

SKILLED NURSING FACILITY (SNF) NURSE ASSISTANT CERTIFICATION TRAINING PROGRAM APPLICATION

TYPE OR PRINT LEGIBLY. SEE REVERSE FOR INSTRUCTIONS.

Facility Name and Address: Provider Identification Training Number:

Phone: _____

County: _____

SNF / Director of Staff Development / Instructor: _____ RN LVN

Signature

SNF / Director of Nursing / Registered Nurse Director: _____

Signature

NOTE: The Department shall be notified of any change of program content, hours, staff, and/or evaluation of student learning for the Certification Training Program thirty (30) days prior to the enactment, provided that the changes are approved by the Department. Core curriculum content shall include all topics listed in California Code of Regulations, Title 22, Section 71835, and Code of Federal Regulations, Section 483.152.

All clinical training shall take place in a SNF or Intermediate Care Facility and shall be conducted concurrently with classroom instruction. Clinical training shall be supervised by a licensed nurse free of other responsibilities, and shall be onsite providing immediate (being present while the person being supervised demonstrates the clinical skills) supervision of students. Supervised clinical training shall be during the hours of 6:00 a.m. to 8:00 p.m. During clinical training, there shall be no more than fifteen (15) students to each instructor. The state approved Training Program entity must provide both the theory and the clinical supervised training to their students.

Only one (1) training schedule will be operationalized for each Provider Identification Training Number. Issuance of the Provider Identification Training Number is verified by the Department's representative's signature on page 2 of the application, signifying that all forms and Training Program requirements have been met.

The ratio of licensed instructors to students for supervised clinical training shall not exceed 1 to 15. Sixteen (16) hours of required federal training will be given prior to direct patient care.

All students must be full time employees who are not charged for Nurse Assistant Certification Training.

Training Schedule (check/circle one): DAYS AM PM WEEKENDS

Training Schedule – Hours: _____

Clinical Hours: _____

Name of Curriculum Used: _____

I certify, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Applicant – Owner _____ Date _____

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		B	
Module I:	INTRODUCTION	Theory _____	Clinical _____
Module II:	Patient's Rights	Theory _____	Clinical _____
Module III:	Interpersonal Skills	Theory _____	Clinical _____
Module IV:	Prevention Management of Catastrophe and Unusual Occurrence	Theory _____	Clinical _____
Module V:	Body Mechanics	Theory _____	Clinical _____
Module VI:	Medical and Surgical Asepsis	Theory _____	Clinical _____
Module VII:	Weights and Measures	Theory _____	Clinical _____
Module VIII:	Patient Care Skills	Theory _____	Clinical _____
Module IX:	Patient Care Procedures	Theory _____	Clinical _____
Module X:	Vital Signs	Theory _____	Clinical _____
Module XI:	Nutrition	Theory _____	Clinical _____
Module XII:	Emergency Procedures	Theory _____	Clinical _____
Module XIII:	Long – Term Care Patient	Theory _____	Clinical _____
Module XIV:	Rehabilitative Nursing	Theory _____	Clinical _____
Module XV:	Observation and Charting	Theory _____	Clinical _____
Module XVI:	Death and Dying	Theory _____	Clinical _____

TOTAL HOURS: _____

A) PLEASE SEND THE FOLLOWING MATERIALS WITH THIS APPLICATION FORM FOR APPROVAL OF THE CERTIFICATION TRAINING PROGRAM:

- 1) Four (4) sample lesson plans selected from different modules, one (1) of which shall be "Patient Care Skills," which shall include:
 - a) The student behavioral objective(s)
 - b) A descriptive topic content with adequate detail (method, technique, procedure) to discern what is taught
 - c) The method of teaching
 - d) The method of evaluating knowledge and demonstrable skills

- 2) Samples of the student record documenting the clinical training, including the skills return demonstration for each trainee:
 - a) A listing of the duties and skills the nurse assistant must learn
 - b) Space to record the date when the nurse assistant performs each duty/skill
 - c) Spaces to note satisfactory or unsatisfactory performance
 - d) Signature of the approved Director of Staff Development / Instructor

- 3) A sample of the individual student record used for documenting theory, including the modules, components of the modules, and classroom hours spent on the modules.

- 4) A schedule of training which lists the theory topics and hours and clinical objectives and hours for the entire course. Classroom instruction and clinical training are taught in conjunction with one another.

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Training Schedule Approved: DAYS AM PM WEEKEND

Class Schedule – Hours: _____ Clinical Schedule – Hours: _____

Approved By: _____ Date: _____

(CDPH, ATCS, Training Program Review Unit Representative)