

Nurse Aide Training Program
**Application for Nurse Aide Training and
Competency Evaluation Program (NATCEP)**

Instructions

PROCEDURE

1. Review the Nurse Aide rules in Texas Administrative Code Title 40, Part 1, Chapter 94:
[http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=94&rl=Y](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=4&ti=40&pt=1&ch=94&rl=Y) .
2. Respond to all application items in compliance with the standards (above) and as required within instructions for each item.
3. Attach a resume for the program director and each program instructor listed on the NATCEP application.
4. Obtain agreements from any and all nursing facilities that will be used as clinical training sites and attach a copy of each agreement. Agreements must either (a) be current, that is, signed by facility authority within the past six months, or (b) specify the time period for which the agreement is valid. Facility authority is the facility administrator or corporate officer who is a designated authority.
5. Mail application with original notarized signatures, along with attachments, to:
Texas Department of Aging and Disability Services
Nurse Aide Training and Competency Evaluation Program
Mail Code E-420
P.O. Box 149030
Austin, Texas 78714-9030

You Need to Know

- Incomplete applications will be returned, which will delay the approval of your program.
- If the application contains errors or discrepancies, you will be notified within 15 days of the Department of Aging and Disability Services' (DADS) receipt of the application and you will be given an opportunity to make corrections. This may delay the date of approval of your program.
- You should allow at least 20 days from the date you mail your application before inquiring about the status of the application.
- Programs offered in or by nursing facilities that have been subject to one or more of the following actions will not be approved, per 40 TAC §94.3(e):
 - waiver for nursing services;
 - extended or partially extended survey;
 - assessment of civil money penalty in excess of \$5,000;
 - denial of payment for new admissions for Medicare/Medicaid;
 - trustee appointment for resident safety;
 - termination from Medicare/Medicaid; and/or
 - closure of facility.
- Facilities that are prohibited (above) may contract with an external entity to provide training for employees of the facility under Public Law 105-15. See Standards for Nurse Aides at 40 TAC, §94.3(f).
- Nursing facilities that are prohibited due to one of the actions above will not be approved as a clinical training site for any nurse aide training program.
- For-profit training programs must contact the Texas Workforce Commission (TWC) at 512-936-3100 to apply for a license to operate a proprietary educational program or to offer in-service education in Texas. See Standards for Nurse Aides at 40 TAC, §94.7(g).

Contact Information

Direct questions to: credential@dads.state.tx.us or contact Nurse Aide Training staff by calling 512-438-2017.

Nurse Aide Training Program
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1.	Enter Nurse Aide Training Program Name:		
2.	Check Application Type:		
	<input type="checkbox"/> New	Check NEW for initial application or if program is not currently approved.	
	<input type="checkbox"/> Renewal	Check RENEWAL if program is currently approved and you have received DADS renewal notice. Program Code No. _____	
	<input type="checkbox"/> Change	Check CHANGE if program is currently approved and you are requesting approval for program changes. Complete entries for all items that have changed and certify changes by signature in Section 12 of this application. Program Code No. _____	
3.	Check Program Category:		
	<input type="checkbox"/> Non-facility based program (not offered in or by a facility)		
	<input type="checkbox"/> Facility-based program (offered in and by a facility)		
	<input type="checkbox"/> Facility-based program operated under Public Law 105-15 (offered in but not by facility)		
	<i>Note: Applications under Public Law 105-15 may not be completed by a facility that has been prohibited from training. See Texas Administrative Code (TAC), Title 40, Part 1, § 94.3</i>		
4.	If the name of the Nurse Aide Training Program has changed, enter the new name here:		
5.	Contact/Mailing Address: Enter a single, physical address and telephone number for the training program. All correspondence from DADS will be sent to this address and all DADS on-site NATCEP surveys will be conducted at this address.		
	Street		
	City	State	ZIP Code
	Area Code and Telephone No.		
6.	Classroom Location: Enter a single classroom name and location. If at a facility, enter the Facility ID (vendor number).		
	Name	Facility ID	
	Street		
	City	State	ZIP Code
	Area Code and Telephone No.		
7.	Check responses to the following questions:		
	a.	Does this program teach the Texas Curriculum for Nurse Aides in Long Term Care Facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b.	Does this program include a minimum of 60 hours of classroom and skills training that does not involve direct care of residents by trainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c.	Does this program include a minimum of 40 hours of clinical training defined as hands-on care of residents by trainees under the direct supervision of a licensed nurse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d.	Does this program exceed both the curriculum content and minimum hours indicated above? If Yes, enter total number of hours offered: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e.	Does this program have adequate textbooks, audio-visual materials and other supplies and equipment necessary for training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f.	Do the classroom and skills training rooms provide for adequate space, cleanliness, safety, lighting and temperature controls to promote safe and effective learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Clinical Training Site(s): In the space(s) provided below, list all certified nursing facilities that will be used for the required 40 hours of clinical training for the NATCEP. Complete this section even if the clinical site is already listed in the Mailing Address and Classroom Location. **Note:** You must attach a current agreement letter for each facility listed **and** all clinical training and testing must be conducted at a facility listed on this application. (Additional sites may be listed on a separate sheet.)

a.	Facility Name			Facility ID
	Street			
	City	State	ZIP Code	Area Code and Telephone No.
b.	Facility Name			Facility ID
	Street			
	City	State	ZIP Code	Area Code and Telephone No.

9. Administrative Authority: Enter the name of the individual who will have administrative authority for the program. This may be an administrator of the facility or school or the designated program director. This individual must sign the affidavit in Section 12, below. All correspondence from DADS will be directed to this individual.

Name	Title
Area Code and Telephone No.	E-Mail Address

10. Program Director:

Name	E-Mail Address
Texas RN License No.	Social Security No.

Check responses to the following questions about the program director (please attach resume):

a.	Does the program director have at least two (2) years of nursing experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is at least one (1) year of the required nursing experience in the provision of long-term care facility services in a nursing facility or skilled nursing facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Has the program director completed a course in teaching adults or have experience in teaching adults or supervising nurse aides?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	NATCEPs must ensure that trainees meet the requirements listed in the Standards for Nurse Aides at §94.3(l)(1)-(3). Trainees may not be listed on the NAR in revoked status or listed as unemployable on the Employee Misconduct Registry (EMR) or have been found to have a conviction of a criminal offense listed in Texas Health and Safety Code §250.006. By signing this statement I am acknowledging that I am aware of this requirement.	

Signature – Program Director

11. Program Instructor(s): List the name(s) and requested information below for individuals who will conduct the actual NATCEP training. Please attach resume.

Name:	Discipline:		Does Instructor have at least one year of nursing experience in a facility?
	RN No.	LVN No.	
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

12. I certify that the information submitted in this application and attachments is true and correct. I agree to provide prior notification to the nurse aide training program of any change in information presented in this application by submitting a Program Change Application, as required. I acknowledge that failure to comply with DADS rules (40 TAC, Part I, Chapter 94) may result in withdrawal of NATCEP approval.

Signature – Administrative Authority (**must** be signed before a notary)

Sworn and subscribed to me on this ____ day of _____, 20 __, .

in _____ County, in the state of _____ .

Signature – Notary Public

In-Service Education

Nurse aides renewing certification after September 1, 2013, will be required to complete 24 hours of in-service education. All approved NATCEPs are eligible to offer in-service education to nurse aides. However, non-facility based NATCEPs are required to obtain additional approval through the Texas Workforce Commission. See Standards for Nurse Aides at 40 TAC, §94.7(g).

Complete the following information for your program:

Training Program Name	Program No.
Program Director Name	

This nursing aide training program will will not offer in-service education to nurse aides.

By signing this document, I agree to allow this program to be listed as an in-service education site and the NATCEP name and contact information to be shared with potential candidates for the purpose of locating and in-service education site.

I understand that the in-service education must include training in geriatrics and, if applicable, the care of residents with a dementia disorder, including Alzheimer's disease.

I understand that the NATCEP will be responsible for providing the nurse aide with a certificate of completion for the in-service education.

Signature – Program Director

Date

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