



Memorandum

TO: CNA/GNA Training Program Approval Applicants
FROM: The Maryland Board of Nursing
RE: **Application Process**

Per your request, please find enclosed the *Application for CNA/GNA Training Program Approval* form from the Maryland Board of Nursing. Also included are *Instructions* for completing the application, an *Approval Grid*, and a *Resource Packet*, all designed to help you in completing your application. Please follow the *Instructions* when you complete your application.

All CNA/GNA Training Programs must be approved by the Board of Nursing. The Board meets every fourth Tuesday of the month at which time it reviews programs for approval and renewal. In order for your program to be reviewed, **it must be received by the first of the month.**

A thoroughly completed application accompanied by the required documents will expedite reapproval of your program. **To be considered, all programs must be received in a tabbed binder with documents presented in the order requested on the application.** No faxed documents will be accepted. Please note that approval or waiver/exemption from the Maryland Higher Education Commission is also **required before** your program is reviewed (see application packet). Send your completed application to:

Pamela Ambush Burris, RN, MSN
ATTN: CNA Training Programs
The Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

Please call 410-585-1913 or e-mail paburris@dhmh.state.md.us for any questions. Thank you.



TO: CNA TRAINING PROGRAM APPLICANTS
FROM: The Maryland Board of Nursing
RE: MHEC Approval/Wavier

Please note that approval or wavier is required from the Maryland Higher Education Commission (MHEC) prior to approval of your *Application for CNA Training Program* (see **number 2b, Page 1 of the Application**). Attached is a *Training Provider Questionnaire* that must be completed and submitted to the Maryland Higher Education Commission **prior** to submitting your CNA training Program application to the Board.

The Maryland Higher Education Commission will send you a statement of a wavier or a statement regarding the need for approval based on the Training Provider Questionnaire. **Please submit a copy of MHEC's wavier of approval with your application.**

Additional information may be obtained from MHEC:

**The Maryland Higher Education Commission
WIA Assistant
839 Bestgate Road
Suite 400
Annapolis, Maryland 21401**

**1-410-260-4500
1-800-974-0203 ext. 4500**

Fax: 410-260-3200

Please call the Maryland Board of Nursing at 410-585-1913 if you have any questions.

Thank You

TRAINING PROVIDER QUESTIONNAIRE

Please complete and submit this questionnaire to the Maryland Higher Education Commission in order to determine whether Commission approval is required for your training to be offered in Maryland. With the questionnaire, provide the documents requested below. Upon review, you will receive written notification of the Commission's determination. Please allow two to four weeks for written notification.

Training
Provider: _____

Complete Address: _____

Telephone: _____ Fax: _____ Website: _____

Contact Person: _____

TYPE OF TRAINING (*Please briefly describe below your training.*)

Certified Nursing Assistant – Dialysis Technician

Other: _____

MODE OF TRAINING (*Check all boxes below that are applicable to your training.*)

- Your training is conducted on an individual basis (no more than one student trained at a time).
- Your training is conducted on a group basis (training to multiple students at a time).
- Your training is apprenticeship training.
- Other mode of training. Please specify: _____

STUDENT POPULATION TO BE TRAINED (*Check all boxes below that are applicable to your training and provide the information requested.*)

- Your training is conducted exclusively for your own employees. Please identify below the funding source(s) that pays for the training and how the employees are paid during the training.

- Your training is offered to employees who are funded by their employers through a contract between the employer and your training organization.

- Your training is offered to clients whose training is funded through a contract between an agency and your training organization. Please identify below the agency(s) and the source of funding that pays for the training.

- Your training is offered to clients who are funded by an agency through training vouchers. Please identify below the agency(s) and the funding source(s) that pays for the training.

- Your training is offered solely to individuals funded on a contractual basis. It is not open to the public and no self-paying students are admitted. Please identify below the funding source(s) that pays for the training.

- Your training is offered to the public.

Affidavit: This is to affirm that the information provided above and in the enclosed documents is true and correct.

Printed Name of Chief Executive Officer

Signature of Chief Executive Officer

Date

PLEASE SUBMIT:

- COPIES OF ALL ADVERTISEMENTS AND PROMOTIONAL MATERIALS FOR MARKETING YOUR TRAINING OR RECRUITING STUDENTS ALONG WITH THE COMPLETED QUESTIONNAIRE.

MAIL MATERIALS TO:

**WIA Assistant
MARYLAND HIGHER EDUCATION COMMISSION
839 BESTGATE ROAD SUITE 400
ANNAPOLIS, MD 21401**

If you have questions, call 410-260-4500 or 800-974-0203 ext 4500

STATE OF MARYLAND



APPLICATION
For CNA Training Program
Approval

4140 Patterson Avenue
Baltimore, MD 21215-2254
F (410)-585-1913



Maryland Board of Nursing
Nursing Assistant Training Program
APPLICATION FOR APPROVAL

1. General Information (Please type or print all entries):

Check one or both.

This Application is for: Certified Nursing Assistant Training [] Geriatric Nursing Assistant Training []

1a. Name of Program Provider/Organization

1b. Address

1c. Contact

1d. Telephone

1e. Fax

1f. Email address:

2. Program Information

2a Please check: New Program [] Program Renewal [] Change in Existing Program []

2b. Except for Programs in Maryland Colleges, has this Program received approval or waiver by the Maryland Higher Education Commission? Y 9 N 9

A copy of MHEC approval or waiver must accompany this Application (except for MD College Program).

2c. Does this program accept any students who pay their own tuition? Y 9 N 9

2d. Total Number of Course Hours: [] Total Classroom Hours: [] Total Clinical Hours: []

2e. Program Code (if available/applicable): []

*2f. Name/ Location of Education (Classroom) Facility: Name/ Location(s) of Clinical Facility:

Blank lines for facility information

* Attach Addendum if more than one location is used.

2g. Name of Program Director/Coordinator: []

Signature of Program Director/Coordinator: []

Telephone Number: [] Date of Application Submission: []

3. .04 Administration and Organization

- 3a. Is the facility offering the training program approved by the appropriate agency? Y N
- 3b. Name of Approving Agency: _____
- 3c. Does the facility offering the training program have a statement of equal opportunity? Y N
- 3d. Does the controlling institution provide financial support/resources needed to operate a CNA Training Program? Y N

*** Attach Addenda: Statements of Agency Approval, Facility Equal Opportunity, Financial Support**

4. .05 Faculty

- 4a. Is each instructor an RN licensed to practice in Maryland? Y N
- 4b. Does each instructor have a minimum of two (2) years nursing experience; one (1) year of which was caring for the elderly/chronically ill in the past five (5) years? Y N
- Does each instructor have a minimum of one year experience in long term care? Y N
- 4c. Has each instructor completed a minimum sixteen (16) hour course of instruction in the principles of adult education or have a minimum of 2 years nursing-related teaching experience? Y N
- 4d. Does your program utilize Adjunct Faculty? Y N
- 4e. Does your facility have a JD/Policy describing Faculty Responsibilities? Y N
- 4f. List all Nursing Faculty:*

_____ Program Coordinator Class Instructor Clinical Instructor
 Name/ License Number (Check all that apply.)

_____ Program Coordinator Class Instructor Clinical Instructor
 Name/ License Number (Check all that apply.)

_____ Program Coordinator Class Instructor Clinical Instructor
 Name/ License Number (Check all that apply.)

_____ Program Coordinator Class Instructor Clinical Instructor
 Name/ License Number (Check all that apply.)

*Attach *Addendum* if there are more than four (4) Nursing faculty members.

***Attach Addenda: Instructor Resume(s), Train The Trainer Certificate(s) if applicable, Copy of Maryland RN License(s), Faculty Job Description/Policy Statement Describing Faculty Responsibilities, List of Adjunct Faculty if applicable.**

5. .06 Resources, Facilities, And Services

5a. The Training Facility has:

- | | | | | |
|--|---|--------------------------|---|--------------------------|
| Adequate space for privacy of faculty-student conferences: | Y | 9 | N | 9 |
| Classroom(s): | Y | 9 | N | 9 |
| Skills Lab(s): | Y | 9 | N | 9 |
| Conference Room(s): | Y | 9 | N | 9 |
| Sufficient Equipment For Numbers of Students: | Y | 9 | N | 9 |
| Space For Equipment/Instructional Materials: | Y | 9 | N | 9 |
| 5b. All learning resources such as books, A-V Materials, Computer Programs: | | | | |
| Are current (has a publication date not older than 5 years): | Y | 9 | N | 9 |
| Are accessible to students: | Y | 9 | N | 9 |
| Are relevant to the Curriculum: | Y | 9 | N | 9 |
| Are written at a level appropriate to Nursing Assistants: | Y | 9 | N | 9 |
| Are selected with the participation of the Nursing Faculty: | Y | 9 | N | 9 |
| For GNA programs only: Does each student receive a copy of the GNA Candidate Handbook at the beginning of the program? | | | | |
| | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 5c. The Facility (ies) used for clinical experience is/are approved by the appropriate government authority: | | | | |
| | Y | 9 | N | 9 |
| 5d. There is a minimum of one instructor for each eight students in the clinical area: | | | | |
| | Y | 9 | N | 9 |
| 5e. The Clinical Facility: | | | | |
| Has a sufficient number/variety of clients to provide training experiences: | Y | 9 | N | 9 |
| Has a sufficient number of RNs/other Nursing personnel to ensure safe and continuous care of clients: | Y | 9 | N | 9 |
| Conforms to accepted standards of nursing care/practice: | Y | 9 | N | 9 |
| 5f. Does the Training Program require a <i>Written Agreement</i> with the Clinical Facility (ies)? | | | | |
| | Y | 9 | N | 9 |

***Attach Addenda: Description of Education Facility & Equipment, Description of Clinical Facility(ies) With Statement of Approval, copy of *Written Agreement* or *Contract* if applicable, and Completed Description of *Instructional Materials Form*.**

6. .07 Training Program

6a. Instructions: Provide page numbers on submitted curriculum. Provide the page number on this application where the following required content areas are found:

<i>Content Area</i>	<i>Page</i>
<i>Role of the C. N. A.</i>	
<i>Infection Control</i>	
<i>Safety/Environment</i>	
<i>Mobility/Positioning</i>	
<i>Elimination</i>	
<i>Data Collection</i>	
<i>Hygiene</i>	
<i>Treatments</i>	
<i>Communication</i>	
<i>Observing, recording, reporting</i>	
<i>Interpersonal Relations</i>	
<i>Legal/Ethical Considerations</i>	
<i>Basic Anatomy/Physiology</i>	
<i>Basic Human Needs/Hierarchy</i>	
<i>Life Span Growth & Development</i>	
<i>Medical Terminology/Abbreviations</i>	
<i>Measurements</i>	
<i>Basic Math</i>	
<i>Disease Process: Acute vs. Chronic</i>	
<i>Basic Nutrition</i>	
<i>ADLs</i>	
<i>CPR</i>	
<i>Heimlich Maneuver/Abdominal Thrust</i>	

***Attach Addendum: Curriculum; Pages Numbered.**

6. 07 Training Program (cont.)

6b. *Instructions:* Provide a Course Schedule which indicates compliance to the 16-hour pre-clinical training requirement. Please indicate on which page of the Curriculum the following are found:

<i>Content Area/ 16-Hour Pre-Clinical</i>	<i>Page</i>
Role of the C.N.A.	
Infection Control	
Safety/Emergency Procedures	
Heimlich Maneuver	
Environment	
Communication	
• Observing, recording, reporting	
• Interpersonal relations	
Legal/Ethical Considerations	

***Attach Addendum: Course Schedule With Highlighted Pre-Clinical Requirements.**

6c. *Instructions:* Provide a *Skills Inventory* (Checklist) used to evaluate student performance. Check below that the following required *Maryland Skills Listing* is included on your comprehensive *Skills Inventory*. Please highlight these skills on your *Skills Inventory*.

- | | |
|--|---|
| 1. ___ Washes Hands | 14. ___ Takes/Records Oral Temperature |
| 2. ___ Measures/Records WT | 15. ___ Takes/Records P & R |
| 3. ___ Provides Mouth Care | 16. ___ Takes/Records BP (1-Step Method) |
| 4. ___ Dresses Client w. Affected Arm | 17. ___ Takes/Records BP (2-Step Method) |
| 5. ___ Transfers Client from Bed To Wheelchair | 18. ___ Puts Knee-High Stockings On |
| 6. ___ Assists Client to Ambulate | 19. ___ Makes an Occupied Bed |
| 7. ___ Cleans/Stores Dentures | 20. ___ Provides Foot Care |
| 8. ___ Performs Passive ROM for Shoulder | 21. ___ Provides Fingernail Care |
| 9. ___ Performs Passive ROM for Knee/Ankle | 22. ___ Feeds Client Who Cannot Feed Self |
| 10. ___ Measures/Records Urinary Output | 23. ___ Positions Client on Side |
| 11. ___ Assists Clients with Use of Bedpan | 24. ___ Gives Modified Bed Bath |
| 12. ___ Provides Perineal Care To Incontinent Client | 25. ___ Shampoos Client's Hair in Bed |
| 13. ___ Provides Catheter Care | |

***Attach Addendum: Skills Inventory With Required *Maryland Skills Listing* Highlighted.**

7. .08 Student Evaluation

- 7a. Does your program have a policy/statement regarding student evaluation/grading/successful program completion criteria? Y **9** N **9**
- 7b. Does your program have a written *Final Examination*? Y **9** N **9**
- 7c. Does your program have an *ACHIEVEMENT AWARD*? Y **9** N **9**
- 7d. Does the *ACHIEVEMENT AWARD* follow the Sample/Guidelines in the *Resource Packet*? Y **9** N **9**

***Attach Addenda: Student Evaluation Criteria, the Final Examination, & Copy of Achievement Award.**

L Please remember to assemble all of the required documents along with the Application Form. Send the completed *Application Packet* to the Maryland Board of Nursing in the following order:

1. ____ Cover Letter
2. ____ Approval Grid
3. ____ Application Form
4. ____ Statement of MHEC Approval/Waiver
5. ____ Statements of Agency Approval, Facility EOE, Financial Support
6. ____ Instructor Resume(s)
7. ____ *Train The Trainer* Certificate(s) If Applicable
8. ____ Copy of Faculty Maryland RN License(s)
9. ____ Faculty Job Description/Policy Statement Regarding Job Responsibilities
10. ____ List of Adjunct Faculty If Applicable
11. ____ Description of Education Facility & Training Equipment
12. ____ Description of Clinical Facility With Statement of Approval
13. ____ Copy of *Written Agreement* Between Facilities If Applicable
14. ____ Completed *Description of Instructional Materials Form*
15. ____ Curriculum; Pages Numbered
16. ____ Course Schedule Noting 16-Hour Pre-Clinical Curriculum **and** Number of Hours in Class/Clinical
17. ____ Skills Inventory With Required *Maryland Skills Listing* Highlighted
18. ____ Student Evaluation Criteria
19. ____ Final Examination
20. ____ Achievement Award

This Application must be submitted in its complete form. Faxes and partial submissions are not acceptable. All unapproved program documents are discarded within one (1) year. Programs with a previous denial of approval must file a complete NEW APPLICATION for reconsideration.

**Return Completed Application & Documents To:
Pamela Ambush Burris, RN, MSN
Nursing Assistant Programs
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, MD 21215**



Maryland Board of Nursing
APPLICATION FOR APPROVAL OF A NURSING ASSISTANT PROGRAM
Description of Instructional Materials

I. Text Books

<i>Title</i>	<i>Author/Editor</i>	<i>Publisher</i>	<i>Date</i>

II. AV Resources/Computer Programs

<i>Title</i>	<i>Resource Description</i> <i>(Film, Video, Computer Program, Etc.)</i>	<i>Producer/Company/Series</i>	<i>Date</i>

*Description of Instructional Materials (cont.)**

Other: (Please Describe)

**Please copy this form if additional pages are necessary.*

FINAL CHECK: ARE ALL PAGES OF APPLICATION IN ORDER, NUMBERED, AND IN A LOOSELEAF BINDER? Applications must comply with format requirements.

Natrainingprograms/approval application form

INSTRUCTIONS:
Completing the Application for
Maryland Board of Nursing

CNA Training Program Approval

Please assure that the *Application* Form is completed correctly and in a thorough fashion. In order to expedite the approval process, it is imperative that the *Application* Form be completed in its entirety and that the required supporting documents are returned with the *Application* Form in the order requested and tabbed. Please contact the office of CNA Training Programs, at 410-585-1913 or mbon.org if you have any questions about these instructions. Thank you!

Please type or print all entries unless a signature is required. ALL MATERIALS MUST BE SUBMITTED IN A LOOSE LEAF BINDER, IN THE ORDER LISTED ON THE APPLICATION, TABBED, AND WITH PAGES NUMBERED. All applications that do not meet the above format requirements WILL NOT BE APPROVED.

1. General Information

1a-1e: Please provide the name of the training program provider, the address, contact person regarding the program, telephone, fax numbers, and email address.

2. Program Information

- 2a. Please check if this is a new program, a request for program renewal, or a change in an existing program.
- 2b. Except for Maryland College Programs, please indicate whether or not your program has received MHEC approval or waiver. **A copy of the *Approval* or *Waiver* must accompany this application.**
- 2c. Please indicate whether or not your program has any students paying for his/her tuition.
- 2d. Please indicate the total number of Course Hours and the total classroom and clinical hours in your program. Please refer to regulation .07, A & B. The training program shall consist of a minimum of 100 hours. Of the 100 hours, 60 hours shall be devoted to didactic instruction and classroom laboratory practice and 40 hours shall be devoted to clinical training experience.
- 2e. Please include the *Program Code* provided by the Board of Nursing if available/applicable.
- 2f. Please include the name and address of the Education Facility and the Clinical Facility. If more space is required (for more than one location), please attach an *Addendum* behind page 1 of the *Application Form*.
- 2g. Please provide the name of the Program Director/Coordinator. This may be the same person as identified above in # 1c, Contact. Please provide signature, telephone number, and date the Application Form is submitted to the Board of Nursing.

3. .04 Administration and Organization

3a-3b. Please indicate whether or not the facility offering the program is approved by the appropriate agency. Please give the name of the approving agency in 3b. Please refer to Regulation .04 D-A, 1. The

facility offering the program **must be** accredited or approved by the appropriate agency.

3c. Please indicate whether or not the facility offering the Training Program has an EOE statement. This is required in Regulation 04: D, A-2

3d. Please indicate whether or not the facility can provide the financial support/resources “needed to operate a program which meets the legal and educational requirements of the Board and fosters achievement of program objectives.” Refer to Regulation .04, B. When you provide the required financial statement, please include evidence that your facility is able to (See Regulation . 04-C):

- a. Support the number of instructors adequate to ensure that each trainee is provided with a didactic and clinical program of learning that fosters achievement of program objectives;
- b. Provide adequate educational facilities, equipment, and qualified administrative personnel.

Supporting Documentation Required For Section 3. 04: Statements of Agency Approval, Facility Equal Opportunity, and Financial Support.

4. .05 Faculty

- 4a. Please indicate whether or not each faculty member is an RN licensed to practice in Maryland. (See Regulation .05, A-1)
- 4b. Please indicate whether or not each faculty member has the required experience of two (2) years nursing experience; one (1) year of which must have been caring for the elderly and/or chronically ill in the past five (5) years. For GNA approval only, one (1) year of this practice must have been in Long Term Care. (See *Regulation .05, A-2.*)
- 4c. Please indicate whether or not each faculty member has completed a minimum 16-hour course, *Train The Trainer* (or its equivalent) or has had a minimum of two (2) years nursing-related teaching nursing experience.
- 4d. Please indicate whether or not your program utilizes Adjunct Faculty. These may be Respiratory Therapists, Physical Therapists, Dieticians, Social Workers, etc.
- 4e. Please indicate whether or not your facility has a Job Description and/or policy statement describing faculty responsibilities. See *Regulation 05.D (1-5)*
- 4f. Please list all Nursing Faculty members. Check all roles that may apply: Program Coordinator, Class Instructor, and/or Clinical Instructor. If more space is needed, please attach an *Addendum* and place following page 2 of the *Application*.

Supporting Documentation Required For Section 4. .05: Faculty Resume(s) (***PLEASE INDICATE ON THE RESUME WHETHER OR NOT THERE ARE ANY LIMITATIONS IMPOSED ON THE LICENSE(s) submitted.**), *Train the Trainer* Certificate(s) if applicable, Copy of Maryland RN license(s), Faculty Job Description/Policy Statement describing Faculty responsibilities , and list of Adjunct Faculty if applicable.

5. .06 Resources, Facilities, and Resources

- 5a. Please indicate whether or not the Training Facility has adequate space for privacy of faculty-student conferences, classroom(s), Skills Lab(s), Conference Room(s), sufficient equipment/supplies for number of students, and space for equipment/ instructional materials.
- 5b. Please indicate whether or not all resources such as books, A-V materials, and/or computer programs have a publication date of not older than 5 years, are accessible to students, are relevant to the Curriculum and are written at a level appropriate to Nursing Assistants. The resources must be selected with the participation of the Nursing faculty.
- 5c. Please indicate whether or not the clinical facility is approved by the appropriate government agency. See *Regulation 06.C 1-2*; **“Facilities used for clinical learning experiences shall be approved by approved by the appropriate governmental authorities, ...facilities with conditional or provisional approval may not be used for student learning experiences.”**
- 5d. Please indicate whether or not the program has the required 1:8 Faculty/student ratio in the clinical area.
- 5e. Please indicate whether or not the clinical facility has a sufficient number/variety of clients to provide meaningful training experience, a sufficient number of RNs/other care givers to ensure safe and continuous care of clients, and that the facility conforms with accepted standards of nursing care/practice.
- 5f. Please indicate whether or not the Training Program requires a *Written Agreement* with the clinical facility. See *Regulation .06 C: 6 a-b, I-V*: ffhe training program shall have a written agreement with any clinical facility that is not a part of the controlling institution...”

Supporting Documentation Required For Section 5 .06: Description of Education Facility (address the requirements of the regulations), description of the clinical facility (address the regulation requirements above), provide a copy of the *Written Agreement* if applicable, and complete the provided *Description of Instructional Materials Form*.

6. 07 Training Program

- 6a. Prepare your *Curriculum* with page numbers. Indicate the page number where each required program Content Area is located. Please assure that all required components are contained within the curriculum, including Core Knowledge & Skills, Emergency procedures (Heimlich Maneuver), and CPR certification. The Curriculum should utilize the Board's *Training Guidelines: Learning Objectives* and *Performance Indicators* available on the Internet at mbon.org.
- 6b. **Please Note:** *Regulation 07. C-2* states that a “training program shall provide at least 16-hours of classroom laboratory” prior to being assigned to the clinical portion of the course. The content areas of these 16-hours are listed in 6b. Please indicate when these 16-hours of required content areas is being taught. This can be demonstrated by use of a *Course Schedule* or within the Curriculum. Examples are provided in the *Resource Packet*.
- 6c. Please check that the required *Maryland Skills List* is contained within your *Skills Inventory* (Checklist). A sample *Skills Inventory* has been provided in the *Resource Packet*.

Supporting Documentation Required for Section 6 .07: A copy of the *Curriculum*, *Course Schedule*, and *Skills Inventory*. Please assure that:

1. The Curriculum contains all of the required content areas.
2. The Curriculum is written with learning objectives and performance indicators.
3. The Curriculum and/or Course Schedule makes clear when the 16-hour pre-clinical core is taught.
4. The Curriculum and/or Course Schedule indicates the required 100 hours (60/40 Ratio).
5. The *Skills Inventory* contains all the required skills from the Maryland Skills Listing and that the *Skills Inventory* indicates specific performance indicators that are tested/demonstrated.

7. .08 Student Evaluation

- 7a. Indicate whether or not your program has a policy/statement regarding student evaluation/grading/successful program completion criteria.
- 7b. Indicate whether or not your program has a *Final Examination*. Both 7a & 7b are required by *Regulation .08*.
- 7c. Indicate whether or not your program has an *ACHIEVEMENT AWARD*.
- 7d. Indicate whether or not *Guidelines* for the *Achievement Award* found in the *Resource Packet* have been followed.

Supporting Documents Required For Section 7. .08: Student Evaluation criteria, the *Final Examination*, and the *Achievement Award*.

Final Checklist: Please check off that the required documentation is provided with your *Application*. The *Application* documents must be submitted in the order requested, with pages tabbed and numbered. Thank you!

Please Contact:
Pamela Ambush Burris, RN, MSN
CNA Training Programs
Maryland Board of Nursing

For Questions/Assistance, call 410-585-1913
or send an E-mail to paburris@dhhm.state.md.us

STATE OF MARYLAND



CNA Training Program Approval

RESOURCE PACKET

4140 Patterson Avenue
Baltimore, MD 21215-2254
F (410)-585-1900/1913

Maryland Board of Nursing
Approval Guidelines Regulations For CNA Training Programs

Regulations:

.03 Approval Process

.04 Administration & Organization

1. Facility Approval
2. EOE Compliance
3. Financial Support & Resources

.05 Faculty

1. Course Instructor Qualifications
2. Responsibilities

.06 Resources, Facilities, & Service

1. Educational Facilities
2. Instructional Resources
3. Clinical Facilities

.07 Training Program

1. Instruction: 100 Hours; 60 *Didactic*/40 *Clinical* Ratio
2. Curriculum:
 - A. Role of the CNA
 - B. Infection Control
 - C. Safety/Environment
 - D. Mobility/Positioning
 - E. Elimination
 - F. Data Collection
 - G. Hygiene
 - H. Treatments
 - I. Communication
 - J. Legal/Ethical Considerations
 - K. Core Knowledge & Skills: (Basic A &P, Hierarchy of Needs, Life Span G&D, Medical Terminology & Abbreviations, Measurements, Basic Math, Disease Process, Basic Nutrition, ADLs)
3. 16-Hour Pre-Clinical Requirement: CNA Role, Infection Control, Safety/Heimlich Maneuver, Environment, Communication, Legal/Ethical Considerations.

.08. Evaluation

1. Grading/Successful Program Completion Criteria
2. Final Examination
3. Skills Inventory (Include all skills on the *Maryland Skills Listing*)

Board of Nursing
Application For Nursing Assistant Training Program Approval
Application Resource

Summary

Title 10
Department of Health and Mental Hygiene
Subtitle 39 Board of Nursing Certified Nursing Assistants
2/2001

Please Note: The following is provided as a resource for completing the Board of Nursing's *Application For Nursing Assistant Training Program Approval*. Applicants are expected to read the Department of Health and Mental Hygiene's COMAR 10:39:02 in its entirety and to comply with its requirements.

03 Training Program Approval

1. All training programs must be approved by The Board of Nursing.
2. Programs must also be approved by MHEC except: -
 - a. Programs conducted by individuals, firms, corporations, or other organizations exclusively for their own employees.
 - b. Apprenticeship and other training offered by unions for their members.
 - c. Individual instructors who go to various places to offer instruction to not more than one individual.
3. The approval process must be completed before the training program is offered.
4. An organization wishing to offer a Training Program must submit a proposal ("Application") demonstrating compliance with the requirements stated in this chapter.

.04 Administration and Organization

1. The facility offering the training program must be accredited or approved by the appropriate agency and have a statement of equal opportunity.
2. The controlling agency shall provide financial support and resources needed to operate a program which meets legal and educational requirements of the Board and fosters achievement of program objectives.

.05 Faculty

1. Each course instructor must be:
 - a. An RN licensed in Maryland.
 - b. Have a minimum of 2 years nursing experience, at least 1 year of which was in caring for the elderly or chronically ill in the past 5 years.
 - c. Complete a course with a minimum of 16 hours of instruction in the principles of adult education (such as *Train the Trainer*); or have a minimum of 2 years teaching experience.



2. Each program shall have an RN instructor who has overall supervisory responsibility for the operation of the program. .
3. The course instructor shall be responsible for.
 - a. Participating in development/evaluation of the training program
 - b. Implementing the approved training program.
 - c. Supervising classroom laboratory experiences.
 - d. Evaluating student performance in the classroom
 - e. Providing supervision and clinical evaluation of each trainee at the clinical training site.
4. Other health professionals ("Adjunct Faculty") may teach selected portions of the curriculum that relate to the health professionals' area of expertise-

.06 Physical Facilities

1. The education facilities must include the following:
 - a. Adequate space for privacy of faculty-student conferences.
 - b. Classrooms, laboratories, and conference rooms.
 - c. Space for equipment and instructional materials.
2. Instructional resources shall be/have:
 - a. Current, accessible, and relevant to the role of the CNA.
 - b. A publication date not older than 5 years-
3. Clinical facilities shall include the following:
 - a. Approval by the appropriate governmental authorities. (Facilities with conditional or provisional approval status may not be used for student learning experiences).
 - b. Approval from the Board prior to the use of each clinical facility for student experience.
 - c. A minimum of 1 instructor for 8 students in the clinical area.
 - d. A sufficient number and variety of clients to provide adequate training experiences.
 - e. A sufficient number of RNs/other nursing personnel to ensure safe and continuous care of clients
 - f. Conformance with accepted standards of nursing care and practice.
4. The training program must have a written agreement with any clinical facility that is not a part of the controlling institution. Written agreements shall be:
 - a. Developed jointly with the clinical facility.
 - b. Be reviewed periodically.
 - c. Include provision for adequate notice of termination.
 - d. Specify the responsibility of the training program to the facility and the responsibility of the facility to the training program.
 - e. Identify functions /responsibilities of the parties involved.



.07 Training Program

1. The training program must provide a minimum of 100 hours of instruction: 60 hours devoted to didactic instruction and classroom lab practice and 40 hours to clinical training experiences.
2. The Curriculum must include the following components:
 - a. Role of the CNA
 - b. Infection Control
 - c. Safety and environment
 - d. Mobility and positioning
 - e. Elimination
 - f. Data Collection
 - g. Hygiene
 - h. Treatments
 - i. Communication
 - j. Legal/ethical considerations and
 - k. Core knowledge and skills as identified by the Board: basic A & P, basic human needs/hierarchy, life span growth/development, medical terminology/abbreviations, measurements, basic math, basic understanding of disease process and chronic vs. acute illness, basic nutrition, and ADL's. (Included in the *Application Resource Packet*)
3. The training program must provide at least 16 hours of classroom lab training prior the first clinical rotation and include the following:
 - a. Role of the CNA
 - b. Infection Control
 - c. Safety and emergency procedures; including the Heimlich Maneuver
 - d. The environment
 - e. Communication
 - f. Legal/ethical considerations
4. The unit objectives and performance indicators for each of the areas above are identified in the training criteria by the Board (Included in the *Application Resource Packet*) The Curriculum should be submitted for approval in a manner that identifies unit objectives, expected learning outcomes, and performance indicators. (A Sample is provided in the *Application Resource Packet*.)

.08 Student Evaluation

1. Each program shall state the criteria for successful program completion including the required passing standard on the final examination (.03, C, 2).
2. A final examination shall be given.
3. Students will be evaluated on their ability to also meet program objectives in the Skills lab and clinical setting. A Skills *Inventory* for each student is recommended as a record of meeting clinical skills requirements. (A sample inventory (checklist) has been provided in the *Application Resource Packet*.) Please assure that the required Maryland skills are included in your checklist (This list is provided in the *Application Resource Packet*. Also, see *Geriatric Nursing Assistant Candidate Handbook*, State of Maryland).

OVER
☞

Please Note: This Summary is intended as a quick reference/summary resource for completing the Approval Application Process. It does not substitute for the original COMA.R document. Applicants are expected to read the regulations in their published format and entirety.

LEARNING OBJECTIVES AND PERFORMANCE INDICATORS
FOR NURSING ASSISTANT CERTIFICATION PROGRAMS
ARE AVAILABLE ON THE INTERNET
AT WWW.MBON.ORG

**Maryland Board of Nursing
CNA Training Programs
CURRICULUM INVENTORY**

Regulation 07: Training Program

Section A: The training program shall provide a minimum of 100 hours of instruction.

Section B: (1) 60 Hours of didactic instruction/classroom lab practice
(2) 40 Hours of clinical training experience

Section C: Curriculum (See Training *Guidelines: Learning Objectives & Performance Indicators*, Maryland Board of Nursing, March, 1999)

1. The following content areas shall form the framework of the curriculum:


- A. Role of the CNA
- B. Infection Control
- C. Safety & Environment
- D. Mobility & Positioning
- E. Elimination
- F. Data Collection
- G. Hygiene
- H. Treatments
- I. Communication: Observing, Recording, & Reporting & Interpersonal Relations
- J. Legal/Ethical Considerations
- K Core Knowledge & Skills (Basic A&P, Needs Hierarchy, Life Span G&D, Medical Terminology & Abbreviations, Measurements, Basic Math., Disease Process, Basic Nutrition, ADLs)

Please Note:

2. The training program shall provide at least 16 hours of classroom laboratory training prior to a trainee's direct assignment to client care. The instruction shall include the following topics:

- A. Role of the CNA
- B. Infection control
- C. Safety & Emergency Procedures; including the Heimlich Maneuver
- D. The Environment
- E. Communication
- F. Ethical/Legal Considerations

3. The Skills Inventory/Curriculum should contain all the skills listed on the *Maryland Skills Listing*.

 OVER



*Maryland Board of Nursing
Nursing Assistant Program Completion Achievement Awards
Guidelines*

1. Please place the name of the Program Facility and address at the top of the *Award*.
2. Please title program completion awards as “*Achievement*” Awards. Do not use the terms “certificate” and/or “certified” on the award.
3. All graduate names and dates of presentation must be typed in by the Program Facility.
4. A minimum of two of four signatures are required: Administrator, Instructor, Director of Nursing and/or Program Director.
5. The Award must include the statement: “*This Achievement Award signifies that the above named candidate is eligible to become a Nursing Assistant*” and if applicable, *sit for the Geriatric Nursing Assistant examination (or sit for other examinations provided in Maryland Regulations) pursuant to the State of Maryland Regulations.*”
6. The Award must carry an official embossed facility seal and/or be printed on security paper.
7. The candidate must present the original Achievement Award when applying for Nursing Assistant Certification and/or the Geriatric Nursing Assistant Examination from the Maryland Board of Nursing.
8. The Award must carry an official embossed facility seal and/or be printed on security paper.
9. The candidate must present the original *Achievement Award* when applying for Nursing Assistant Certification and/or the Geriatric Nursing Assistant Examination from the Maryland Board of Nursing.

Riverdale Nursing Home
3204 HighView Street
Mt. Pleasant, Maryland

ACHIEVEMENT AWARD

is presented to

Susan E. Smith

in recognition of successful completion of the Riverdale Nursing
Home
Nursing Assistant Training Program

Presented on this day of February 5, 2002

Administrator

Director of Nursing

Instructor

Program Coordinator

This Achievement Award signifies that the above named candidate is eligible to apply to become a Nursing Assistant and sit for the Geriatric Nursing Assistant Examination pursuant to the State of Maryland Regulations.



Maryland Skills Listing

1. Washes hands
2. Measures and records weight of ambulatory client
3. Provides mouth care
4. Dresses client with affected right arm
5. Transfers client from bed to wheelchair
6. Assists client to ambulate
7. Cleans and stores dentures
8. Performs passive range of motion (ROM) for one shoulder
9. Performs passive range of motion (ROM) for one knee and one ankle
10. Measures and records urinary output
11. Assist client with use of bedpan
12. Provides perineal care for incontinent client
13. Provides catheter care (not tested)
14. Takes and records oral temperature
15. Takes and records radial pulse, and counts and records respirations
16. Takes and records client's blood pressure (one-step procedure)
17. Takes and records client's blood pressure (two-step procedure) (not tested)
18. Puts one knee-high elastic stocking on client
19. Makes an occupied bed
20. Provides foot care
21. Provides fingernail care
22. Feeds client who cannot feed self
23. Positions client on side
24. Gives modified bed bath (face and one arm, hand and underarm)
25. Shampoos client's hair in bed (not tested)

Perfect Nursing Home
CNA Training Program Skills Inventory
Sample

NAME: _____

DATE: _____ **INSTRUCTOR:** _____

V.L= Validator's Initials

P=Pass (Employee demonstrates skill correctly). I=Improvement Needed (Employee does not demonstrate Skill completely correct; requires reevaluation). F=Fail (Employee does not demonstrate skill correctly; requires follow-up action and reevaluation).

METHOD: *Validation Method*
D = Demonstration
V = Verbalization
S = Simulation

KEY PERFORMANCE CRITERIA	P/I/F	D-V-S'	COMMENTS	V.I.
<i>The employee correctly demonstrates:</i>				
<i>Measuring Urinary Output:</i>				<i>V.I.</i>
<i>1. Assembling equipment</i>				
<i>a. Bedpan, urinal, or special container</i>				
<i>b. Disposable gloves</i>				
<i>c. Graduate or measuring cup</i>				
<i>2. Putting on gloves</i>				
<i>3. Pouring urine into measuring graduate</i>				
<i>4. Placing graduate on flat surface at eye level & reading urine amount in the graduate</i>				
<i>5. Observing urine for abnormalities (blood, dark color, mucus/sediments, malodor)</i>				

MARYLAND BOARD OF NURSING
NURSING ASSISTANT CERTIFICATION TRAINING PROGRAMS
TRAINING GUIDELINES:
LEARNING OBJECTIVES AND PERFORMANCE INDICATORS

March, 1999

INTRODUCTION

The attached documents includes the learning objectives and performance indicators that shall form the basis of curriculum development for Certified Nursing Assistant programs, which will prepare individuals to work in a variety of settings- The content of this document is contingent on the following assumptions:

- It is assumed that all activities performed by a student are accurate (100% accuracy) and performed safely and appropriately.
- All hands-on-activities indicate that the student will learn the principles that form the basis of those skills with clients and when that is not possible those skills shall be demonstrated and measured in the laboratory setting.
- Whenever possible, students should be given the opportunity to demonstrate their skills in clinical settings with clients and when that is not possible those skills shall be demonstrated and measured in the laboratory settings.
- Throughout the program students will demonstrate their ability to perform nursing functions with clients of any age and with various levels of physical, sensory,cognitive and emotional ability
- Prior to the completion of the CNA program, students are required to successfully complete training in emergency procedures and relief of foreign body airway obstructions. Access to this training should be provided by the training organization.

The Role of the CNA

Objectives:

The student will be able to:

Function in a healthcare environment utilizing professional standards of conduct

Identify the CNA's role in relation to the health care workplace, especially in relation to the performance of delegated nursing functions.

Individualize care to meet the needs of the client.

Performance Indicators:

Proficiency Level:

Demonstrate the ability to:

- Describe the roles and responsibilities of members of the health care team
- Identify and apply principles for maintaining professional relationship boundaries.
- Recognize personal limitations in performing tasks and seeks assistance when needed.
- Organize and prioritize work assignment
- Identify and apply basic workplace skills
- Promote the client's interest in recreational activities
- Promote client's independence.
- Provide the client with the time to function as his/her own pace.

Infection Control

Objective:

The student will be able to:

Demonstrate the use of infection control techniques.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Describe the principles of infection control
- Apply the principles of medical asepsis.
- Use standard and transmission based precautions
- Apply consistent use of handwashing techniques
- Identify different methods for cleaning and sanitizing equipment
- Clean and sanitize routinely used equipment.

SAFETY AND ENVIRONMENT

Objective:

The student will be able to:

Provide an environment, which promotes safety and well being for clients, caregivers and others.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Identify the purpose of incident reports and the nursing assistant role in providing information to complete them.
- Identify situations that require calling for emergency assistance.
- Describe procedure/s for calling for emergency assistance.
- Describe legal and ethical considerations associated with use of restrictive devices.
- Identify the types of restrictive devices and demonstrate the safe use of each.
- Uses correct body mechanics.
- Identify, respond to, and report sources of hazard and potential hazard in the environment (broken equipment; water on the floor, torn carpet etc.).
- Identify, respond to, and/or report environmental factors that interfere with the client's well being. (Noise, temperature, etc.)

Direct Patient Care Techniques

Mobility and Positioning

Objectives:

The student will be able to:

Position and transfer clients.

Assist the client with ambulation.

Perform range of motion exercises.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Apply principles of proper body alignment when positioning clients.
- Position the bed for client comfort, care and safety.
- Reposition clients for comfort and safety.
- Position clients to promote optimal skin integrity.
- Transfer clients from bed, to and from stretcher or chair.
- Use assistive devices when transferring and/or positioning clients.
- Physically support the client during ambulation.
- Use mechanical and supportive devices to assist the client (cane, walker, crutches, gait belt, prostheses, etc.)
- State the purpose of range of motion exercises.
- Differentiate between passive and active range of motion exercises.
- Assist client with range of motion exercises.

Elimination

Objectives:

The student will be able to:

Assist the client with toileting.

Demonstrate basic care for indwelling and external urinary catheters.

Demonstrate basic ostomy care (without irrigation).

Identify the purpose and the methods of obtaining specimens.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Assist client to maintain control of bowel and bladder functions.
- Assist client to adhere to bowel and bladder control programs.
- Describe the use of assistive devices for toileting.
- Use and maintain a bedpan, urinal and bedside commode.
- Provide basic perineal care for the continent and incontinent client.
- Apply an external urinary catheter.
- Inspect the catheter and tubing for the flow of urine, position, placement and correction.
- Demonstrate perineal care for a client with a catheter.
- Change and empty ostomy appliances and provide skin care.
- Observe and report the appearance of the stoma and surrounding skin.
- Collect and label urine, stool and/or sputum specimens.

Data Collection

Objectives:

The student will be able to:

Obtain vital signs of a variety of clients and record and report the results.

Obtain the height and weight of a variety of clients and record and report the results.

Obtain intake and output data for a variety of clients and record and report results.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Take radial pulse by palpation.
- Manually take blood pressure.
- Count respirations.
- Take temperature using both glass and electronic thermometers.
- Take temperature by mouth, ear, axilla and rectum.
- Measure height.
- Identify the different types of scales and their uses.
- Measure weight.
- Identify all sources of intake and output.
- Measure fluid intake and output.
- Measure solid intake and output.
- Identify methods to test for sugar and acetone.

Hygiene and Grooming

Objective:

The student will be able to:

Perform and/or assist the client with personal grooming and hygiene.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Provide basic skin care
- Give a back rub
- Provide hair and scalp care.
- Assist or shave a client with both electric and safety razors Apply makeup to a client
- Make an occupied/unoccupied bed.
- Assist clients with partial bed bath, shower or tub bath.
- Bathe a client in bed
- Observe and report the appearance of skin, feet and nails.
- Provide foot and nail care.
- Perform and/or assist client with oral care including brushing and flossing client's teeth, using both toothbrushes and oral swabs.
- Provide the care and cleaning of dentures
- Dress and undress a client, or assist as needed
- Perform care and maintenance of hearing aids, glasses and prostheses.

Treatments

Objective:

The student will be able to:

Perform selected treatments on a variety of clients.

Assist clients to meet nutritional needs.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

Reapply oxygen devices
Observe oxygen flow and take and report observations.
Observe IV flow and site and report observations.
Provide non-sterile wound care, which may include non-sterile dressing change.
Administer non-medicated enema.
Apply warm and cold treatments.
Apply anti-embolism stockings.
Assist with the care of a deceased client.
Identify the various types of mechanically altered food and liquids.
Identify client's need for assistance with meals, snacks and fluid and provide required assistance.

Communication

Observing, Recording, Reporting

Objectives:

The student will be able to:

Identify and apply basic observational, recording and reporting skills.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Identify and collect observational data/information
- Differentiate between subjective and objective observations
- List sources for obtaining data/information
- Identify various techniques for recording and reporting.
- Observe, record and report:
 - ~Client response to care and treatment provided
 - ~Client's physical condition, emotional state and/or behavior patterns
 - ~Changes in client's physical condition, emotional state and/or behavior patterns
 - ~Client's refusal/non-compliance with treatment care
- Contribute to plan of care

Interpersonal Relations

Objectives:

The student will be able to:

Apply interpersonal relationship skills in the health care workplace.

Use effective communication techniques to promote the client's well being.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Identify verbal and nonverbal communication techniques and barriers to communication
- Identify ways to establish positive relationships with clients and families
- Introduce self and role to clients and families
- Describe the effect of illness and other stress on the client's feelings and behavior.
- Identify verbal and nonverbal indicators of the client's emotional state.
- Identify ways to adjust approach to accommodate client's emotional needs.
- Identify and manage personal feelings in response to client's behavior.
- Use strategies to provide emotional support to clients and families.
- Describe approaches to communicating with clients with special needs, including but not limited to, cognitive and sensory impairments, language and cultural differences, and any developmental level.
- Explain interventions to the client before and during care.

Legal and Ethical

Objectives:

The student will be able to:

Describe the ethical and legal issues affecting the work of the nursing assistant.

Performance Indicators:

Proficiency Level

Demonstrate the ability to:

- Identify and respond to potential ethical dilemmas.
- Identify and report potential indicators of abuse and neglect.
- List client rights and responsibilities including but not limited to, choice of food, religious observance, clothing, etc.
- Describe the purpose and importance of maintaining client confidentiality.
- Provide for client privacy

Core Knowledge and Skill	Elements
Basic Anatomy and Physiology	<ul style="list-style-type: none"> ▪ Name and location of body parts and organs ▪ List body systems and their main functions ▪
Basic human need/hierarchies	<ul style="list-style-type: none"> ▪ Identify hierarchies of basic human needs
Life span growth and development	<ul style="list-style-type: none"> ▪ Identify the developmental stages of life
Medical terminology /abbreviations	<ul style="list-style-type: none"> ▪ Identify commonly used medical terms and abbreviations
Measurements	<ul style="list-style-type: none"> ▪ Units ▪ Volumes ▪ Conversions
Basic Math	<ul style="list-style-type: none"> ▪ Add ▪ Subtract ▪ Multiply ▪ Divide
Basic understanding of disease process and chronic vs. acute illness	<ul style="list-style-type: none"> ▪ Recognize how illness in a main body system and/or disabilities may affect the care/needs of a client.
Basic Nutrition	<ul style="list-style-type: none"> ▪ Basic food pyramid and daily requirements ▪ Calories and fluid balance ▪ Food storage and sanitation
ADL's	<ul style="list-style-type: none"> ▪ Definition of ADL's

**Nursing Assistant Training Programs
Application Approval Grid**

Facility: _____ Location: _____

Contact Person: _____ Telephone: _____ Date Submitted: _____

Instructions: The purpose of this *Grid* is to assure that all elements of the *Application For Approval Of A Nursing Assistant Program* have been submitted to the Maryland Board of Nursing. Please complete the *Grid* after you have completed the Application Form and assembled requested documents. **Return the Grid** with your application and requested documents. Thank you.

.01-.04: MHEC Approval/Waiver, Facility Approval, EOE Statement, Financial Support

<i>Regulation</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>MHEC Approval/Waiver</i>				
<i>Agency Approval</i>				
<i>EOE Statement</i>				
<i>Financial Support</i>				

.05: Faculty

<i>Regulation</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>RN MD License(s)</i>				
<i>Resume (s)</i>				
<i>Train The Trainer Certificate(s)</i>				
<i>Policy/Job Description/ Program Responsibilities</i>				
<i>Adjunct Faculty</i>				

.06: Resources, Facilities, and Services: Description of

<i>Regulation</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>Education Facility</i>				
<i>Clinical Facility</i>				
<i>Clinical Site Approval</i>				
<i>Facilities Written Agreement</i>				
<i>Instructional Materials</i>				

07: Training Program

<i>Regulation</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>Course Schedule</i>				
<i>Curriculum: 60/40 Ratio</i>				
<i>CNA Role</i>				
<i>Infection Control</i>				
<i>Safety/Environment</i>				
<i>Mobility/Positioning</i>				
<i>Elimination</i>				
<i>Data Collection</i>				
<i>Hygiene</i>				
<i>Treatments</i>				
<i>Communication</i>				
<i>Legal/Ethical</i>				
<i>Core Knowledge & Skills</i>				
<i>Pre-Clinical Requirement</i>				

.08 Evaluation

<i>Regulation</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>Evaluation Criteria</i>				
<i>Final Exam</i>				
<i>Skills Inventory</i>				
<i>Skills Inventory: MD Skills Listing Included</i>				
<i>Achievement Award</i>				

Inventory of Requested Documents:

Instructions: Please submit your **Application For Approval Of A Nursing Assistant Program** to the Maryland Board of Nursing in the following order. Thank you!

<i>Document</i>	<i>Y</i>	<i>N</i>	<i>N/A</i>	<i>Comments</i>
<i>Cover Letter</i>				
<i>Approval Grid</i>				
<i>Application Form</i>				
<i>MHEC Approval/Waiver</i>				
<i>Agency Approval Statement</i>				
<i>Facility EOE Statement</i>				
<i>Financial Support Statement</i>				
<i>Instructor Resume(s)</i>				
<i>Train The Trainer Certificate(s)</i>				
<i>Copy of MD RN License(s)</i>				
<i>Faculty JD/Policy Responsibilities</i>				
<i>Adjunct Faculty</i>				
<i>Description of Education Facility</i>				
<i>Description of Clinical Facility</i>				
<i>Facility Written Agreement</i>				
<i>Description of Instructional Resources</i>				
<i>Curriculum With Numbered Pages</i>				
<i>Course Schedule</i>				
<i>Skills Inventory</i>				
<i>Policy/Statement Re Evaluation Criteria</i>				
<i>Final Examination</i>				
<i>Achievement Award</i>				