

# 2020 Nurse Aide Training Handbook (Word)

## Health Science Program

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**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

**Instructions on Completing the Application for a Health Science NURSE AIDE TRAINING PROGRAM**

*This handbook contains information that enables the Health Science instructor to complete the required application process to become a Nurse Aide Training instructor approved by the Alabama Department of Public Health (ADPH), Division of Health Care Services.*

*This handbook includes the NURSE AIDE TRAINING PROGRAM, Curriculum, and Integrated Lesson Plan for Health Science instructors. The areas requiring additional information, to be inserted by instructor, are highlighted.*

**CERTIFICATION TEST PROVIDERS**

Alabama Department of Public Health has approved the following providers to administer the certification exams for Nurse Aides in nursing homes or qualified facilities in the State of Alabama. Nurse Aide Training Programs may choose one of the following test providers for Certified Nurse Aide Examination: 1) **Pearson VUE**, 2) **Prometric**, or 3) **IHN**

**PEARSON VUE**

**Website:** [www.pearsonvue.com/al/nurseaides/](http://www.pearsonvue.com/al/nurseaides/)

Download a candidate handbook, obtain information for testing application, test sites and dates, and view nurse aide practice examination

**PROMETRIC**

**Website:** [www.prometric.com/en-us/clients/nurseaide/pages/al.aspx](http://www.prometric.com/en-us/clients/nurseaide/pages/al.aspx)

From website, download a candidate booklet and clinical skills checklist.

Health Science teachers can complete the evaluator process, but cannot test their own students.

**To become an Alabama test-site and questions regarding testing, contact:**

**Phone: 443.455.6286**

**IHN-MEDCOM TRAINEX**

**(Interactive Health Network)**

**Website:** [www.ihnet.com](http://www.ihnet.com) or <http://www.medcomrn.com/>

Health Science teachers can complete the evaluator process, but cannot test their own students.

**To become an Alabama test-site and questions regarding testing, contact:**

**Technical Support: 800.321.4191 ext. 1**

**QUESTIONS REGARDING NURSE AIDE TRAINING PROGRAMS**

**ALABAMA DEPARTMENT OF PUBLIC HEALTH**

Obtain information on official regulations and guidelines for nurse aides

**Clarification: Alabama Public School Health Science Programs are not required to obtain a private school license**

[www.adph.org](http://www.adph.org)

[https://dph1.adph.state.al.us/NurseAideRegistry/\(S\(k2bymqf4kqb4jzb3y5lf0mop\)\)/NurseAideTrainingGuide.pdf](https://dph1.adph.state.al.us/NurseAideRegistry/(S(k2bymqf4kqb4jzb3y5lf0mop))/NurseAideTrainingGuide.pdf)

**ADPH Contact: Ray Gibson and Ms. Suniaja Smith at 334.206.5169**

**IMMUNIZATIONS**

Be sure to verify that all Nurse Aide Training students have up-to-date immunizations, TB skin test, and Hepatitis B series. Maintain a copy of these documents in the student's training file.

**NURSE AIDE TRAINING PROGRAM**  
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Alabama State Department of Education

Date 05-03-16

The Alabama State Department of Education do not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Alabama State Department of Education, P.O. Box 302101, Montgomery, AL 36130-2101, telephone (334) 242-8165.

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
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<b>NURSE AIDE TRAINING PROGRAM CHECKLIST FOR HEALTH SCIENCE</b>		
<i>This checklist includes all items required for the application packet. ADPH will also use this checklist to evaluate a request for a Nurse Aide Training Program.</i>		
<b>Name of Facility</b>		<b>Date</b>
<b>** Clarification: Alabama Public School Health Science Programs are not required to obtain a private school license</b>		
Cover Letter (on facility letterhead)		
Name of curriculum and format for training.		
Number		
a) Classroom hours		
b) Lab hours		
c) Clinical hours		
d) Total hours (Must be at least 75 hours with 16 hours being clinical hours)		
Name of the Program Coordinator (REQUIRED) ( Must be RN)		
Name of Primary Instructor (RN)		
Name of Additional Instructors (LPN or RN) (Health Science instructor or clinical instructor from facility)		
Location for Clinical Training (Name and Address of Nursing Home)		
Name of selected Test Provider for Certified Nurse Aide Examination (Pearson VUE, Prometric, or IHN)		
<b>Requirements of the Instructor/s</b> (the following must be included for each instructor)		
Current Alabama Nursing License		
Resume (two years nursing experience, one year must be in long term care/geriatric services)		
Adult teaching experience obtained by <b>one</b> of the following:		
a) Master's Degree in Nursing		
b) Attended a State approved Train the Trainer course-(Approved Alabama Course)		
c) Completed instructor's training course at American Red Cross		
d) Taught adults at the college level		
e) <b>Health Science Teacher Certification</b> (include copy of teacher certification)		
<b>Curriculum plus Lesson Plan</b> (copy)		
Training Objectives		
Copy of Educational Philosophy		
<b>Lesson Plan Should Outline the Following:</b>		
a) Page number of lesson being taught (i.e. page 12)		
b) Day of lesson (Day One, two, etc...)		
c) Chapter number (i.e. Chapter 5)		
<b>Hours for Each Lesson</b> (time designated to teach)		
1) Theory (i.e. 2 hours), Lab (i.e. 2 hours), Clinical (i.e. 2 hours)		
<b>Additional Reference Materials</b>		
Copy (blank) Skill/Competency Evaluation Form		
Copy (blank) of Student Certificate of Completion		
Copy of Clinical Training Agreement (with Nursing Home where clinical practice will be conducted)		
Copy of Approval Letter Student Liability Insurance (Blanket Policy for Health Science program)		
Mailing Address including Directions to Facility (school)		
<b>Facility's Layout and Equipment (identify)</b>		
a) Classroom (photo of classroom may be submitted)		
b) Lab Location (photo of lab may be submitted)		
Types of Equipment used for training (include equipment / supply list)		
<b>Initial/Annual Dementia Management and Patient Abuse Prevention Training</b>		

Note: In-complete applications will be voided after 30 days.

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**Overview of Code of Federal Regulations for Nurse Aide Training and Certification Testing**

An individual must successfully complete a State-approved Nurse Aide Training and Competency Evaluation Program and pass both the written and skills tests to be listed on the Nurse Aide Registry. Individuals who enter the competency evaluation/test and do not pass by their third attempt and within 24 months of the training must be retrained in a State-approved Nurse Aide Training Program before retaking the competency test. The electronic Code of Federal Regulations (CFR) can be reviewed at:

<http://www.ecfr.gov/cgi-bin/text-idx?SID=c6d4b2c6b6c00661d4ae26bb1ea5965d&node=42:5.0.1.1.2&rgn=div5#42:5.0.1.1.2.4>

**Health Science Content Standards and Code of Federal Regulations Title 42: Public Health/Nurse Aide Training/Section 483.152**

**483.152 Requirements for approval of a nurse aide training and competency evaluation program.**

**A. For a nurse aide training & competency program to be approved by the State, it must contain a minimum of the following:**

- 1) Consist of no less than 75 clock hours of training (total)
- 2) Include at least the subjects specified in paragraph (B) of this section
- 3) Include at least 16 hours of supervised practical training (clinical training) and 16 hours of lab training
- 4) Ensure that:
  - Students do not perform any services for which they have not trained and been found proficient by the instructor
  - Students who are providing services to residents are under the general supervision of a licensed nurse or a registered nurse

**B. The curriculum of the nurse aide training program must include:**

**1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:**

- Communication and interpersonal skills
- Infection control
- Safety/emergency procedures including the Heimlich maneuver
- Promoting residents' independence
- Respecting residents' rights

**2) Basic nursing skills include:**

- Taking and recording and recording vital signs
- Measuring and recording height and weight
- Caring for the residents' environment
- Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor
- Caring for residents when death is imminent

**3) Personal care skills, including but not limited to:**

- Bathing
- Grooming, including mouth care
- Dressing
- Toileting
- Assisting with eating and hydration
- Proper feeding techniques
- Skin care
- Transfers, positioning and turning

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**4) Mental health and social service needs:**

- Modifying aide's behavior in response to residents' behavior
- Awareness of developmental tasks associated with the aging process
- How to respond to residents' behavior
- Allowing resident to make personal choices, proving and reinforcing other behavior consistent with the resident's dignity
- Using the resident's family as a source of emotional support

**5) Care of cognitively impaired residents:**

- Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others)
- Communicating with cognitively impaired residents
- Understanding the behavior of cognitively impaired residents
- Appropriate responses to the behavior of cognitively impaired residents
- Methods of reducing the effects of cognitive impairments

**6) Basic restorative services:**

- Training the resident in self-care according to the resident's ability
- Use of assistive devices in transferring, ambulating, eating and dressing
- Maintenance of range of motion
- Proper turning and positioning in bed and chair
- Bowel and bladder training
- Care and use of prosthetic and orthotic devices

**7) Residents' Rights:**

- Providing privacy and maintenance of confidentiality
- Promoting the residents' right to make personal choices to accommodate their needs
- Giving assistance in resolving grievances and disputes
- Providing needed assistance in getting to and participating in resident and family groups and other activities
- Maintaining care and security of residents' personal possessions
- Promoting the resident's right to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate facility staff
- Avoiding the need for restraints in accordance with current professional standards

**IMMUNIZATIONS**

Be sure to verify that all Nurse Aide Training students have up-to-date immunizations, TB skin test, and Hepatitis B series. Maintain a copy of these documents in the student's training file.

**CPR CERTIFICATION**

Students should complete CPR/AED certification before completing clinical hours. BLS Healthcare Provider certification recommended.

**CERTIFICATION TEST PROVIDERS**

Alabama Department of Public Health has approved the following providers to administer the certification exams for Nurse Aides in nursing homes or qualified facilities in the State of Alabama. Nurse Aide Training Programs may choose one of the following test providers for Certified Nurse Aide Examination: 1) Pearson VUE, 2) Prometric, or 3) IHN

**NURSE AIDE TRAINING PROGRAM**  
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**INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS**

The Nurse Aide Training Program application packet must be mailed to the following address:

Alabama Department of Public Health  
Bureau of Health Provider Standards  
ATTN: Ray Gibson, RN  
P.O. Box 303017  
Montgomery, AL 36130-3017  
Email: [NARCorrespondence@adph.state.al.us](mailto:NARCorrespondence@adph.state.al.us)

*(No Email or Fax applications accepted)*

**Contacts: Ray Gibson and Ms. Suniaja Smith**  
**334-206-5169**

**START APPLICATION PROCESS HERE**

***THE FOLLOWING PAGES WILL WALK YOU THROUGH THE APPLICATION PROCESS.***

***YOU WILL NEED TO COMPLETE EACH SECTION AND PROVIDE INFORMATION FOR THE HIGHLIGHTED AREAS.***

**Include the following information for application process:**

- **Cover Letter on School Letterhead**
  - *Health Science Programs do NOT have to have, or obtain, a private school license or business license*
- **Name of curriculum and format for training (include the name and author of the textbook being used)**
- **Number of classroom hours, lab hours, clinical hours and the total hours (this information is located at the end of the Nurse Aide Training Curriculum)**
- **Name of the Program Coordinator (provide the name of Health Science Instructor-Must be an RN)**
- **Name of the Primary Instructor (provide the name of Health Science Instructor-can be an RN or LPN) (If there is only one Health Science Instructor for the program, program coordinator and primary instructor will be the same name)**
- **Name of any Additional Instructors (This will include any nurse who is assisting with the CNA training in the classroom or clinicals. The instructor can be an RN or LPN, but also MUST meet the same qualifications as the coordinator as listed below. If you are using another nurse to serve as a clinical instructor, their information must be submitted with the packet for approval)**
  - Other personnel from the health professions may supplement the instructor, including, but not limited to, registered nurses, licensed practical/vocational nurses, pharmacists, dietitians, social workers, sanitarians, fire safety experts, nursing home administrators, gerontologists, psychologists, physical and occupational therapists, activities specialists, speech/language/hearing therapists, and resident rights experts. Supplemental personnel must have at least 1 year of experience in their fields
- **Name of the Nursing Home (Long-Term Care Facility) where the clinical practice will be conducted (16 hours)**
- **Name of Test Provider for Certified Nurse Aide Examination (Pearson VUE, Prometric, or IHN). Also include Clinical Evaluator (RN) certified by test provider vendor. The Clinical Evaluator cannot instruct the students they are evaluating.**

Note: In-complete applications will be voided after 30 days.

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- **Qualifications for Program Coordinator and Instructor**
  - Current Alabama Nursing License (*include a copy of license*)
  - Resume (*must have two years nursing experience and one must be in long term care/geriatric services*)
  - Adult teaching experience by **ONE** of the following:
    - Master's in nursing
    - Attended Train the Trainer (*Alabama approved Train the Trainer Course*)
    - Completed instructor training at American Red Cross (*include copy of instructor certification*)
    - Experience teaching at the college level
    - **Health Science Teacher Certification (*include copy of current teacher certification*)**
      - **This option is not listed in the ALDPH version of the manual, but IS a valid option per Mr. Gibson**
- **Curriculum and Additional Information – located on the following pages**  
The curriculum and integrated lesson plans are provided in this handbook.

The following should be included for this section of the application process:

- Copy of Curriculum (*curriculum is provided*)
  - Objectives and Educational Philosophy (*need to insert your educational philosophy in the highlighted area*)
  - Lesson plans (*integrated lesson plans provided/need to insert the page and chapter numbers for each day based on your textbook in the highlighted area*)
  - Time designated to teach each lesson: theory, lab, and clinical. Each day should be totaled (*provided*)
  - Reference materials (*need to insert information for textbook and additional references in the highlighted areas*)
  - Skills check off and training competency forms (*provided*)
  - Copy of student certificate (*sample is provided for completion*)
  - Copy of Clinical Training Agreement with Nursing Home (*Nursing Home where clinical practice will be conducted- include copy*)
- **Copy of Student Liability Insurance** (*Approval Letter for Blanket Policy for Health Science program-(include copy)*)
  - **Mailing address, training facilities diagram, and equipment**
    - Mailing address of school and contact information (must include)
    - Classroom and lab diagram (may include an actual photo of classroom and lab)
    - Equipment list (a copy of the recommended equipment is provided)



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**CURRICULUM and INTEGRATED LESSON PLAN**

**I. INTRODUCTION TO LONGTERM CARE ASSISTING - Theory (8 hrs) + Lab (8 hrs) =  
TOTAL 16 HOURS**

**Objective:** Students will demonstrate knowledge and skills related to communication, safety, infection control, resident rights, and independence with satisfactory performance prior to engaging in direct contact with residents.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>***(insert)</i>
1. Student will identify proper channels related to the process of communication and demonstrate effective interpersonal skills.	1		n/a			
2. Student will demonstrate proficiency and knowledge in the area of infection control.	2	2	n/a			
3. Student will satisfactorily demonstrate skills related to safety, to include emergency procedures (CPR, AED, abdominal thrust, etc).	3	6	n/a			
4. Student will describe the purpose of resident's rights and the importance of respecting the rights.	1		n/a			
5. Student will define independence and describe methods for promoting resident independence.	1		n/a			

*NOTE: Learning Objectives 1-5 represent the items addressed in the Code of Federal Regulations as the first required 16 hours prior to direct contact with resident.*

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**IMPORTANT:**

**Students should complete CPR/AED certification before completing clinical hours.  
BLS Healthcare Provider certification recommended.**

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**II. BASIC NURSING SKILLS - Theory (8 hrs) + Lab (7 hrs) = TOTAL 15 HOURS**

**Objective:** Student will identify basic nursing skills related to long term care and demonstrate knowledge and proficiency associated with the skills.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>*(insert)</i>
1. Student will correctly define the importance of vital signs and demonstrate skills for taking temperature, pulse, respiration, and blood pressure to include recording.	2	4				
2. Student will accurately demonstrate skills measuring height and weight and recognize the importance of assessing height and weight.	1	1				
3. Student will identify steps to maintaining and caring for the resident's environment.	1	2				
4. Student will recognize abnormal changes in elderly body functions and demonstrate steps for reporting findings.	2					
5. Student will define stages in death and dying and identify steps associated with caring for the dying resident.	2					

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**III. PERSONAL CARE SKILLS - Theory (6 hrs) + Lab (7.5 hrs) = TOTAL 13.5 HOURS**

**Objective:** Students will recognize and describe the importance and procedures related to personal care skills in the long term care setting and demonstrate satisfactory performance of skills.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>** (insert)</i>
1. Student will demonstrate knowledge and skills needed for providing a bath and perineal care.	1	2				
2. Student will demonstrate the procedures necessary for grooming residents, to include oral hygiene.	1	0.5				
3. Student will demonstrate procedures for dressing residents.	0.5	0.5				
4. Student will describe methods of toileting and demonstrate procedures for assisting with elimination.	0.5	0.5				
5. Student will demonstrate steps for feeding residents.	0.5	1				
6. Student will recognize the importance of nutrition and hydration and will assist residents with eating and hydration.	1	0.5				
7. Student will describe the importance of skin care and demonstrate steps of providing skin care.	0.5	0.5				
8. Student will describe and demonstrate skills for transfer, positioning, and turning residents.	1	2				

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

Note: In-complete applications will be voided after 30 days.

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**CURRICULUM and INTEGRATED LESSON PLAN**

**IV. MENTAL HEALTH AND SOCIAL SERVICES - Theory (3.5 hrs) + Lab (1 hr) = TOTAL 4.5 HOURS**

**Objective:** Students will recognize the stages of the aging process, correctly identify the role of family support, and accurately describe methods for responding to behavioral problems in long term care.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>**insert</i>
1. Student will correctly modify behavior in response to resident behavior.	0.5					
2. Student will identify appropriate steps for responding to residents based on their behavior.	0.5					
3. Student will describe the aging process and recognize developmental task for the resident's age.	0.5					
4. Student will allow resident to make personal choices and will demonstrate behavior that provides for residents' sense of dignity.	0.5	0.5				
5. Student will recognize the role family members have in regards to support of resident and in planning resident care.	0.5	0.5				
6. Student will complete Initial/Annual Dementia Management and Patient Abuse Prevention Training	1					

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**V. CARE OF COGNITIVELY IMPAIRED RESIDENTS - Theory (2.5 hrs) + Lab (1 hr) = TOTAL 3.5 HOURS**

**Objective:** Students will correctly identify procedures for communicating and working with residents who have cognitive impairments to include Alzheimer’s disease and students will satisfactorily demonstrate behavioral skills to meet the needs of these residents.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>**insert</i>
1. Students will understand techniques for addressing unique needs and behaviors of individuals with dementia.	0.5					
2. Student will recognize and understand skills for communicating with residents who suffer with cognitive impairments.	0.5					
3. Student will understand cognitively impaired residents.	0.5					
4. Student will respond appropriately to the behaviors of cognitively impaired residents.	0.5	0.5				
5. Student will demonstrate methods of reducing the effects of cognitive impairments.	0.5	0.5				

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**VI. BASIC RESTORATIVE SERVICES - Theory (5.5 hrs) + Lab (4 hrs) = TOTAL 9.5 HOURS**

**Objective:** Students will demonstrate knowledge and skills associated with basic restorative services for residents in long term care.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # <i>*(insert)</i>	Textbook Page # <i>*(insert)</i>	Day of Lesson <i>***(insert)</i>
1. Student will describe steps involved in training residents to perform task based on their abilities.	1					
2. Student will demonstrate knowledge and skills related to assistive devices for transfer, ambulation, eating, and dressing residents.	1	1				
3. Student will define the importance of range of motion and accurately demonstrate steps for providing exercises for long term care residents.	1	1				
4. Student will identify and demonstrate positioning and turning techniques for residents.	1	1				
5. Student will recognize steps involved in bowel and bladder training and satisfactorily demonstrate procedure.	1	0.5				
6. Student will correctly demonstrate skills related to the care and use of prosthetic and orthotic devices.	0.5	0.5				

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**VII. RESIDENT RIGHTS - Theory (3.5 hrs) + Lab (0.5 hrs) = TOTAL 4 HOURS/Clinical Hours = TOTAL 16 - 24 HOURS**

**Objective:** Students will recognize the role of resident rights in long term care and demonstrate skills in maintaining resident rights in daily activities.

*\*This information must be provided based on the teaching resource you are using.  
\*\*Enter day of lesson based on allowed class time for your class, such as day one, two, three, etc.*

Registry Requirement	Theory Hours	Lab Hours	Clinical Hours	Textbook Chapter # *(insert)	Textbook Page # *(insert)	Day of Lesson **(insert)
1. Student will identify steps for providing privacy and maintaining confidentiality of residents in long term care facilities.	0.5	0.5				
2. Student will promote resident's right to make choices and accommodate their needs while in long term care.	0.5					
3. Student will recognize the steps involved in resident grievance and assist resident with resolving disputes.	0.5					
4. Student will assist resident to participate in family groups and other activities while in long term care.	0.5					
5. Student will recognize their role providing care and security of resident personal possessions while in long term care.	0.5					
6. Student will promote residents right to be free from abuse, mistreatment, and neglect while in long term care.	0.5					
7. Student will demonstrate knowledge and understanding of resident right to be free from restraint use.	0.5					
8. Clinical assignment will be completed.			<b>16-24.0</b> Insert hrs			

**EVALUATION:**

- A) Written/Oral Examination – use test item bank
- B) Performance Evaluation – return demonstration of task in lab setting

**\*A MINIMUM OF 16 CLOCK HOURS OF CLINICAL ASSIGNMENTS, IN A LONG-TERM CARE FACILITY, WILL BE PERFORMED UPON SUCCESSFUL COMPLETION OF THE CURRICULUM TO MEET REQUIREMENTS FOR CREDENTIALING**

**\*\* A MINIMUM OF 24 CLOCK HOURS OF CLINICAL EXPERIENCE IN A LONG-TERM CARE FACILITY IS RECOMMENDED FOR THE 2 CREDIT HEALTH SCIENCE NURSE AIDE PROGRAM CURRICULUM**

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
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**CURRICULUM and INTEGRATED LESSON PLAN**

**TOTAL PROGRAM TIME**

<b>THEORY HOURS</b> <i>(Completion of Section I (16 hrs) required before direct contact with residents)</i>	<b>LAB HOURS</b> <i>(minimum 16 hrs required)</i>	<b>CLINICAL HOURS</b> <i>(minimum 24 hrs required)</i>	<b>TOTAL HOURS FOR NURSE AIDE TRAINING PROGRAM</b> <i>(minimum 75 hrs required)</i>
<b>37</b>	<b>29</b>	<b>16-24</b>	<b>82-90</b>

**REFERENCES**

**TEXTBOOK REFERENCE:** *(insert below)*

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**ADDITIONAL REFERENCE MATERIALS:** *(insert below)*

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**PHILOSOPHY**

**EDUCATIONAL PHILOSOPHY:** *(insert below)*

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**NURSE AIDE TRAINING PROGRAM**  
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**SKILL PERFORMANCE/COMPETENCY EVALUATION FORM**

**MUST keep evaluation form on file for each student**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Program Start Date \_\_\_\_\_ Program Completion Date \_\_\_\_\_

**Grading Criteria**

- 1) Enter the number grade earned on the theory portion for each objective area.
- 2) Enter the grade earned for lab skills performed for each objective area using the scale below.
- 3) Enter the grade earned for clinical skills performed using the scale below.

Lab/Clinical Scale: S= Satisfactory U=Unsatisfactory

*\*Skills in **BOLD** are the specific skills for evaluation*

**\*\*Insert Information as student completes each section**

Clinical Objective	Theory Grade/Date <b>** (insert)</b>	Lab Skill/Date <b>** (insert)</b>	Clinical Skill/Date <b>** (insert)</b>	RN/LPN <b>** (initials)</b>
<b>I. Introduction to Long Term Care Assisting</b>			(Completion of Section I is required <b>before</b> direct contact with residents)	
1. Communication and interpersonal skills			n/a	
2. Infection control Lab Skills: <b>*handwashing, *gloving</b> , masking, <b>*gown, *donning and removing PPE</b>			n/a	
3. Safety and emergency Lab Skills: fire extinguisher, evacuation, falling, choking, CPR, bleeding, restraints			n/a	
4. Resident's rights			n/a	
5. Independence			n/a	
<b>II. Basic Nursing Skills</b>				
1. Vital Signs Lab/Clinical Skills: <b>*blood pressure</b> , pulse, <b>*respiration, radial/apical pulse</b> , temperature-oral, axillary, rectal				
2. Height and weight Lab/Clinical Skills: <b>*weight of ambulatory patient</b> floor scale, wheel chair scale, in bed				
3. Resident environment Lab/Clinical Skills: <b>*bedmaking</b> , closed, <b>*occupied bed</b>				
4. Abnormal changes in elderly body functions				
5. Stages of death and dying				

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

<b>Student Name:</b>				<i>Page 2 of 3</i>
<b>SKILL PERFORMANCE/COMPETENCY EVALUATION FORM</b>				
<b>Clinical Objective</b>	<b>Theory Grade/Date</b> <b>**<i>(insert)</i></b>	<b>Lab Skill/Date</b> <b>**<i>(insert)</i></b>	<b>Clinical Skill/Date</b> <b>**<i>(insert)</i></b>	<b>RN/LPN</b> <b>**<i>(initials)</i></b>
<b>III. Personal Care Skills</b>				
1. Bath and perineal care Lab/Clinical Skills: <b>*bedbath</b> , shower, <b>*perineal care</b> , <b>*catheter care</b> , <b>*foot care</b>				
2. Grooming and oral hygiene Lab/Clinical Skills: <b>*fingernail care</b> , hair, shaving, mouth care, <b>*upper and lower dentures</b>				
3. Dressing residents Lab/Clinical Skills: dress in diaper, slacks, shirt, socks, shoes, <b>*apply knee-high elastic stocking</b> , <b>*dress client with affected right arm</b>				
4. Toileting and elimination Lab/Clinical Skills: <b>*bedpan</b> , calculate intake, <b>*measure urinary output</b> , empty catheter bag, collect urine specimen, bedside commode				
5. Feeding residents Lab/Clinical Skills: <b>*feed dependent resident</b>				
6. Nutrition and hydration Lab/Clinical Skills: calculate intake, provide drinking water				
7. Skin care Lab/Clinical Skills: back rub, lotion				
8. Transfer, positioning, and turning Lab/Clinical Skills: dangle, stand, ambulate, <b>*transfer bed to wheelchair (transfer belt)</b> , 2-person transfer, <b>*assist to ambulate using transfer belt</b> , position in chair, turn toward and away, move with drawsheet, log roll, position in fowlers, semi prone, supine, sims, <b>*position on side</b>				
<b>IV. Mental Health and Social Services</b>				
1. Behavior modification				
2. Responding to resident behavior				
3. Aging process and developmental process				
4. Personal choice and dignity Lab/Clinical Skills: role play choice				
5. Family support in planning care Lab/Clinical Skills: admission procedure				

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

<b>Student Name:</b>				<i>Page 3 of 3</i>
<b>SKILL PERFORMANCE/COMPETENCY EVALUATION FORM</b>				
<b>Clinical Objective</b>	<b>Theory Grade/Date</b> <i>** (insert)</i>	<b>Lab Skill/Date</b> <i>** (insert)</i>	<b>Clinical Skill/Date</b> <i>** (insert)</i>	<b>RN/LPN</b> <i>** (initials)</i>
<b>V. Care of Cognitively Impaired Residents</b>				
1. Unique needs and dementia				
2. Communicating with cognitive impairments				
3. Understanding cognitive impairment				
4. Response to cognitively impaired residents Lab/Clinical Skills: role play/communication skills				
5. Reducing effects of cognitive impairments Lab/Clinical Skills: role play				
<b>VI. Basic Restorative Services</b>				
1. Residents task based on ability				
2. Assistive devices Lab/Clinical Skills: crutch, cane, walker, dressing, eating				
3. Range of motion Lab/Clinical Skills: <b>*perform passive range of motion exercises (knee, ankle, shoulder, etc.)</b>				
4. Positioning and turning techniques Lab/Clinical Skills: turning and positioning				
5. Bowel and bladder training Lab/Clinical Skills: training schedule				
6. Prosthetic and orthotic devices Lab/Clinical Skills: prosthetic and orthotic				
<b>VII. Residents Rights</b>				
1. Privacy and confidentiality Lab/Clinical Skills: HIPAA standards and regulations, sign confidentiality form, role play				
2. Resident choices and accommodation of needs				
3. Grievances and resolving disputes				
4. Participation in family groups and activities				
5. Security of personal possessions				
6. Freedom from abuse, neglect, and mistreatment				
7. Free from restraints				

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM  
Health Science**

**SKILL PERFORMANCE/COMPETENCY EVALUATION FORM**

**MUST keep evaluation form on file for each student**

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Program Start Date** \_\_\_\_\_ **Program Completion Date** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**The above student has satisfactorily completed the competencies as listed on the skill performance/competency evaluation form.**

\_\_\_\_\_  
**Print Instructor's Name (Program Coordinator)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Instructor's Name (Primary Instructor)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Instructor's Name (Additional Instructor)**

\_\_\_\_\_  
**Instructor Signature**

\_\_\_\_\_  
**Date**



# CERTIFICATE OF COMPLETION

*This Certifies That*

---

*(Student's Name as Stated on Photo Identification and Registration)*

Has completed the requirements of

**NURSE AIDE TRAINING PROGRAM**  
Health Science  
at

---

*(Name of Program/School)*

and is awarded this certificate on

---

*(Month-Day-Year)*

---

Instructor Signature (Program Coordinator)

---

Instructor Signature (Primary/Additional Instructor)

---

Program Site Name (required) (as stated on program approval letter from ADPH)

---

Program Number (required)

APPLICATION PROCESS FINAL STEPS

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

**Mailing Address, Directions, and Diagrams – located on the following pages**

Include the following for this section of the application process:

- **Equipment / Supply List** (*a copy of the recommended equipment is provided*)
- **Mailing Address of school, contact information, and directions to facility** (*include in the highlighted area*)
- **Classroom and Lab Diagram** (*include an actual photo of classroom and lab in the highlighted area*)
- **Copy of Clinical Training Agreement** (*with Nursing Home where clinical practice will be conducted-insert copy*)
- **Copy of Approval Letter Student Liability Insurance** (*Blanket Policy for Health Science program-insert copy*)

**Recommended Equipment / Supply List for Skills Evaluation**

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

<b>START –UP FURNITURE AND EQUIPMENT</b>			
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDED AMOUNTS</b>
Adjustable bed with side rails <i>(must be working)</i>			1 per candidate testing
Chair			1 per candidate testing
Clock preferred or Wrist Watch with second hand			1 per candidate testing unless wall clock can be clearly seen from all testing areas
Dedicated Fax machine <i>(accessible to skills lab)</i> Or the ability to scan and send documents			1 per testing site
Mannequin with removable catheter <i>(must be a full female mannequin)</i>			1 for usage of all candidates
Privacy curtain, Screen or Door if private room			1 per candidate testing
Scale, calibrated <i>(bathroom/standing)</i>			1 for usage of all candidates
Signaling device <i>(may be non-functional)</i>			1 per skills bed
Sink with running water in room			@ least 1 for usage of all candidates
Soiled linen container			1 per candidate testing
Table, bedside			1 per candidate testing
Table, over bed			1 per candidate testing
Toilet/Bedside Commode/Collection container clearly labeled commode			1 per candidate testing
Wastebasket with liner			1 by each bed used 1 by each sink used
Wheelchair with footrests			1 for usage of all candidates
<b>SUPPLIES</b>			
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDED AMOUNTS</b>
Basin, bath			4 per candidate testing
Basin, emesis			2 per candidate testing
Bedpan <i>(standard)</i>			2 per candidate testing
Blood pressure cuff			1 standard per candidate testing 1 XL for usage of all candidates
Denture cup w/lid			1 per candidate testing
Dentures			1 set or 2 uppers or 2 lowers for usage of all candidates
Knee-high elastic stockings			1 stocking per candidate testing

Note: In-complete applications will be voided after 30 days.



**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

Measuring container ( <i>graduated – at least 250 ml’s/cc’s units clearly visible</i> )			1 per candidate testing
Stethoscope, dual earpiece			1 per candidate testing
Syringe for Catheter			1 per candidate testing
Transfer ( <i>gait</i> ) belt / with extender			1 per candidate testing
<b>DISPOSABLE SUPPLIES</b>			
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDED AMOUNTS</b>
Alcohol swab or Alcohol and cotton ball			2 per candidate scheduled
Antimicrobial Spray/Wipes – <i>clearly labeled</i>			1 container per candidate testing
Drinking cup ( <i>disposable</i> )			8 per candidate testing
Emery board ( <i>can be broken in half</i> )			4-6 per candidate testing
Food ( <i>typically be eaten with spoon-no finger food</i> ) and beverage ( <i>water</i> )			2 cups of “fruit cocktail” for each candidate testing
Gloves, large, disposable non-latex			3 pair per candidate scheduled
Gown, Isolation ( <i>long sleeve w/neck &amp; waist ties-cloth or disposable</i> )			2 per candidate testing
Hand Sanitizer			1 container per candidate testing
Hand Wipes ( <i>may use washcloth</i> )			2 per candidate scheduled
Lotion, in pump container ( <i>hypoallergenic &amp; unscented</i> )			1 bottle per candidate testing
Meal tray with client’s name on meal card			1 per candidate testing
Napkins/Paper Towels			4-6 per candidate testing
Orangewood stick ( <i>can be broken in half</i> )			4-6 per candidate testing
Paper plates			8 per candidate testing
Paper towels			2 rolls for usage of all candidates
Plastic bags ( <i>for wastebasket</i> )			2 per each wastebasket
Soap, liquid in pump container ( <i>hypoallergenic &amp; unscented/not rinseless</i> )			1 per candidate testing
Spoons ( <i>disposable</i> )			8 per candidate testing
Toilet tissue or Wipes			1 roll per candidate testing or 2 wipes per candidate scheduled

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

Toothbrush ( <i>individually wrapped</i> )			4-6 per candidate testing
Toothpaste			1 per candidate testing
<b>LINEN/CLOTHING</b>			
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	<b>RECOMMENDED AMOUNTS</b>
Clothing protector ( <i>bib, towel or napkin</i> )			2 per candidate testing
Clothing ( <i>extra-large tops that open in the front – no hospital gowns</i> )			2 per candidate testing
Gowns ( <i>patient</i> )			2 per candidate testing
Linens: pillowcase, top and bottom sheets ( <i>fitted or flat</i> )			3 sets per candidate testing
Pad, waterproof/incontinent ( <i>may use towel or drawsheet as waterproof pad</i> )			2 per candidate testing
Pillows			1 per skills bed
Towels			2 per candidate scheduled
Supportive devices ( <i>pillows, blanket rolls, wedges</i> )			3 per candidate testing
Washcloth			3 per candidate scheduled

**Mailing Address, Directions, and Diagrams**

Note: In-complete applications will be voided after 30 days.

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

**School Name, Mailing Address, and Contact Information:** *(insert information)*

**Directions to School from Montgomery, AL:** *(insert information)*

**Classroom Diagram or Photograph**  
*(insert)*

**Laboratory Diagram or Photograph**  
*(insert)*

**Copy of Clinical Training Agreement** (with Nursing Home where clinical practice will be conducted) *(include copy)*

**Copy of Approval Letter Student Liability Insurance** (Blanket Policy for Health Science program) *(include copy)*

**Proof of Initial/Annual Dementia Management and Patient Abuse Prevention Training** *(include proof)*

(Sample Letter)

**NURSE AIDE TRAINING PROGRAM**  
**Health Science**

**Name of your program**

DATE:

Mr. Ray Gibson

Alabama Department of Public Health  
Certified Nurse Aide Registry  
Division of Health Care Facilities  
RSA Tower  
201 Monroe Street Suite 710  
Montgomery, Al 36104

Dear Mr. Gibson:

We respectfully request your approval for a Nursing Assistant program at **ABC Nursing Assistant program, 456 Boulevard, Montgomery, Alabama 36000.**

Our program will consist of **30 classroom, 29 lab and 16 clinical hours for a total of 75** program hours. The curriculum will be **'How to Be a Nursing Assistant" 4th edition.** The program clinical training site will be **ABC Nursing Home, Montgomery Alabama.**

The program coordinator will be **Sue Smith, RN** and primary instructor will be **Barbara Jones, LPN.** Our students will complete their certification exams with **Pearson Vue or Prometric.**

Respectfully,

**John Doe**  
**CNA Academy**