TRAINING PROGRAM BINDER

FRONT POCKET OF BINDER

Notice of Program Change form

- **Sticker on Front Pocket w/ when to complete the Change Form and where it should be sent**
- **Date program renewal is due & where to send.**

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
- Location of Testing Records

1. APPLICATION TAB

- Most recent approval letters
- Any current communication w/OSDH

2. TRAINING PROGRAM PERSONNEL TAB

- **Training Program Coordinator** - current certificate of completion of LTC instructor workshop, copy of FA/CPR certification
- **RN Training Supervisor** - current certificate of completion of LTC instructor workshop, copy of FA/CPR certification
- **Instructor** - current certificate of completion of LTC instructor workshop, copy of FA/CPR certification

  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 survey

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

5. TESTING INFORMATION TAB
- GENERAL INFORMATION
  - Location of testing materials (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
  - 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

  ***NOTE**: CSO's must retrain every two years.*

6. FORMS
- 1 copy of each form used by the program

*ALL PROGRAM 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.

TRAINING LOGS

Kept individually grouped by class and updated by instructor daily. Filed in Course Files after the completion of each class.

Label: Course name and program number; Start Date; Completion Date; Instructor.

- o Folder contents:
    - o Student Handbook
    - o Course syllabus
    - o Class list with emergency contact information

    - o INSTRUCTOR information:
        - ▪ Current certificate of completion of LTC instructor workshop,
        - ▪ Copy of current nursing license
        - ▪ Copy of FA/CPR certification Class list

    - o STUDENT information:
        1. Sign in sheets
        2. Signature sheet from Handbook (until end of class then filed in student records)
        3. Skills Performance Checklist (until end of class then filed in student records)
        4. Program drop forms (until end of class then filed in student records)

ALL TO BE KEPT IN A SECURE LOCATION:

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 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.

STUDENT 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
  - 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 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)