

TRAINING PROGRAM BINDER

FRONT POCKET OF BINDER

Notice of Program Change form

- When to fill out = ANY TIME there is a change to the program or when clinical site review is needed*
- Where to send = Stacey.marrazo@health.ok.gov, if out of office Lindseyj@health.ok.gov

INFORMATION SHEET

- Training Facility Code
- Type of Training Program
- Number of Hours (Classroom/Lab/Clinical/Total 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
- Location of Testing Records

1. APPLICATION TAB

- Most recent approval letters within 3 years (regulation)

2. TRAINING PROGRAM PERSONNEL TAB

- Position and License #s
- current certificate of completion of LTC instructor workshop
- copy of BLS/CPR certification (required for those who may supervise clinicals)

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

3. CLINICAL SITES TAB

- Copy of student ID tag
- For EACH site:
 - Clinical site agreement
 - Most recent OSDH approval for sites

4. INSTRUCTIONAL ORGANIZATION TAB

- **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; name & provider of online programming.
- **Student Handbook**- program requirements & policies, requirements for certification and employment, etc.

5. TESTING INFORMATION TAB

- GENERAL INFORMATION
 - Location of testing materials (Must be a locked location only accessible by persons listed on Directory)
 - Procedures for handling testing materials securely (to/from CSO, during administration, etc.)
 - Pass Rate Report (should be updated annually)

- HCP WRITTEN TESTING PERSONNEL (*private sites only*)
 - 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
 - List of authorized personnel with credentials

NOTE: CSO's must remain active by completing a minimum of 2 a year to keep their licenses active and not have any offenses.

6. FORMS

- 1 copy of each form used by the program (helps prevent confusion for surveyors)

*ALL PROGRAM CHANGES

-All changes require a Notice of Change form be sent to OSDH. For example, if the program changes Program Coordinators, complete and submit the Change Form to OSDH. 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 and file.

-When Clinical Site clearance is needed, list the sites under the change in lab section -*clinical site review* on old lab line, *clinical sites with NH#* on new lab line. Please submit AT LEAST 10 DAYS PRIOR TO CLINICALS.

TO BE KEPT IN A SECURE LOCATION: If surveyor needs course files, they can ASK

COURSE FILES

Kept each instance the class is offered, labeled Course Type/Program Number/Date/Instructor

- File 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

TRAINING PROGRAM PERSONNEL

Hiring procedures for ensuring Chapter 677 requirements are met when hiring RN training supervisor and instructors. Complete employee files, including:

- **Training Program Coordinator** - job description, current certificate of completion of LTC instructor workshop, copy of current RN license (if applicable)
- **RN Training Supervisor** - job description, current certificate of completion of LTC instructor workshop, copy of current RN license, copy of BLS/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 BLS/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.

STUDENT FILES- Surveyor will request several files

Kept individually by student in reverse chronological order (newest form on top)

- Label: Student Name, Training Facility Code, Completion Date
 - Enrollment Application
 - Proof of required immunizations
 - Copy of identification/Verification of identity
 - 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
 - Training Verification Form (or OSDH letter)
 - Affidavit of Lawful Presence
 - Copy of background check (OSBI or OKScreen)
 - Clinical Skills Exam
 - Coaching Report
 - Medication Worksheet (CMA only)
 - Copy of nurse aide card (CMA, CMA-GM/IA, and CNA)
 - CMA Attestation (CMA only)