

Michigan Department of Licensing and Regulatory Affairs  
**Bureau of Health Care Services/ LTC Division**  
**Nurse Aide Training Programs**  
P.O. Box 30664  
Lansing, Michigan 48909  
Phone: (517) 241-0554 Fax: (517) 335-2096

**NURSE AIDE TRAINING PROGRAM**  
**INITIAL PROGRAM INSTRUCTIONS AND APPLICATION**

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

**ELIGIBLE APPLICANTS:**

An applicant for a Nurse Aide training program can be a licensed *nursing or health care facility* (i.e., hospital long-term care unit, county medical care facility, nursing home, hospital, home health agency). Long-term care facilities must be in compliance with specified State and Federal licensing and certification requirements at the time of application (as determined by the Department). Non-nursing facilities that are public, private, or proprietary must be in compliance with Department of Education standards. Refer to the packet of information that was provided to you at the Introduction to Train-The-Trainer seminar offered by this Department.

**APPLICATION REQUIREMENTS:**

Requirements for program approval include the following items (not all inclusive):

1. Provisions for classroom, laboratory and clinical practice space for training the nurse aide. (The supplies/equipment list can be found on page 7 of these instructions).
2. Provisions for nursing instructor to teach the nurse aide in classroom/lecture.
3. Provisions for nursing instructor to supervise the nurse aide in the laboratory and clinical practice aspects of the program.
4. Compliance with specified State requirements for nurse aide training.
5. Compliance with specified Federal requirements for nurse aide training.
6. Provisions for other requirements as specified in PL 100-203 OBRA 1987 and Amendments.

**APPLICATION SUBMISSION:**

The applicant will submit the completed application form and all required documents, which include:

1. Application form.
2. Curriculum materials.
3. Credentials of administrative and teaching staff.
4. Copies of contracts with other agencies, health care facilities, or educational institutions, if applicable.
5. Submit one copy of the Nurse Aide Training (NAT) curriculum syllabus typewritten with pages numbered.

Further information regarding the completion of the Initial Program Application can be found in this packet.

## **APPLICATION REVIEW:**

The application review can result in one of two outcomes:

1. Program materials returned with a written request for clarification and/or additional information needed.
2. The program will be conditionally approved.

## **REQUIREMENTS OF NURSE INSTRUCTOR:**

The *Program Coordinator* must be a Train-The-Trainer certified licensed Registered Nurse with the State of Michigan. This individual's responsibility is to over see the program.

The *Primary Instructor/Alternate Primary Instructor* must be a Train-The-Trainer certified licensed Registered Nurse with the State of Michigan. Often times one RN will hold the title of both *Program Coordinator and Primary Instructor*. This individual's responsibility is to run the program. Be available 100% of the time and teach 50% of the time.

The *Delegated Instructor* can be either a licensed LPN or a licensed RN and they are not required to be Train-The-Trainer certified. They may provide instruction in the class, laboratory and/or clinical practicum under the direction of the Primary Instructor.

## **PRIMARY INSTRUCTOR DUTIES:**

The Primary Instructor's responsibilities include the following:

1. Accountable for the entire program, i.e., classroom, laboratory and clinical practicum.
2. Participates in the planning and evaluation of each segment of the curriculum.
3. Monitors each new instructor in lecture, laboratory, or clinical whenever that person is teaching something new for the first time.
4. On site and available during 100% of the clinical teaching time.
5. On site and available at least 50% of the classroom and laboratory time.
6. May delegate classroom, laboratory, and/or clinical teaching responsibilities to a *Delegated Instructor*, either another licensed Registered Nurse or a licensed Practical Nurse, within the legal scope of practice and assessed capabilities of those individuals.

## **PROGRAM CURRICULUM:**

The program curriculum is a course of study necessary to achieve learner objectives. This includes: program goals/program objectives; behavioral/learner objectives for lecture, laboratory, and clinical skills training; teaching methods; evaluation measurements; student policies; program schedule; and instructor schedule.

The Michigan Nurse Aide Training Curriculum Model of 2006, provides examples of program objectives and behavioral/learner objectives for lecture, laboratory and clinical skills training.

1. Program Goals/Program Objectives
  - A. The program goals/program objectives are the competencies a student is required to successfully demonstrate in order to complete a program.

## **PROGRAM CURRICULUM CONTINUED:**

- B. Reference program goals/objectives consistent with Federal requirements for Nurse Aide Training (Michigan Nurse Aide Training Curriculum Model, 2006).
2. Behavioral/Learner Objectives for Each Unit of Classroom Instruction
  - A. Behavioral/Learner Objectives are measurable outcomes of student performance.
  - B. Include measurable behavior/learner objectives for each unit of classroom instructions.
3. Behavioral/Learner Objectives for Laboratory and Clinical Skills Training
  - A. Behavioral/Learner Objectives are measurable outcomes of student performance.
  - B. Include measurable behavior/learner objectives for all tasks learned in laboratory and clinical skills training. Each task must have a corresponding performance guide (see Michigan Nurse Aide Training Curriculum Model, 2006, for examples of performance guides).
4. Teach Methods
  - A. Teaching methods are strategies used to assist the student in meeting objectives.
  - B. List the different teaching methodologies used in your program, i.e., lecture, discussion, demonstration, return demonstration, audio visual, textbooks with dates of publication, bibliography, field trips, etc.

→ **LECTURE NOTES AND HANDOUTS ARE NOT TO BE INCLUDED WITH THE APPLICATION.**

5. Evaluation Measurements
  - A. Evaluation measurements are the methods used to assess a student's progress in meeting the objectives of the program.
    1. Class/Lecture: Describe types of examinations, quizzes or other evaluation methods, i.e., multiple-choice, true-false, matching, etc. Include the grading criteria for successful program completion, i.e., percentage score 75%; letter grade A, B, C, etc. Pass/Fail grade is unacceptable.

→ **TEST QUESTIONS ARE NOT TO BE INCLUDED WITH THE APPLICATION**

2. Lab/Clinical Practicum: Describe types of evaluation methods to be used. Include the grading criteria for successful completion of laboratory and clinical/skills performance. Provide copies of evaluation tools used. See Michigan Nurse Aide Training Curriculum Model, 2006, for an example of a Student Achievement Record.
3. Student/Instructor Ratios:

Lecture	22:1
Laboratory	12:1
Clinical	8:1

## **PROGRAM CURRICULUM CONTINUED:**

### 6. Student Policies

A. Student policies are written statements which direct student behavior. They include the following policies:

1. Attendance Requirements
2. Grading
3. Failure and Probation
4. Cheating
5. Missed Examinations and Assignments
6. Uniform/Dress Code
7. Due Process/Grievance Procedure
8. Student with Special Learning Needs
9. Charges and Reimbursement

B. If the above policies are in your Student Handbook or Employee Manual, you may submit that document.

### 7. Program Schedule

A. The program schedule is an explanation or sequence for the learning events. Please include:

1. A summary statement of total hours for lecture, laboratory and clinical skills training. Example of hours allocation can be found on page 25 of the Michigan Model.
2. A program calendar identifying the content presented each day. Illustrate distribution of hours in each component, i.e., classroom/lecture, lab, and clinical.
3. A program calendar identifying the 16 hours of core curriculum (lab) is required prior to a student's direct involvement with a resident (clinical). Student must obtain 100% accuracy in lab to proceed to clinicals. Must obtain 100% accuracy in clinicals to pass class.

### 8. Instructor Schedule

- A. Indicate which instructors (program coordinator/primary instructor, primary instructor, alternate primary instructor or delegated instructor) will teach lecture, laboratory, and clinical skills training.
- B. Indicate the number of hours each instructor teaches in each component.
- C. Guest Instructors – Indicate number of hours, component and subject matter to be covered by supplemental teaching staff.

## **APPROVAL OF CLINICAL PRACTICE SITES:**

Requirements for approval will include the following (not all inclusive):

1. Sufficient space conducive to training with noise and interruptions kept to a minimum, maintained at a comfortable temperature, in a clean and safe environment with adequate light.
2. Equipment and supplies are available for use by the student. Submit equipment list for review and approval.
3. Enrolled and in good standing as a provider in the Medicare and/or Medicaid program(s) with no termination action in process while participating as a clinical practice site.
4. No sufficient staff on duty as specified by State and Federal requirements to provide adequate and appropriate care to residents while participating as a clinical practice site.
5. Clinical training supervision is provided in accordance with the occupational Regulation Sections of the Michigan Public Health Code (Articles 1 and 14 of Act 368 of 1978); Part 172, Nursing 333.17201, Sections 17201(1)(a), (b) and (c).

## **APPEALS:**

Appeals are to be directed to the Manager, LARA, Bureau of Health Care Services, Nurse Aide Training Programs, P.O. Box 30664, Lansing, Michigan 48909.

## **PROGRAM REVIEW :**

A complete copy of the conditionally approved NAT curriculum syllabus must be maintained by the program to be updated as necessary with corrections, additions, and/or revisions. Substantive changes (addenda) must be communicated to the Department prior to implementation. Your copy must be kept up to date; it will be reviewed during the On-Site Review survey. The State will conduct, within 6 months after conditional approval, an On-site Review survey of each program. Thereafter, the State will conduct an On-Site Review survey at least every two years. A program must notify the State and the State must review that program when there are substantive changes made to that program within the two-year period.

The Michigan Department of Licensing and Regulatory Affairs is an equal opportunity affirmative action employer, service provider and buyer.

## NURSE AIDE TRAINING PROGRAMS

### PROGRAM STRUCTURE, PROCESS and OUTCOMES

#### PROGRAM STRUCTURE

- N100 Program length – minimum 75 hours
- N101 Laboratory practice – minimum 16 hours
- N102 Clinical practicum – recommended 24.5 hours  
Setting must be in a Nursing Home
- N103 Program objectives
- 

#### Curriculum Content

- N104 Curriculum content/behavioral objectives
  - Class/lecture
  - Laboratory practice
  - Clinical practicum
- N105 Core Curriculum structure
  - Length – minimum 16 hours
  - Placement – prior to resident contact
- N106 Core curriculum content
- N106A Communication
- N106B Infection control (HIV/AIDS)
- N106C Safety/emergency procedures (Heimlich Maneuver)
- N106D Promoting independence
- N106E Residents' Rights
  - Privacy
  - Personal choices
  - Resolution of grievances
  - Group activities
  - Security of possessions
  - Freedom from abuse
  - Inclusion of Michigan Public Health Code
    - Section 333.20201
    - Section 333.21771
  - Inclusion of Abuse Manual
  - Minimization of restraints
- N107 Basic nursing skills
- N108 Personal care skills
- N109 Mental health/social service needs
- N110 Care of the cognitively impaired
- N111 Basic restorative services
- 

#### Policies/ Contracts

- N112 Program policies
- N112A Students with special learning needs policy
- N112B Charges/reimbursement program policy
- N112C Student policies
  - Attendance
  - Failure and probation
  - Missed exams/assignments
  - Cheating
  - Uniform/dress code
  - Grading
  - Due process/grievance
    - Chain of command
    - Final and binding decision
- N113 Program contracts/formal collaborative relationships
  - Signed by both parties
  - Start and end dates

#### PROGRAM PROCESS

- N114 Protocols of instruction
- N114A Teaching methods
- N114B Student/instructor ratios
- N114C Qualifications of Instructors
  - Program Coordinator
  - Primary Instructor
  - Alternate Primary Instructor
  - Delegated Instructor
  - Guest Instructor/Speaker
- N114D Availability of Instructor
  - Class/lecture
  - Laboratory practice
  - Clinical practicum
- N114E Physical facilities – class/lab/clinical
  - Temperature
  - Cleanliness
  - Safety
  - Space
  - Lighting
  - Noise control
  - Equipment

#### PROGRAM OUTCOMES

- N115 Evaluation protocols
- N115A Evaluation protocol for class/lecture
  - Grading criteria
  - Evaluation tool/quizzes, exams
- N115B Evaluation protocol for laboratory practice
  - Grading criteria
  - Evaluation tool – Student Achievement Record
- N115C Evaluation protocol for clinical practicum
  - Grading criteria
  - Evaluation tool – Student Achievement Record

#### Records

- N116 Record keeping
  - Records of training
  - Program documents
- N117 Four-month window rule/Registry Verification  
(for nursing facilities only)

Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Long Term Care Division

**SUPPLIES AND EQUIPMENT**  
**NURSE AIDE TRAINING PROGRAM - MICHIGAN**  
 Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

<p>Adequate space, lighting and ventilation          Aftershave          Air Freshener          Alcohol Wipes          Anatomical Chart          Anti-embolism stockings (TED)          Basin          Bath blankets          Bath mat          Bath thermometer          Bathtub and shower (in clinical setting)          Bed linens (sheets/waterproof sheets/blanket/bed spread)          Bedpan and cover (regular and fracture)          Bed rails (i.e. positional rails) and padding (full and half)          Bedside stand          Bibs          Blood pressure cuff (sphygmomanometer) multiple sizes          Blow dryer          Call bell/light (may be simulated)          Cane          Catheter          Cereal and milk, jell-o or pudding          Chart forms (e.g. ADL flow sheets, food acceptance records, intake and output, graph sheets and flow sheets for TPR, BP and weights)          Clock or watch with second hand          Comb and brush          Commode          Cotton balls          Crutches          Cups          Curlers          Dental floss          Dentures (full set of real ones) and denture container          Denture cleaning/paste and brushes          Deodorant          Devices for measuring height          Diet cards          Dish covers          Dishes/eating utensils including common assistive devices          Disinfectant solutions          Disposable gloves – assorted sizes          Drinking cups and water pitcher – small &amp; large          Emery boards/Nail files          Emesis basin for spitting          Facial tissue          Food trays          Footboard          Footstool/ottoman          Funnel or irrigation syringe to fill urinary bag          Gauze          Goggles          Gowns/Bedclothes          Graduated containers (clear plastic)</p>	<p>Hair accessories          Hand rolls          Heel and elbow protectors          Height measuring device (attached to a stand-up scale)          Hospital bed and mattress          Incontinence pads/briefs          Incident / accident forms          Isolations gowns and masks          Lamp          Leg band to secure catheter or tape          Lift pads          Lubricant for rectal temperature          Lubricant – lip balm          Male and female “normal and adaptive” clothing (including underclothing and footwear) and clothing protector          Mannequin – jointed &amp; anatomically correct          Mechanical lift          Medical dictionary          Mirror          Mouth care swabs and swabs for oral care          Mouthwash          Nail clippers          Napkins          “No Smoking” signs          “Occupied” sign          Orangewood sticks          Over bed table          Over bed cradle (optional)          Pail          Paper towels and dispenser          Patient gowns/pajamas          Pen light          Pencil and paper for candidate’s recording          Pillows/Pillow cases (4 additional for positioning use only)          Pitcher (clear plastic)          Plastic apron          Plastic bags including isolation bags and tags          Positioning devices          Pressure relieving mattress          Privacy curtains          Q-Tips          Razors – electric and regular          Robe          Safety pins          Sample menus          Scale (non-digital, stand-up scale)          Shampoo          Shaving cream          Shower Chair          Sink with hot and cold running water          Skin care supplies, e.g., lotion, oil, etc.          Small calculator          Soap dish with soap – regular and/or rinse-less type          Soiled linen hamper</p>
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SUPPLIES AND EQUIPMENT

NURSE AIDE TRAINING PROGRAM – MI

Standard measurements for fluid containers  
Stethoscope (single and double earpiece)  
Straight or side chair  
Straws  
Stretcher (optional)  
Styptic pencil  
Synthetic lambs wool  
Tape measure  
Thermometers (oral, rectal) – digital & regular  
Toilet tissue  
Toothpaste/powder and toothbrushes  
Towels (bath and hand)  
Transfer belt or gait belt  
Trapeze  
Turning schedule

Under pads (disposable, reusable, or comparable substitute)  
Urinal  
Urinary drainage bag  
Urine collection device  
Urine testing supplies  
Waist restraint, lap buddy bed/chair alarms  
Walker  
Washbasin  
Washcloths  
Wastebasket  
Water pitcher  
Weights and measures equivalence chart  
Wheelchair with foot rests & brakes  
Yellow food coloring to color water

Additional items not listed in the MI Model, but suggested:

Diapers/incontinence panties  
Geri-chair  
Instrument containers  
Linen hamper

Restraints  
Sphygmomanometer  
Tongue blades



## ADDENDUM TO NURSE AIDE TRAINING PROGRAM APPLICATION

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

An addendum shall be submitted to the Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Health Care Services, prior to implementation of substantive changes in a Nurse Aide Training Program after it has received conditional approval. Some examples of changes which require submission of an addendum include the following (not all inclusive):

1. Change in applicant's name due to a change in ownership, or other reason for name change.
2. Change in formal collaborative relationship(s) and/or contract(s) or letter(s) of agreement.
3. Change in program coordinator/primary instructor, alternate primary instructor and/or delegated instructor in classroom, laboratory, and/or clinical skills training.
  - A. The individual for program coordinator/primary instructor and/or alternate primary instructor must hold a current Registered Nurse license with the State of Michigan, current Train-The-Trainer certificate.
  - B. The individual for a delegated instructor must hold a current Registered Nurse or Practical Nurse license with the State of Michigan and submit a current resume with the addendum.
4. Changes in classroom, laboratory, and/or clinical skills training sites. Attach copies of contract(s) or letters(s) of agreement with new facilities signed by both parties involved.
5. Major changes and/or additions in:
  - A. Program Objectives
  - B. Behavioral/Learner Objectives for classroom, laboratory, and/or clinical skills training
  - C. Content of Program
  - D. Teaching strategies, i.e., computer assisted instruction (Interactive Video Disc)
  - E. Evaluation Measurements, i.e., revision of testing mechanism (Interactive Video Disc)
  - F. Program Policies
  - G. Change in program hours for classroom, laboratory, and or clinical skills training

To obtain the most current Addendum form, please visit the Bureau's website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and choose the Long Term Care option on the left-hand side. Scroll down and click on Nurse Aide Registry Program. Scroll down to bottom of next page; select **Nurse Aide Training Program Addendum – Use for existing program only**.

## INITIAL NURSE AIDE PROGRAM APPLICATION

Omnibus Budget Reconciliation Act (OBRA) of 1987, as amended

### I. Applicant Information (Nursing or Non-Nursing Facility)

Program/Facility Name:		
Contact Person:		
Program/Facility Administrator/Director:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Fax Number with Area Code:	
Type of Facility (please check appropriate box):		
<input type="checkbox"/> Long Term Care Facility	<input type="checkbox"/> Hospital LTCU	
<input type="checkbox"/> Adult Basic/Community Education	<input type="checkbox"/> Vocational Education	
<input type="checkbox"/> Community College	<input type="checkbox"/> Proprietary Education	
<input type="checkbox"/> Other (please specify) _____		

### Program Address (Given out to public to contact)

Program/Facility Name:		
Contact Person:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Fax Number with Area Code:	

**II. Program Coordinator – Must be Train-The-Trainer certified and hold a current RN license.**

The Program Coordinator is a licensed Registered Nurse who assumes the administrative responsibility and accountability for the program.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

**III. Primary Instructor – Must be Train-The-Trainer certified and hold a current RN license.**

The Primary Instructor develops the curriculum and teaches and evaluates students in classroom, laboratory and clinical practicum. The Primary Instructor is also responsible for supervising Alternate Primary Instructors and Delegated Instructors. The Primary Instructor may be the same person as the Program Coordinator. They must be on-site and available 100% of the time and must teach 50% of classroom and laboratory. They must be on-site and available 100% of the time for clinicals.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

**IV. Alternate Primary Instructor – Must be Train-The-Trainer certified and hold a current Registered Nurse license.**

The Alternate Primary Instructor basically holds the same position as a Primary Instructor and may teach in their absence. They may assist in the development of the curriculum. They teach and evaluate students in classroom, laboratory and clinical practicum.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

**V. Delegated Instructor – Must hold a current Registered Nurse or Practical Nurse license.**

The Delegated Instructor teaches classroom, laboratory or clinical skills under the direction of the Primary Instructor, Alternate Primary Instructor or Program Coordinator.

Full Name:		
Train-The-Trainer (TTT) Certification Number and Date Issued:		
Michigan R.N. License Number and Expiration Date:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	

**VI. Guest Instructor/ Speaker – Complete the following for EACH Guest Instructor:**

If necessary, you can make copies of this page if you have more than one Guest Instructor/Speaker. The Guest Instructor/Speaker must be an individual that can provide guidance and instructions for areas within the scope of practice of the Nurse Aide.

Full Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	
Discipline:		
CREDENTIALS: ATTACH COPIES OF CURRENT LICENSURE AND CURRENT RESUME FOR EACH GUEST INSTRUCTOR/SPEAKER.		

**Guest Instructor/ Speaker – Complete the following for EACH Guest Instructor:**

If necessary, you can make copies of this page if you have more than one Guest Instructor/Speaker. The Guest Instructor/Speaker must be an individual that can provide guidance and instructions for areas within the scope of practice of the Nurse Aide.

Full Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number with Area Code:	Work Phone Number with Area Code:	
Discipline:		
CREDENTIALS: ATTACH COPIES OF CURRENT LICENSURE AND CURRENT RESUME FOR EACH GUEST INSTRUCTOR/SPEAKER.		

## VII. Facilities

*Classroom* may be in a long-term care facility, hospital long-term care unit, health care facility or education institution. The classroom is a setting where lecture, discussion, and other learning methods are presented.

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
<b>RATIO OF STUDENTS PER CLASSROOM   NSTRUCTOR:</b> _____			

*Laboratory* may be in a long-term care facility, hospital long-term care unit, health care facility or educational institution. The laboratory is a simulated setting where students practice clinical skills (see Supplies & Equipment list on page 7 in this packet).

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
<b>RATIO OF STUDENTS PER CLASSROOM   NSTRUCTOR:</b> _____			

## VII. Facilities Continued

*Clinical Practice Site* may be in a long-term care facility, hospital long-term care unit. The clinical practice site is where students have their clinical experience.

Facility Name:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
<b>RATIO OF STUDENTS PER CLASSROOM   INSTRUCTOR:</b> _____			

## VIII. Formal Collaborative Relationship

This is an agreement between two programs to coordinate or share teaching responsibilities or sites **OR** a program and a long-term care facility to utilize facility for clinicals. This relationship requires a contract, which outlines the roles and responsibilities of each party involved and is signed by both parties. **THIS NEEDS TO BE ON FACILITY LETTERHEAD.**

Facility Name Entering Into Contract With:			
Contact Person:			
Street Address:			
City:	State:	Zip Code:	County:
Telephone Number with Area Code:		Work Phone Number with Area Code:	
ATTACH A COPY OF FORMAL CONTRACT(S). → → <b>CONTRACT MUST BE SIGNED BY BOTH PARTIES AND HAVE START AND END DATES.</b>			

**IV. Schedules**

A. Program Schedule (for further information see Page 25 of the MI Model for Hours Allocation form)

Number of Class/Lecture Hours:	Anticipated Start Date:
Number of Lab Hours:	Duration of Program:
Number of Clinical Practice Hours:	
<b>TOTAL PROGRAM HOURS:</b>	

B. Program Calendar (attach calendar showing class time schedule and subjects taught each day)

C. Instructor Schedule (for further information see Page 4, Item 8 of the Program Curriculum)

<b>INSTRUCTOR</b>	<b>NUMBER OF CLASS HOURS</b>	<b>NUMBER OF LAB HOURS</b>	<b>NUMBER OF CLINICAL HOURS</b>

**V. NATP Curriculum:**

Check which curriculum will be used:

Michigan Nurse Aide Training Curriculum Model, 2006

Alone

With ProCare

ProCare Curriculum

Other – Name: \_\_\_\_\_



## VI. Certification by Applicant

I certify that there is sufficient space available for training, that the designated training area is environmentally controlled (heat, light, noise control), and that equipment and supplies are available to assure each student full opportunity to meet course objectives, and that the program will be conducted in compliance with Federal and State requirements. I also understand that, if one or more of the above is not provided, program approval will not be granted or exiting approval may be revoked.

I affirm that all information submitted in this application is complete and correct. I am aware of the fact that misrepresentation may result in non-approval or revocation of exiting approval.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

## VII. Certification by Formal Collaborative Agreement Facility

I affirm that all of the information submitted in this application is true. I am aware that misrepresentation may result in non-approval or revocation of existing approval. I certify that the program will be conducted in compliance with Federal and State requirements.

\_\_\_\_\_  
Signature of Administrator/Applicant

\_\_\_\_\_  
Date

### FOR LONG TERM CARE FACILITIES ONLY:

I certify that no charges will be imposed on any nurse aide employee attending a nurse aide training program, or completing the competency evaluation, for purposes of complying with the Omnibus Budget Reconciliation Act (OBRA) of 1987 requirements. This includes charges for textbooks, course materials, training and competency evaluation tests.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Date

**NOTE:** A complete copy of the conditionally approved NAT curriculum syllabus must be maintained by the program to be updated as necessary with corrections, additions, and/or revisions. When the State comes in to conduct your on-site review, they will ask you for your up-to-date program curriculum, your student handbook and individual records to review.