing process Client teaching Comfort and safety in client environment Health care facilities Terminology
Personal Care	Procedures Terminology
Promoting Client Mobility	Procedures Devices Management of potential problems of client Immobility Terminology
Promoting Client Nutrition and Diet Therapy	Management of alterations in nutritional status Procedures Terminology
Promoting Bowel and Bladder Elimination	Management of alterations in bowel and bladder functions Procedures Specimen collection Terminology
Assessment	Homeostasis Vital signs Terminology
Infection Control	Medical asepsis Isolation technique Surgical asepsis Terminology
Wound and Tissue Healing	Procedures Nursing management Wound healing Terminology

Module	Topics
Admission/Transfer/Discharge	Procedures Emotional adjustment Terminology
Care of the Surgical Client	Preoperative preparation Postoperative preparation Related procedures Terminology
Care of the Dying Client	Nursing management Procedures Terminology
Documentation	Client records Procedures Terminology
Introduction to Supervised Clinical Experience	Professional appearance Personal hygiene Interpersonal relationships Ethics Nursing process Patient teaching Infection control Documentation
Nursing Diagnosis	

Appendix D  
Sample Affiliation Agreement

School  
Address

AGREEMENT OF AFFILIATION WITH

The [name of school] has been approved to start a nurse aide training program which requires clinical experience in a nursing facility. The [name of facility-] has agreed to provide this supervised clinical experience. Therefore, the nursing facility now referred to as the affiliating institution, and the school enter into the following agreement:

The agreement will begin on [date] and will be reviewed annually by both parties before the agreement is renewed.

The school will arrange for a maximum of students to affiliate at [name of nursing facility] for a period of days. The specific days will be agreed upon by a designee of each party and each will keep a copy of the schedule.

The student and the instructor will carry liability insurance and a signed statement indicating that they have a policy which covers this.

The school recognizes that the affiliating agency has a service responsibility to the resident. If the student jeopardizes this in any way, the affiliating institution has the right to ask that the student be removed from the clinical experience.

Before the student begins the supervised clinical experience, he or she will show evidence of physical requirements deemed necessary by agreement of both parties.

The students will be under the direct supervision of the clinical instructor employed by the school and will have received classroom instruction before being authorized to perform patient care. The clinical instructor will make assignments and, with the help of professional staff of the institution, evaluate each student's performance.

The affiliating institution and the school agree to accept and place students in clinical assignments without regard to sex, race, color, national origin or disability.

Signature of Agency Representative:

Signature of School Representative: