

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
<http://www.dlp.vermont.gov>
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
Report Adult Abuse: (800) 564-1612

**APPLICATION FOR APPROVAL OF A NEW
NURSING ASSISTANT EDUCATION PROGRAM**

1. Name, location, and contact person of organization proposing the Nursing Assistant Education Program:

Organization

Street

City or Town

State

Zip:

Phone

Fax

E-mail address:

2. Program:

- Classroom hours Lab hours Clinical hours
- Total of program hours Duration of program (weeks)

- Anticipated date of first course offering
- Anticipated number & frequency of program offerings annually
- Name & location of classroom setting, if different from above (1.):

- Name & location of lab setting, if different from above (1.):

- Name & location of clinical setting(s) and type of resident care unit(s) to be used, if different from above (1.):

Agency*	Address	Unit(s)
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- Title of approved textbook:

Author:	Year of publication*:
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* Textbook must have a copyright of not more than 5 years ago.

3. Learner Population:

- Eligibility:

Open to the community	Open to facility employees
Open to HS Students	Other:

- Approximate number of learners anticipated for each course offering:
- Identification of title (e.g., Nursing Assistant Student) as it will be indicated on student’s name tag or pin:

4. Faculty:

- Program Administrator:

Name	VT RN License #	Expiration Date
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*Attach copy of Curriculum Vitae

- Instructor(s):

Name	RN/LPN	VT License #	Expiration Date
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*Attach copy of Curriculum Vitae(s).

- Faculty to Learner Ratios:

Classroom: :

Lab & Clinical: :

5. Attach to this Application:

- Anticipated schedule(s) for planning and initiating the program.
- Copies of the controlling institution's:
 - Purpose, Mission, and Program Objectives.
- Description of and/or copies of the proposed Nursing Assistant Education Program's:
 - Purpose, Mission, and Program Objectives.
 - A program shall have an organizational chart depicting relationships, authority, responsibilities, channels of communication within the program, and the program's relationship to other units within the governing organization.
 - location of classroom and lab space, and
 - list of equipment and supplies.
- Copies of contract(s) with state-licensed health care facilities or agencies used as clinical site(s).
- Completed **Curriculum Requirements** form (VT Board of Nursing, attached) (See Nursing Administrative Rules: 2.8).
- Detailed curriculum to include measurable behavioral objectives, student outcomes, and teaching methods/learning activities.
- Non-discrimination policy.
- Document specifying students' rights and responsibilities.
- Policies for admission, progression, dismissal, and successful completion.
- Form utilized by program to evaluate and document student achievement at regular planned intervals. Students shall participate in the evaluations.
- Written plan for systematic evaluation of program objectives.

Program evaluations shall be documented and include:

 - (1) feedback from students;
 - (2) exam vendor data on pass rates and testing patterns;
 - (3) feedback from clinical site staff; and
 - (4) Instructor and Program Administrator observations.

- Faculty personnel policies, including job description, qualifications, and evaluation plan for Program Administrator and Instructors.
- Evidence of financial resources adequate for the planning and implementation of the Nursing Assistant Education Program AND a copy of current Medicare/Medicaid certification for each clinical setting.
- Anticipated beginning and end dates for each class for the next 12 months.

I certify that the information in this application, including attachments, accurately represents the proposed Nursing Assistant Program for which Division of Licensing and Protection approval is being requested.

Signature of Nursing Assistant Program Administrator (RN)

Date

Signature and Title of Authorized Facility or School Personnel

Date

(e.g., Nursing Home Administrator, Adult Education Coordinator)