



AGING AND LONG-TERM SUPPORT ADMINISTRATION OMMIBUS
 BUDGET RECONCILIATION PROGRAM
 PO BOX 45600 OLYMPIA WA 98504-5600
 FAX 360-493-2581

DEPARTMENT OF HEALTH
 NURSING ASSISTANT TRAINING PROGRAM
 PO BOX 47852 OLYMPIA, WA 98504-7852
 FAX 360-236-2901



Nursing Assistant Training Program (NATCEP) Application for Approval

DATE OF APPLICATION

LEGAL NAME OF SPONSORING HEALTH CARE FACILITY, HOSPITAL, SCHOOL OR OTHER ENTITY		PHONE NUMBER (WITH AREA CODE)										
BUSINESS ADDRESS	CITY	COUNTY	STATE	ZIP CODE								
STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS		CITY	STATE	ZIP CODE								
E-MAIL ADDRESS												
NAME OF FACILITY ADMINISTRATOR, VOCATIONAL DIRECTOR, DEPARTMENT HEAD OR CHEIF ADMINISTRATIVE OFFICER												
NAME OF PROGRAM DIRECTOR, NURSING ASSISTANT TRAINING PROGRAM			CONTACT PHONE NUMBER (WITH AREA CODE)									
Describe the classroom space allotted to your training program. Specify type of room, square footage, self-contained or shared space, room equipment and classroom furniture, square footage, maximum number of students that can be comfortably accommodated, other uses of this room during non-class time and the availability / location of teaching materials and audio-visual equipment. Attach a separate sheet if necessary. Is this classroom off-site, that is, located elsewhere from the street address listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Describe the training laboratory and the personal care equipment used for the practice of clinical skills. Attach a separate sheet if necessary.												
List the teaching resources for the program. For example, name and publication date of textbooks and audio-visual equipment. Textbooks: Audio-visuals: Other (specify):												
Number of hours proposed for your Nursing Assistant Training Program: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Classroom _____</td> <td style="width: 40%; border: none; text-align: right;">Total hours: _____</td> </tr> <tr> <td style="border: none;">Clinical _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">How many clinical hours will be in the facility? _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">How many clinical hours will be in the lab setting? _____</td> <td style="border: none;"></td> </tr> </table>					Classroom _____	Total hours: _____	Clinical _____		How many clinical hours will be in the facility? _____		How many clinical hours will be in the lab setting? _____	
Classroom _____	Total hours: _____											
Clinical _____												
How many clinical hours will be in the facility? _____												
How many clinical hours will be in the lab setting? _____												

Important: Please read Page 2 of this form.

Nursing Assistant Training Program (NATCEP) Application Approval, Page 2

LIST ALL INSTRUCTORS

LIST ALL FACILITIES WHERE CLINICAL TRAINING WILL BE CONDUCTED THROUGH YOUR TRAINING PROGRAM

The following attachments are required for all programs. ATTACH THE FOLLOWING TO THIS APPLICATION.

- 1. NATCEP Application for Program Director, DSHS 14-370
- 2. Declaration of the Program Director, DSHS 09-961
- 3. Instructional Staff Applications, DSHS 14-369. This is not applicable if the program director is the sole instructor.
- 4. A list of **course objectives** for your training program.
- 5. The **curriculum outline and schedule of class and clinical presentations**. The applicant must provide evidence of content that will lead to the achievement of all required nursing assistant competencies listed in Washington Administrative Code (WAC) 246-841 and 42CFR 483-152.
- 6. A **sample lesson plan** for one core unit of the curriculum outline. This includes a lesson plan objective and any supporting sub-objectives.
- 7. The **skills checklist** used in your program for skills achievement verification.
- 8. A **description of the evaluation methods** and your program requirements for passing. Describe below or use a separate sheet.
- 9. Copies of the required affiliated agreement with facilities where clinical training is conducted. (Non-facility based programs only)
- 10. Sample of student record form to be used by training program.
- 11. Non-facility based programs must verify that the nursing assistant training school is approved to operate in the state of Washington by:
 - a. The State Board for Community and Technical Colleges;
 - b. The Superintendent of Public Instruction; or
 - c. The Workforce Training and Education Coordinating Board.