

**IN-SERVICE TRAINING PROGRAM**  
*(To be completed by ALL skilled nursing and intermediate care facilities)*  
 See page two for instructions

Facility name and address:

Provider identification training number: **F**

Phone: (      ) \_\_\_\_\_

County: \_\_\_\_\_

**Required Signatures**

**All Parties Must Sign**

Administrator	Signature
Director of Nursing	Signature
Director of Staff Development	Signature

Each nursing facility shall provide 24 hours of in-service training annually which shall be accessible to all certified nurse assistants employed by the facility. The content of the in-service training program shall be an enhancement to the basic training program, consistent with the needs of the facility residents as determined by facility staff and shall also address areas wherein the facility received deficiencies following the last licensing survey. Include 5 hours of dementia specific training per year.

Programs shall be reviewed for reapproval every two years.

Please list the in-service topics below, totaling at least 24 hours: Include time allocated for each topic (minimum 1 hour).

TOPIC	TIME	TOPIC	TIME
1.		16.	
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.		23.	
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
<b>Total Hours</b>		<b>Total Hours</b>	

**California Department of Public Health Use Only**

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
Program Consultant

1. Submit two lesson plans (from two different topics listed) which shall include the following:
  - a. Student behavioral objectives.
  - b. Descriptive topic content (technique, method, procedures).
  - c. Method of teaching.
  - d. Method of evaluation that indicates that learning has occurred.
2. Submit your ***proposed*** three-month schedule calendar of in-service training programs.
3. Indicate your method for including all three shifts for in-service training.

**I certify that:**

1. When in-service videos and/or tapes are utilized, the instructor is present for discussion and/or demonstration.
2. All records of in-service training programs and attendance records are kept on file for a period of four years.
3. Home/independent study is not done.

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Director of Staff Development signature

Date

Before sending to CDPH for review and approval, check the following:

- Did you get all required signatures?
- Did you include two lesson plans?
- Did you include three-month schedule?
- Did you indicate how three shifts are in-serviced?
- Did you fill in all information on this form?

***Original signatures must be submitted. A faxed or scanned copy will not be accepted. Keep copies for your records.***