

NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP) APPLICATION FOR INITIAL APPROVAL



Guidelines for Completion

The purpose of this document is to guide the applicant in submitting the information needed to comply with rule 3701-18-04 of the Ohio Administrative Code (OAC) in applying for approval of a Nurse Aide Training and Competency Evaluation Program (NATCEP). Please complete the application in its entirety. Do not leave any spaces blank. This application and all supporting documentation must be submitted along with the \$300 non-refundable fee (no cash, personal checks or purchase orders accepted) made payable to **Treasurer, State of Ohio**, and mailed to the following address: **Ohio Department of Health, Revenue Office, NATCEP Unit, P. O. Box 15278, Columbus, OH 43215-0278**.

1. General Information:

- A. Information requested in this section identifies the facility, organization, person or entity applying to operate the NATCEP. Note that facility-based programs must be owned, operated and conducted by a long-term care facility (LTCF).
- B. Specific information regarding the plans for operation of your NATCEP is requested here. Explain how often you intend to offer a complete class during a 24-month period and include the anticipated plan of presentation for each that you intend to follow.

2. Faculty:

Complete all program coordinator (PC) and primary instructor (PI) information requested in this section. A written program coordinator agreement is required for all non-facility-based NATCEPs. Guidance for the agreement can be found in the OAC rule 3701-18-09. Attach copies of nursing license verification, Train-the-Trainer (TTT) certification, resume and letterhead verification of experience for PC and all PIs. If a TTT certificate is more than 2 years old provide validation of NATCEP involvement within the last 24 months.

3. Physical Facilities:

- A. Classroom: Include a description of the classroom and the laboratory simulation area. In addition, indicate the number of trainees each room will hold for safe and proper operation of the program. Provide photos of the lecture space and skills lab with view of equipment. Per the OAC 3701-18-10 provide documentation of compliance with state and local building fire codes.

Clinical Experience Location: A clinical contract or letter of agreement between the NATCEP and the clinical facility is required for non-facility-based programs or facility-based programs that are using clinical sites other than their own. These contracts or agreements shall state that the program trainees have access to the clinical facilities, including residents, for the clinical training portion of the TCEP. Facility-based programs using corporate sister facilities will submit a statement indicating the facilities that fall under the corporate umbrella.

- B. This checklist is provided to determine whether a facility is eligible to provide a facility based NATCEP or if a facility is eligible to be a clinical site for a non-facility based NATCEP.

4. Verification of Rule Compliance:

Significant sections of the rules have been listed for your information and verification of compliance.

5. Curriculum:

- A. Check the type of curriculum you intend to use and follow the instructions for submission.
- B. Complete the requested information for the individuals who will be providing instruction or supervising clinical experience. If using guest lecturers refer to 3701-18-09 for requirements. Describe the overall evaluation method that will be used for students to evaluate the NATCEP and for instructors to evaluate the students. Describe the overall teaching method.
- C. A summary of the required curriculum hours is presented. Enter in the "actual hours" column the amount of time for each topic area. Each topic area must meet or exceed the "required hours." DO NOT LEAVE ANY BLANK SPACES.

No clinical hours are permitted in Topic Areas I through VI. Topic Areas VII through XI must indicate hours for both classroom and clinical. Class and clinical hours in Topic Areas VII through XI must meet or exceed the ranges listed in the "required hours" for the classroom/clinical.

6. Attestation:

By signing this section the PC is attesting the program will be conducted in compliance with all applicable rules. The PC is responsible for compliance with the rules and must sign this form.

7. Reminders:

The Director of Health may request any additional information necessary to assess compliance with the applicable criteria for program approval. The applicant shall provide any requested additional information within the time specified by the Director.

Application Checklist of Items

To be included with Application for Approval of TCEP

_____ Application Form signed and dated

_____ PC/PI Supporting Documentation

A. Verification of Ohio Nursing License, TTT certificate, resume, letterhead verification of experience

B. Written agreement between PC and program for non-facility based programs

_____ Curriculum content outline if using other than ODH curriculum

_____ Contracts or letters of agreement with LTC facility that will serve as clinical site for non-facility based programs

_____ Non-Refundable fee of \$300 Payable to “**TREASURER, STATE OF OHIO**” (business check or money order only)

_____ Supporting documentation to show compliance with state and local building and fire codes

_____ One skills checklist and a copy of the evaluation forms

_____ Photos of lecture area and skill lab

Mail the completed application along with all of the above materials to:

***Ohio Department of Health
Revenue Office
NATCEP Unit
P. O. Box 15278
Columbus, Ohio
43215-0278***

Application for Approval

If you are a United States Armed Forces service member or Veteran, the spouse, or surviving spouse of a service member or Veteran and would like to receive priority processing, please check:

☐ Service Member
☐ Veteran
☐ Spouse

Individuals that submit with their applications, proof that they are a service member or veteran, or the spouse or surviving spouse of a service member or veteran will receive priority expedited certification processing and their applications will be reviewed within 5 business days of receipt and before all other applications for certification. The acceptable proof of service member/veteran status documents are:

1. Department of defense identification card (active, retired, temporary disability retirement list (TDRL));
2. DD214 military discharge certificate indicating disposition of discharge;
3. Report of separation from the national archives national personnel records center in St. Louis, Missouri; or
4. Veterans identification card from the Department of Veterans Affairs.

All acceptable proof documents, except veteran identification cards, must show the veteran status as honorable, general, general under honorable conditions, or discharged or released under conditions other than dishonorable. If the applicant is qualified and desires priority expedited processing, the document of the acceptable proof must be attached to the application.

1. General Information:

A. Name of facility, organization, person or entity operating the NATCEP _____

Is the NATCEP operated by a LTCF? If yes provide the full name of the LTCF _____

Name as it will appear on Certificate of Completion _____

Address of the TCEP/Classroom: _____

City: _____ State: _____ ZIP: _____

County: _____ Telephone: _____ Fax: _____

Program Coordinator (PC): _____ Telephone: _____

E-mail Address: _____

B. Anticipated number of complete TCEPs to be offered in 24 months _____

Anticipated number of participants per class: _____

Duration in days, weeks or months of each TCEP: _____

Total number of hours in TCEP: _____

Briefly describe the overall schedule plan you will use for scheduling and implementing both the classroom instruction and clinical experience (e.g., classroom, M – F, 8 a.m. - 4:30 p.m. times 10 days and clinicals, 7 a.m. - 3:30 p.m. times 2 days for a total of 12 days).

2. Faculty:

A. Program Coordinator (PC)	B. Primary Instructor (PI)
Name: _____	Name: _____
Ohio RN License #: _____	Ohio Nursing License #: _____
Expiration Date: _____	Expiration Date: _____
Phone: _____	Phone: _____
E-mail address: _____	E-mail address: _____
1. Length of experience as a registered nurse: _____	1. Length of experience as a licensed nurse: _____
2. Length of experience in chronic care: _____	2. Length of experience in geriatric/chronic care: _____
3. Number of years teaching adults: _____	3. Length of nursing experience in a LTCF: _____
4. Length of registered nursing in a LTCF: _____	Education: _____
Education: _____	Current Employer: _____
Current Employer: _____	Attach verification of license, TTT certificate, resume and letterhead verification of experience. If TTT certificate is more than 2 years old provide documentation showing current status as a PI.
Attach verification of license, TTT certificate, resume and letterhead verification of experience. If TTT certificate is more than 2 years old provide documentation showing current status as a PC or PI.	Must complete for each added PI. May copy if needed.
Attach written PC agreement between the PC and program if non-facility-based.	
Is the PC the director of nursing of the sponsoring facility? _____	
Does PC expect to also be considered as a PI? _____	

3. A. Physical Facilities -- CLASSROOM SITE:

Classroom Site Name: _____

Address: _____

City: _____ ZIP Code: _____ County: _____

Phone: _____ Room Capacity: _____

Description of room and teaching aids (3701-18-10) used for classroom instruction and laboratory simulation:

B. Physical Facilities -- CLINICAL/LONG-TERM CARE FACILITY (LTCF) SITE:

Clinical/LTCF Site Name: _____			
Address: _____ City: _____ County: _____			
Ohio Administrative Code rule 3701-18-06 (C): The director or the director's designee shall not approve or reapprove a TCEP conducted by or in a long-term care facility which during the previous two years from submission of its application for approval or reapproval:	YES	NO	If yes, list date.
Had its license revoked pursuant to Chapter 3721 of the Revised Code [OAC rule 3701-18-06 (C) (1)];			
Ohio Administrative Code rule 3701-18-06 (C) (2): For the purposes of this paragraph, a facility is considered to have been determined to be out of compliance with the specified requirements if any of the following occurred during the previous two years:	YES	NO	If yes, list date.
In the case of a long-term care facility certified as a skilled nursing facility under Title XVIII of the Social Security Act, it operated under a waiver of the Medicare nurse staffing requirements established under Title XVIII of the Social Security Act [OAC rule 3701-18-06 (C) (2) (a)];			
In the case of a long-term care facility certified as a nursing facility under Title XIX of the Social Security Act, it operated under a waiver of the Medicaid nurse staffing requirements established under Title XIX of the Social Security Act, if the waiver was granted on the basis of a demonstration that the facility was unable to provide the nursing care required under the Medicaid requirements for a period in excess of forty-eight hours per week [OAC rule 3701-18-06 (C) (2) (b)];			
The long-term care facility was subject to an extended or partial extended Medicare or Medicaid certification survey [OAC rule 3701-18-06 (C) (2) (c)];			
The long-term care facility's participation in the Medicare or Medicaid program was terminated [OAC rule 3701-18-06 (C) (2) (d)];			
A civil money penalty or fine of not less than five thousand dollars was imposed upon the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (e)];			
A denial of payment for Medicare or Medicaid admissions was imposed upon the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (f)];			
A temporary manager or a special master was appointed for the facility because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (g)]; or			
The facility was closed or its residents were transferred because of Medicare or Medicaid certification deficiencies [OAC rule 3701-18-06 (C) (2) (h)].			

4. Verification of Rule Compliance: The Program Coordinator attests to compliance with all requirements of the law, rules and policies to include:

- The physical facilities for classroom instruction and laboratory simulation shall provide adequate space to accommodate all trainees; shall be clean, safe and meet local and state building and fire code requirements; shall have adequate lighting and comfortable temperatures and shall be equipped adequately with audio-visual equipment, and other teaching aids and equipment needed for simulation of resident care. [OAC rule 3701-18-10 (A-E)]
- Records shall be maintained for two years in a secure and confidential manner that is accessible to authorized individuals. Records must include all information required by the applicable rules. [OAC rule 3701-18-11 (A) (1) and (B) (1-3)]
- Any changes in demographics, PC, PI, classroom or clinical site or curriculum content greater than five hours, will be reported to the NATCEP unit at least 10 business days prior to the planned implementation date for the proposed change. [OAC rule 3701-18-06.1 (B)]
- The NATCEP must inform the NATCEP Unit of the intent to discontinue training activities at least 45 days before discontinuing the approved NATCEP. [OAC rule 3701-18-06.1 (C)]
- Reports of schedules for the approved NATCEP and lists of trainees must be submitted according to requirements. [OAC rule 3701-18-06.1 (D) and (G)]
- The NATCEP must allow the director or the director's designee to conduct an unannounced inspection of each approved program during the first year after the initial approval and at least once during each approval period thereafter. The NATCEP must also allow the director or the director's designee access to staff, facilities, classes and records of the approved NATCEP. [OAC rule 3701-18-03 (A) (1-3)]
- Certificates as prescribed by the Ohio Department of Health must be issued to all trainees upon successful completion of the approved NATCEP. [OAC rule 3701-18-06.1 (H)]
- A written agreement shall be maintained with at least one LTC facility to provide the clinical experience portions of the approved NATCEP. The approved NATCEP shall ensure the LTC facilities used by the program remain in compliance with the requirements of the Social Security Act. [OAC rule 3701-18-08 (B) (1-4)]
- No approved NATCEP shall impose a charge on an individual who is employed by or has received an offer of employment from a long-term care facility for participation in the approved NATCEP, including any charge for textbooks, required course materials or competency evaluation (state test). [OAC rule 3701-18-08 (H)]
- The approved NATCEP shall use only qualified personnel in the roles of PC and PIs, and assure the PC maintains overall responsibility for the approved NATCEP as required. [OAC rule 3701-18-09]
- The approved NATCEP shall not exceed 30 hours of class with any combination of media and/or guest lecturers. [OAC rule 3701-18-09 (I) and 3701-18-09 (K) (2)]

- NATCEP must maintain, at minimum, a ratio of one PC or PI for every eight trainees during the clinical portion of the approved NATCEP. Only qualified PC or PIs will conduct any of the clinical supervision. [OAC rule 3701-18-09 (E) and (H)]
- All trainees must be clearly identified as trainees during any direct contact with residents while enrolled in the approved NATCEP. [OAC rule 3701-18-08 (C)]
- All absences are to be made up within 60 calendar days from the date of absence. Absences from the first 16 hours required by 3701-18-12 (A)(4) shall be made up hour for hour before the trainee provides any nursing or nursing-related services involving direct contact with residents. [OAC rule 3701-18-08 (D)]
- The approved NATCEP shall not allow any trainee to cheat or behave in a manner that is disruptive to the operation of the approved NATCEP. [OAC rule 3701-18-08 (E)]
- The approved NATCEP shall establish and implement a method by which the trainee may evaluate the approved NATCEP. [OAC rule 3701-18-08 (F)]
- Each approved NATCEP shall provide and assist the trainee in completing the registration forms for the state-administered competency evaluation program. [OAC rule 3701-18-08 (G)]
- For successful completion of an approved NATCEP, at minimum the following must be met: The trainee attended all classroom instruction and clinical experience or made up any missed portion in accordance with the approved NATCEP's policy; if the program used oral or written examinations or quizzes to evaluate the trainee, the trainee correctly answered an average of at least 80 percent; and the PC or PI documented that the trainee successfully completed skills testing for each task on which the trainee was tested. [OAC rule 3701-18-13 (E) (1-3)]

I have read and understand the rules noted above and will comply with all requirements for NATCEP as stated in The Ohio Administrative Code 3701-18:

Program Coordinator signature and date.

5. Curriculum:

A. Identify the type of curriculum to be used for the TCEP:

(Check Mark)	CURRICULUM PLAN	INSTRUCTIONS
	ODH STANDARDS AND GUIDELINES	DO NOT SEND A COPY IF USING ODH CURRICULUM
	CURRICULUM DEVELOPED BY CORPORATE STRUCTURE PER 3701-18-12	Attach copy of the curriculum plan. For each standard provide measurable objectives, an outline of the content that will be used to meet each objective. Be sure the required time frames are met.
	CURRICULUM PURCHASED FROM INDEPENDENT CONTRACTOR PER 3701-18-12	Attach copy of the curriculum plan. For each standard provide measurable objectives, an outline of the content that will be used to meet each objective. Be sure the required time frames are met.
	OTHER PER 3701-18-12	Attach copy of the curriculum plan. For each standard provide measurable objectives, an outline of the content that will be used to meet each objective. Be sure the required time frames are met.

B. Identify the Instructors, Evaluation Methods, and Teaching Methods to be used:

Titles of Instructors who will be Teaching the TCEP:	
Title of Supervisor for TCEP Clinical Experience 3701-18-09 (H):	
Briefly Describe the teaching methods to be used.	
Briefly Describe the overall evaluation method to be used to determine successful completion of TCEP. Attach copies of forms to be used.	

C. Summary of Curriculum Plan Hours: Complete this form per 3701-18-12 regardless of the Curriculum being used

**** **LEAVE NO BLANK SPACES******

Topic Area	Required Hours Classroom	Actual Hours Classroom	Required Hours Clinical	Actual Hours Clinical	Total NATCEP Required Hours	Total NATCEP Actual Hours
I. Introduction to TCEP	0.5		0	0	0.5	
II. Communications and Interpersonal Skills	4.5		0	0	4.5	
III. Infection Control	2.5		0	0	2.5	
IV. Safety and Emergency Procedures	6.5		0	0	6.5	
V. Promoting Residents' Independence	1.0		0	0	1.0	
VI. Respecting Residents' Rights	1.0		0	0	1.0	
VII. Basic Nursing Skills	9.0 - 13.0		6.0 - 10.0		19.0	
VIII. Personal Care Skills	14.5 - 15.5		7.0 - 8.0		22.5	
IX. Mental Health and Social Service Needs	7.5 - 9.5		2.0 - 4.0		11.5	
X. Basic Restorative Services	2.0 - 3.0		1.0 - 2.0		4.0	
XI. Resident Rights	1.0 - 2.0		0 - 1.0		2.0	
		Total Classroom Hours (minimum 59):		Total Clinical Hours (minimum 16):		Total NATCEP Hours (minimum 75):

6. Attestation:

I hereby certify the TCEP for which this approval application is now being made will be conducted in compliance with all applicable federal and state statutes, rules and policies governing TCEPs. I further certify that all information submitted in this application is true and accurate. I have not taught a TCEP that has not been approved by the Ohio Department of Health, nor will I hold a class for this program until it has been approved. I am aware that misrepresentation on this application may result in denial of approval or revocation of existing approval.

Signature of Program Coordinator

Date