

# **Application Workbook**

**for  
Pilot Projects**



Office of Statewide Health  
Planning & Development



**Health and Human Services Agency  
Office of Statewide Health Planning and Development  
Health Workforce Pilot Projects Program**

**General Information about the Health Workforce  
Pilot Projects (HWPP) Program**

In the early 1970's, consumers and providers of health care were looking for better ways to provide health care to the people of California. Programs were developed to prepare new categories of health workers, and expand the roles of existing professionals. A large number of requests were made to the Legislature to legally recognize these roles. The proliferation of these requests resulted in the legislative and executive branches of the State Government instituting a moratorium on establishing, by law, new categories of health workers. Instead, provision was made through the enactment of the Health Workforce Pilot Projects Act, to test out and evaluate new or expanded health roles.

Since 1973, one hundred sixty-eight (168) projects have been submitted for consideration. These projects have covered expanded roles for registered nurses, dentists, medical auxiliaries, licensed vocational nurses, pharmacists, women's health care workers, and team relationships of several health care providers.

Over 5,000 health providers have been prepared and utilized under the protective and evaluative umbrella of the HWPP Program. These health workers have learned and utilized new skills - skills not permitted under existing licensing laws.

The protective aspect of the HWPP Program assures that the level of care provided by the trainee is comparable to the level provided by the currently licensed professional. The evaluative aspect looks at the safety of the care provided, plus the impact the new skills would have on the quality and availability of health workers if the Legislature were to make recommended changes in existing law. To date, changes have occurred in laws relating to the practices of registered nurses, nurse practitioners, pharmacists, dental assistants, dental hygienists, physician's assistants, and emergency medical technicians.

The Health Workforce Pilot Projects Program (Division 107, Part 3, Chapter 3, Article 1 of the Health and Safety Code, beginning with Section 128125) has enabled the people of California to demonstrate and evaluate new and expanded health roles. Changes in laws and regulations have occurred as a result of these projects.

Health care is a dynamic and expanding field. Other states are interested in this unique approach developed by the people of California. The Health Workforce Pilot Project Program has become a model for demonstrating and evaluating expanded roles of health care providers.

**INSTRUCTIONS FOR  
PREPARING A  
HEALTH WORKFORCE PILOT PROJECT APPLICATION**

- 1) Review instructions carefully. If you have any questions please call HWPP staff at 916/326-3726.
- 2) Complete the face sheets (pages 1 and 2). Sign the certification and acceptance (page 3).
- 3) Provide a table of contents. Number pages.
- 4) Prepare an abstract (not to exceed four [4] pages). This should clearly **summarize** the total proposal.
- 5) **Describe project completely** using the attached regulations as a guide. It is recommended that you identify each section by the appropriate section number as you write your application. This makes it easier to incorporate future additions or corrections.
- 6) Include evidence that liaison has been established with participating agencies. (Schools, health facilities, colleges, etc.)
- 7) Provide supporting statistics when you describe the need for this pilot project (Section 92303[a]). Use existing studies or analyses or develop your own.
- 8) Submit curriculum vitae of project director, instructors, and training supervisors(s) and all key project staff.
- 9) Include pertinent attachments/exhibits such as studies or analysis that substantiate need or desirability of such a project.
- 10) Send one copy of your application to the address below for a preliminary review.

Health Workforce Pilot Projects Program  
Office of Statewide Health Planning and Development  
Healthcare Workforce Development Division  
400 "R" Street, Suite 330  
Sacramento, California 95814  
Telephone: (916) 326-3726  
Attention: Gloria J. Robertson

- 11) Upon written notice of completion, submit ten (10) copies to the above address for final review by the appropriate Healing Arts Boards and Professional Organizations.
- 12) Continuous filing of applications without time limits is permitted unless otherwise specified.

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**92201. Application Form**

- (a) The application forms and a copy of the Health Workforce Pilot Project statutes and regulations shall be obtained from program staff. The forms shall be filled out completely. (Pages 1-3.)
- (b) The sponsor and project director shall certify in writing that they:
  - (1) Will not discriminate on the basis of age, sex, disability, race, or ethnic origin.
  - (2) Will comply with the requirements of the Health Workforce Pilot Project statute and regulations. (See certificate and acceptance form page 3.)

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
HEALTH WORKFORCE PILOT PROJECTS  
APPLICATION**

1. Title of Project: \_\_\_\_\_
2. Sponsoring Agency: \_\_\_\_\_
  - (a) Name \_\_\_\_\_
  - (b) Address \_\_\_\_\_  
(City) (County) (Zip)
  - (c) Name and Title of Administrative Officer signing for Applicant:  
(Name) (Title)  
\_\_\_\_\_
  - (d) Facility Type: (Check one) \_\_\_\_\_
    - ☐ Non-profit education institution.
    - ☐ Community hospital or clinic.
    - ☐ Governmental agency engaged in health or education activities.
3. Purpose of Project: (Check one and expand in narrative)
  - ☐ Teaches new skills to existing categories of health care personnel.
  - ☐ Develops new categories of health care personnel.
  - ☐ Accelerates the training of existing categories of health care personnel.
  - ☐ Teaches new health care roles to previously untrained persons.
4. Type of Project: (Check one)
  - ☐ Expanded role medical auxiliaries.
  - ☐ Expanded role nursing.
  - ☐ Expanded role dental auxiliaries.
  - ☐ Maternal child care personnel.
  - ☐ Pharmacy personnel.
  - ☐ Mental health personnel.
  - ☐ Other health care personnel (Check one)
    - ☐ chiropractic
    - ☐ podiatry
    - ☐ geriatric
    - ☐ therapy
    - ☐ veterinary
    - ☐ health care technician
    - ☐ \_\_\_\_\_

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Authority cited: Section 1285125, 128130, 128135, and 128160 of Article 1, Chapter 3, Part 3, Division 107, Health and Safety Code.

5. Project Director:

- a. Name \_\_\_\_\_  
(Last) (First) (Middle Initial)
- b. Degree(s) \_\_\_\_\_
- c. Mailing Address \_\_\_\_\_  
(Organization)
- d. Telephone ( ) \_\_\_\_\_ (Ext) \_\_\_\_\_
- e. Department, Service, or Equivalent \_\_\_\_\_

6. Training Supervisor(s) [If same as above, indicate]

- a. Name \_\_\_\_\_  
(Last) (First) (Middle Initial)
- b. Degree(s) \_\_\_\_\_
- c. Field in which licensed or certified \_\_\_\_\_

Provide information a, b, and c for all training supervisors. (Add additional pages, as needed.)

7. Date of Project Period:

From \_\_\_\_\_ Through \_\_\_\_\_

8. Project Sites (expand in narrative.)

List where education and training will be conducted.

9. List where graduates of training program will be employed.

10. Source of funding (if known.)

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11. Provide the proposed annual budget (use of funds) for project implementation. (See Appendix A.)



## **CERTIFICATION AND ACCEPTANCE**

We, the undersigned certify that the statements herein are true and complete to the best of our knowledge and we accept the obligations to comply with the terms and conditions set forth in the Health and Safety Code, commencing with Section 128125, et seq., and Title 22 of the California Code of Regulations, Section 92001 et seq.

We hereby certify that we will not discriminate on the basis of age, sex, creed, disability, race or ethnic origin, in the selection of participants for Health Workforce Pilot Projects.

We agree to submit a quarterly report to the Office of Statewide Health Planning and Development that includes, but is not limited to, information on the following:

- 1) Trainee competency;
- 2) Supervisor's fulfillment of roles and responsibilities;
- 3) Employment/utilization site compliance with selection criteria.

We agree to promptly inform the Office of Statewide Health Planning and Development as to the:

- 1) Starting and completion dates of training cycles;
- 2) Starting and completion dates of preceptorship or employment/utilization (E/U) periods;
- 3) Proposed changes or modifications in the project or project personnel;
- 4) And, changes in the names of participating trainees.

On-site visits, for program evaluation purposes, by program staff may be scheduled on less than twenty-four (24) hours notice when questions of patient or trainee safety necessitates (pursuant to Section 92603 (g), Division 7, Title 22, California Code of Regulations).

Signatures: \_\_\_\_\_  
(Signature of Project Sponsor)

Date: \_\_\_\_\_

Signatures: \_\_\_\_\_  
(Signature of Project Director)

Date: \_\_\_\_\_

NOTE: Describe **how** the applicant/sponsor proposes to provide for each of the sub-sections (a) through (h) listed below.

Article 2. Minimum Standards

92101. Minimum Standards.

Each pilot project shall:

- (a) Provide for patient safety.
- (b) Provide qualified instructors to prepare trainees. **(Document instructors credentials and experience.)**
- (c) Assure that trainees have achieved a minimal level of competence before they entered the employment/utilization phase.
- (d) Inform trainees that there is no assurance of a future change in law or regulations to legalize their role. **(Provide a trainee agreement form for trainee signature.)**
- (e) Demonstrate that the project has sufficient staff to monitor trainee performance and to monitor trainee supervision during the employment/utilization phase. **(Indicate trainee/instructor and trainee/supervision ratios.)**
- (f) Possess the potential for developing new or alternative roles for health care personnel or for developing a reallocation of health care tasks, which would improve the effectiveness of health care delivery systems. **(Provide a market study or job analysis etc.)**
- (g) Demonstrate the feasibility of achieving the project objectives.
- (h) Comply with the requirements of the Health Workforce Pilot Project statutes and regulations.
- (i) Comply with at least one of the eligibility criteria provided in Sections 128130, 128135 and 128160 of Article 1, Chapter 3, Part 3, Division 107, of the Health and Safety Code. **(See pages 1-3 of application checking the sections appropriate to your project will determine eligibility.)**

**Sample**

**Trainee Agreement**

The DHATC is a pilot training project authorized in the California Health and Safety Code and Administrative Code as a Health Workforce Pilot Project (HWPP). As an approved HWPP, DHATC is permitted to demonstrate use of innovative training content and training methods beyond the ordinary terms of the Healing Arts Practice Act. All dental hygienists participating in the DHATC project must comply with clinical standards prescribed by the project. Only dental hygienists holding current California licenses to practice dental hygiene and who have satisfied all project prerequisites for employment utilization may deliver care to consumers in settings independent of the general supervision of a licensed dentist.

I understand that this project does not authorize participants to practice dental hygiene in any independent settings, apart from the project, without legislative change legalizing independent dental hygiene practice and that there is no assurance that such change will take place. Authority cited: Section 92101(d) California Code of Regulations.

There is no assurance of employment-utilization beyond the project itself; even participation as a trainee in the project is subject to the need for dental hygiene services generated by patient demand.

\*\*\*\*\*

My signature is evidence that I have read the above statement, have had the opportunity to discuss it with project staff, and that I understand and accept its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DHATC Representative

\_\_\_\_\_  
Date

92301.           Abstract.

An abstract shall be submitted with each application. This provides a brief description of the information included in the proposal's narrative.

**The abstract should include the name of the sponsor, the specific purpose of the project, brief summary of student/trainee selection criteria and the proposed project activities, overall long term and short term objectives, the primary factors to be considered on the evaluation process, and the expected outcome of the project. It would also be appropriate to cite the current statutory/regulatory barriers which prohibit the proposal.**

## **S A M P L E**

### **ABSTRACT**

In light of the projected dramatic increase in the aged population over the next decade, Sonoma County Office of Education is sponsoring the Geriatric Technician Training and Demonstration Project.

Under the auspices of the Health Workforce Pilot Project Program (HWPP), Sonoma County Office of Education will work with the California Association of Health Facilities to develop and implement a training program and training sites in Sonoma County.

The specific purpose of the project is to develop and train new health workers whose responsibilities will be somewhere between those of certified nurse aides and licensed vocational nurses. The project will include: a didactic instruction phase; a clinical phase; and an extended employment/utilization phase to demonstrate specified competencies in the work setting.

Trainees must have at least 12 months experience with successful performance as a certified nurse aide and must have made a commitment to work in long-term care. Proposed training sites will be required to meet specific criteria.

We propose to demonstrate that well-trained geriatric health care workers (geriatric technicians) can safely assume in an efficient, cost effective manner, selective responsibilities in the care of the aged. The curriculum will focus on the development of positive attitudes in the care of the aged, and on skills and procedures specific to comprehensive care. There will be special emphasis on treatment and medication, the psychosocial and physiological aspects of aging, emotional and functional disorders, administration of selective medications and treatments, and death and dying.

The primary factors to be considered in the evaluation process will be: safety of patients; the impact of the acquired skills of the new health worker upon the quality and availability of health workers; and the acceptability of the geriatric technician by the public and providers of health care. Findings will be used in any future proposals to change regulations or the law.

The establishment of the geriatric technician as a new category of health worker should increase the retention of experienced health workers in long-term care by creating health career opportunities, upward mobility for certified nurse aides, and better utilization of licensed nursing personnel. It has the potential of giving long-term care facilities an additional incentive for recruitment.

Finally, increasing the number of health workers in the health care delivery system, reallocating specified health tasks and adding a new dimension to the health care team should result in a positive domino effect on the critical shortage of nurses.

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92302. Purpose and Objectives.  
These brief statements describe:

- (a) The purpose(s) of the project.
- (b) The objectives to meet the purpose(s).  
The time plan for accomplishing the objectives. **(Include long term  
and short term objectives.)**

92303. Background Information.

Background information shall include, but not be limited to the following:

- (a) Documentation of the need for this project. **(Submit existing data studies or analysis or develop and submit your own.)**
- (b) A description of the types of patients or clients likely to be seen or treated.
- (c) A description of the skills trainees are to learn.
- (d) An identification of existing laws or regulations, or both, that, in the absence of Health Workforce Pilot Project statute Section 128125, et seq., of the Health and Safety Code, would prevent the preparation and utilization of trainees as proposed in this project.
- (e) A description of employment opportunities for trainees after the project terminates.
- (f) An identification of other educational programs or groups conducting similar projects.

92304. Sponsor Information.

Sponsor information shall include, but not be limited to the following:

- (a) A description of the sponsor, including a copy of an organizational chart that identifies the project's relationship to the sponsor. **(Include a copy of health facility license, as applicable.)**
- (b) A copy of a document verifying the sponsor's status as a non-profit educational institution.
- (c) A description of functions of the project director, instructors and other project staff.
- (d) A description of funding source(s) for the project.
- (e) A description of sponsor's previous experience in preparing health care workers.
- (f) A description of the composition and functions of an advisory group if one currently exists or will be developed to advise the project.
- (g) An identification of collaborative arrangements with other educational institutions and/or health care facilities, or both.
- (h) A description and location of facilities used in the didactic and clinical phases. This shall include the availability of support services such as library, equipment, etc.



92305. Participant Selection Information.

Participant selection information shall include at least the following:

(a) Trainee Information.

- (1) Criteria used in selecting trainees. **(Include any pre-requisite conditions or education requirements.)**
- (2) Plan to inform trainee of their responsibilities and limitations under the Health Workforce Pilot Project statute and regulation. **(Submit a trainee agreement that spells out expectations and limitations – see example.)**
- (3) Number of proposed trainees.

(b) Supervisor Information. **(And/or preceptorship information.)**

- (1) Criteria used to select supervisor.
- (2) Plan to orient supervisors to their roles and responsibilities.
- (3) Number of proposed supervisors.

(c) Employment/Utilization Site Information.

- (1) Criteria used to select an employment/utilization site.

## **S A M P L E**

### **PARTICIPANT SELECTION INFORMATION**

Participants in the Geriatric Technician Program will submit an application to be reviewed by a committee composed of selected representatives from both the hospital and educational communities.

Trainees must:

1. Be CNA's with at least six (6) months successful experience in a long-term care facility;
2. Have a desire to work with the frail and elderly;
3. Be committed to long-term care;
4. Demonstrate the ability to communicate effectively, verbally and in writing;
5. Possess a high school diploma, or equivalent.

Participants will be informed of their responsibilities and limitations under the Health Workforce Pilot Project statute and regulations (see 92305, Attachment A).

#### **Criteria for Selection of Training Sites**

1. Must be a licensed health facility.
2. Must be willing to participate in Employment/Utilization (E/U) phase for trainees employed in their facility.
3. Training site must have a knowledgeable, experienced, exemplary licensed nurse willing to be an on-site supervisor.
4. On-site trainers will be evaluated and interviewed by the instructor and recommended by nursing director and/or administrator; each will have a curriculum vitae; appropriate board will verify license status.
5. Facilities with a record or repeated class A citations or uncorrected class "A" citation in the last calendar year, will be excluded from participation in the Geriatric Technician Project, unless a plan of correction and follow-up visit documents that all citations have been corrected. A record of repeated class "A" citations will eliminate a facility from becoming an approved training site.

The proposed number of trainees will be 30. The supervisor/student ratio will not exceed 15:1 in the didactic/laboratory phase. Supervisors will be selected because of their education and successful teaching and nursing backgrounds (see Appendix A). The supervisors will orient on-site trainers regarding level of acceptable performance, expectations, regulations and limitations. On-site trainers will hold a valid California license, possess experience in the areas of treatments, demonstrate a willingness to participate in the pilot project, exhibit exemplary skills, and have the

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support and recommendation of administration. The proposed number of on-site trainers is twelve. The teaching ratio in the E/U phase will not exceed 2:1. Participants will complete the E/U phase in the long-term care facilities previously described (see Appendix M).

See Attachment B for listing of facilities interested in participating as training sites.

**S A M P L E**

92306. Curriculum.

The curriculum plan shall include, but not be limited to the following:

- (a) A description of the minimum level of competence the trainee shall achieve before entering the employment/utilization phase of the project. **(Submit a job description for the trainee.)**
- (b) A description of the content required to meet this minimal competency.
- (c) A description of the methodology utilized in the didactic and clinical phases.
- (d) A description of the evaluation process used to determine when trainees have achieved the minimum level of competence.
- (e) An identification in hours and months of the time required to complete the didactic and clinical phases.

**If the project is for the expansion of a practice act, indicate the appropriate professional Board or Agency that will review and approve the curriculum (if you know).**

**If the proposal would develop a new category of health worker or occupation the appropriate curriculum approval mechanism may not be known and will need to be explored by HWPP and the project sponsor.**

92307. Evaluation.

The evaluation plan shall include, but not be limited to the following:

- (a) A description of the baseline data and information collected about the availability or provision of health care delivery, or both, prior to utilization of trainee. The actual baseline data shall be collected and submitted in writing to the program within six (6) months after the project is initially approved.
- (b) A description of baseline data and information to be collected about trainee performance, acceptance, and cost effectiveness.
- (c) A description of the methodology to be used in collecting and analyzing the data about trainee performance, acceptance, and cost effectiveness.
- (d) The data required in (b) and (c) shall be submitted in writing to the program at least annually or as requested by program staff.
- (e) The evaluation plan shall include provision for reviewing and modifying the project's objectives and methodology at least annually. Results of this evaluation and project modification shall be reported to program staff in writing.
- (f) The evaluation plan shall include provision for retaining for two (2) years after completion of the pilot project all raw data about trainees and the implementation of the project.

**92308. Monitoring.**

The monitoring plan shall include, but not be limited to the following:

- (a) A description of the provisions for protecting patients' safety.
- (b) A description of the methodology used by the project director and project staff to provide at least quarterly monitoring of the following:
  - (1) Trainee competency.
  - (2) Supervisor fulfillment of role and responsibilities.
  - (3) Employment/utilization site compliance with selection criteria.
- (a) Acknowledgement that project staff or their designee shall visit each employment/utilization site at least semi-annually.
- (b) The monitoring plan shall also identify a methodology for reporting information to program staff.

92309. Informed Consent.

The plan used to obtain prior informed consent from patients to be treated by trainees or those legally able to give informed consent for the patients shall be described. It shall include, but not be limited to the following:

- (a) A description of the content of the informed consent.
- (1) Explanation of the role and status of the trainee, including the ready availability of the trainee's supervisor for consultation.
- (2) Assurance that the patient can refuse care from a trainee without penalty for such a request.
- (3) Identification that consenting to treatment by a trainee does not constitute assumption of risk by the patient.
- (b) Provision that the content of the informed consent, either written or oral, shall be provided in a language in which the patient is fluent.
- (c) Documentation in the patient record that informed consent has been obtained prior to providing care to the patient.
- (d) Provision for obtaining witnesses to informed consent. Written informed consent must be witnessed. Oral informed consent obtained by the trainee shall have a third party document in writing that he/she has witnessed the oral consent.
- (e) Informed consent need be obtained only for those tasks, services, or functions to be provided as a pilot project trainee.
- (f) A copy of the language of the informed consent shall be included in the application. **(See example.)**

HEALTH WORKFORCE PILOT PROJECTS (HWPP) PROGRAM  
HEALTHCARE WORKFORCE DEVELOPMENT DIVISION  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

Guidelines for Informed Consent

The Health Workforce Pilot Projects Act provided that "Any patient being seen or treated by a trainee shall be appraised of that fact and shall be given the opportunity to refuse treatment. Consent to such treatment shall not constitute assumption of risk". (Article 1, Section 128150 of the Health and Safety Code.)

Requirements

Program regulations provide that documentation of informed consent shall be obtained. Evidence of obtaining such consent shall be included in the patient's record. [See Section 92309(c) and (d).]

Recommendations

Elements to be considered in obtaining this informed consent are:

1. The patient is informed of the new or expanded role of the trainee and that a supervising professional is available for consultation to the trainee at all times.
2. The patient is informed that (s)he can request to see another professional at any time.
3. Consent is obtained prior to an HWPP trainee providing care in their new or expanded role.
4. Consent is obtained in a language with which the patient is known to be familiar.



**SAMPLE**

**Patient Consent Form**

I understand that this office is part of a demonstration study designed to establish whether dental hygienists practicing independently can make dental hygiene care more accessible to the public. The study is authorized by the California Office of Statewide Health Planning and Development.

As a participant in the demonstration study, I understand the following:

1. The office can provide only those preventive dental services authorized under the project.
2. These services are not a substitute for a complete dental examination by a dentist.
3. No warranty or guarantee has been made to me regarding any treatment or procedure, which I receive.
4. I have the right to refuse to participate or to withdraw from this demonstration at any time without prejudice.
5. Because of the scientific nature of the study, the investigator may stop it at any time.
6. My identity will not be disclosed without my separate consent, except as specifically required by law.

I have been given full opportunity to ask questions about this study and the procedures, which may be performed, on me, and any risks involved. I voluntarily consent to and authorize all these and any similar procedures. I certify that I have read this form and that I understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**92310. Costs.**

A plan for determining estimated or projected costs shall include, but not be limited to the following:

- (a) An identification of the average cost of preparing a trainee. This shall include cost information related to instruction, instructional materials and equipment, space for conducting didactic and clinical phases, and other pertinent costs.
- (b) An identification of the average cost per patient visit for similar care rendered by a current provider of care.
- (c) An identification of predicted average cost per patient visit for the care rendered by a trainee.
- (d) Specific information relative to these estimated or projected costs shall be provided to program staff at the time of annual renewal or as otherwise requested.

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92311. Trainee Information.

A plan to provide information to program staff regarding trainees in the employment/utilization phase shall be described. It shall include, but not be limited to the following:

- (a) Name, work address and telephone number of the trainee.
- (b) Name, work address and telephone number and license number of the supervisor.
- (c) This information shall be submitted in writing to program staff within five (5) days of the date trainee enters the employment/utilization phase.

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**PLEASE FILL OUT AND SUBMIT AT TIME TRAINEE ENTERS THE EMPLOYMENT/UTILIZATION PHASE,  
IF WORK SITE/SUPERVISION CHANGES, OR IF YOU ADD NEW TRAINEES.**

**HWPP # \_\_\_\_\_**

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE # (if applicable)

\_\_\_\_\_  
SUPERVISOR'S NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE NUMBER AND TYPE

**HWPP # \_\_\_\_\_**

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE # (if applicable)

\_\_\_\_\_  
SUPERVISOR'S NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE NUMBER AND TYPE

**HWPP # \_\_\_\_\_**

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE # (if applicable)

\_\_\_\_\_  
SUPERVISOR'S NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE NUMBER AND TYPE

**HWPP # \_\_\_\_\_**

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE # (if applicable)

\_\_\_\_\_  
SUPERVISOR'S NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

\_\_\_\_\_  
LICENSE NUMBER AND TYPE

**HWPP # \_\_\_\_\_**

\_\_\_\_\_  
TRAINEE NAME

\_\_\_\_\_  
WORK ADDRESS

\_\_\_\_\_  
WORK TELEPHONE #

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LICENSE # (if applicable)

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SUPERVISOR'S NAME

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SUPERVISOR'S NAME

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WORK ADDRESS

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WORK TELEPHONE #

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LICENSE NUMBER AND TYPE

**92312. Modifications.**

Any modifications or additions to an approved project shall be submitted in writing to program staff. Modifications include, but are not limited to the following:

- (a) Changes in the scope or nature of the project.
- (b) Changes in selection criteria for trainees, supervisors, or employment/utilization sites.
- (c) Changes in project staff or instructors.
- (1) This change will not require prior approval by program staff, but shall be reported to program staff within two (2) weeks after the change occurs.
- (2) Curriculum vitae are required on all project staff and instructors.
- (b) All other modifications require program staff approval prior to implementation.

**NOTE: Discuss requirements or changes that may need to be discussed with the hospital insurance carrier. Indicate any changes that are anticipated as a result of implementing the pilot project.**

**92313. Legal Liability**

Sponsors and other participants are advised to ascertain the legal liability they assume when participating in a pilot project.

Health Workforce Pilot Project (HWPP) Program  
Healthcare Workforce Development Division  
Office of Statewide Health Planning and Development

Unusual Occurrence reports are prepared by project sponsor personnel with the intent that such reports will not contain information regarding the patient's identity. The information will be prepared as a brief anecdotal account to be submitted to the Healthcare Workforce Development Division with the required quarterly reports. If the sponsor feels that the unusual occurrence is of a critical nature, a telephone report should be made directly to the Program Manager or the Deputy Director at the time of the occurrence. This is in addition to the written anecdotal account.

These guidelines serve only to describe some occurrence requiring a written anecdotal account. The examples serve as a minimal starting point for common reporting of incidents/occurrences so that project sponsors will be cognizant of trainee performances for the purposes of effective monitoring. Your judgement as to what constitutes a deviation from the usual norm of practice for your category of trainee is important.

**Examples**

1. A patient care error that has been identified by the trainee, supervising professional or other professional within the community or practice site.
2. Comments regarding the provision of health care by the trainees which reflect satisfaction or dissatisfaction with the services rendered. This information may originate from the following sources:
  - 2.1 Patients who have received services.
  - 2.2 Relatives or friends of patients receiving services.
  - 2.3 Community professionals such as physicians, pharmacists, dentists, nurses, health care administrators or others who may have knowledge of a trainee-patient interface.
  - 2.4 Other staff members who are employed by the employment/utilization site.
  - 2.5 Project sponsor staff having knowledge of trainee-patient interaction.