

PROGRAM FILE = "THE BOOK"

TRAINING PROGRAM INFORMATION

FRONT POCKET OF BINDER

Program Change form

Sticker on Front Pocket w/ when to complete the Change Form and where it should be sent

INFORMATION SHEET

Training Facility Code

Type of Training Program

Number of Hours

School Name & Address

Training Program Coordinator, Phone, Email, Office Hours

RN Training Supervisor, Phone, Email, Office Hours

Location of Administrative Office

Location of Classroom

Location of Laboratory

Location of Clinical Sites

Location of Training Program Records, Individuals w/ Access

Location of Testing Records, Individuals w/ Access

APPLICATION TAB

Approval letter from OSDH

Application

Copies of correspondence regarding program changes submitted since program was approved

TRAINING PROGRAM PERSONNEL

Hiring procedures for ensuring Chapter 677 requirements are met when hiring RN training supervisor and instructors

Training Program Coordinator – job description, current certificate of completion of LTC instructor workshop

RN Training Supervisor – job description, current certificate of completion of LTC instructor workshop, copy of current RN license, copy of FA/CPR certification, documentation of current immunizations, resume' documenting required experience for program, *Instructor Agreement*

Instructor – job description, current certificate of completion of LTC instructor workshop, copy of current nursing license, copy of FA/CPR certification, documentation of current immunizations, resume' documenting required experience for program, *Instructor Agreement*

NOTE: All training program personnel must attend LTC instructor workshop every two years.

CLINICAL SITES

Copy of student ID tag and statement on how students are supervised on clinical and their practice is limited to skills they have been trained to perform

For each site: Clinical Agreement and most recent OSDH survey

INSTRUCTIONAL ORGANIZATION

Syllabus showing class dates and times, locations, instructor(s), curriculum used and with content broken down into time increments and clearly identified as theory, lab, or clinical.

Curriculum – copy of title page and page with book's ISDN number

Student Handbook – program requirements & policies, requirements for certification and employment, etc.

STUDENT TRAINING RECORDS (Program book contains these forms except copies of ID & imm record)

Enrollment Application

Proof of required immunizations

Copy of identification

Signature sheet from Student Handbook (training program policies, certification requirements, citizenship, employment, etc)

16 hour "5-1" form

Skills Performance Checklist

Training Verification Form with training portion completed

Completion certificate or drop form

QUALITY ASSURANCE (Copies of forms)

Evaluation of Program by Student

Evaluation of Clinical experience by Student

Evaluation of Instructor by Training Coordinator or RN Training Supervisor

Evaluation of Program by Clinical Site

Evaluation of Clinical Site by RN Training Supervisor

TESTING INFORMATION – different color ink or tab

General Information

Location of testing materials (s/b locked location only accessible by persons listed on Directory)

Discussion of procedures for handling testing materials securely (to/from CSO, during administration, etc.)

Pass Rate Report (should be updated annually)

HCP WRITTEN TESTING PERSONNEL

HCP Test Site Directory listing personnel who have been trained to administer HCP tests with each person's signature authority identified

For each person on the directory: Confidentiality Agreements and copy of certificate of completion of HCP test site training

CLINICAL SKILLS OBSERVERS

For each CSO: Copy of current nursing license, copy of resume' documenting required experience, copy of identification, copy of completion certificate of HCP CSO training, copy of CSO certificate and approval letter

NOTE: CSO's must retrain every two years.

TESTING RECORDS (Program book contains these forms except cs exam and copies of Id/cards)

Training Verification Form (or OSDH letter)

Affidavit of Lawful Presence

Copy of Identification

Clinical Skills Exam

Coaching Report

Medication Worksheet (CMA only)

Copy of nurse aide card (CMA, CMA-GM/IA, and CNA2)

CMA Attestation (CMA only)

Each tab will have an instruction sheet for what to do if something included that tab changes. For example, if the program changes Program Coordinators, it will say that they need to complete and submit the Change Form to OSDH, notify you to register for the next LTC instructor workshop. When OSDH acknowledges the change, that letter should be filed under the application tab and the required documentation on the new program coordinator should replace the former coordinator's information in the Training Program Personnel tab.

COURSE FILES

Kept each instance the class is offered

Label: TFC and class instructor/dates/times that contains:

Expandable folder contents:

- Course syllabus
- Class roster w/ attendance records
- Copies of completion certificates or drop forms
- Evaluations completed by students, clinical sites, etc. pertaining to that course offering

STUDENT TRAINING FILES

Kept individually by student; grouped either by class or filed alphabetically.

Label: Student Name, Training Facility Code, Completion Date

Folder contents:

- Enrollment Application
- Proof of required immunizations
- Copy of identification
- Signature sheet from Student Handbook
- 16 hour "5-1" form
- Skills Performance Checklist
- Training Verification Form with training portion completed
- Completion certificate or drop form

STUDENT TESTING FILES

Kept individually by student

Label: Student Name, Training Facility Code, Completion Date

- *Training Verification Form (or OSDH letter)*
- *Affidavit of Lawful Presence*
- *Copy of Identification*
- *Clinical Skills Exam*
- *Coaching Report*
- *Medication Worksheet (CMA only)*
- *Copy of nurse aide card (CMA, CMA-GM/IA, and CNA2)*
- *CMA Attestation (CMA only)*