



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF HEALTH FACILITY LICENSURE
AND CERTIFICATION

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Governor

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Registered Long-Term Care Nursing Assistant Program

CHECKLIST FOR SUBMITTING A NURSING ASSISTANT TRAINING PROGRAM

To avoid delay of the evaluation of your nurse aide training program, we have developed the following list for you to use as a guide when preparing application documents for evaluation by the West Virginia Division of Health & Human Resources.

The following items are described in the Criteria for Approval of Education Programs and Guidelines for the Training and Employment of Long-Term Care Nurse Aides in West Virginia. Be sure to include all of the following items when preparing your application:

- _____ A calendar which documents the total program length, the time frame for completion, orientation to the facility, the hours of instruction prior to resident contact and at least 55 hours of supervised clinical experience.
- _____ An application for approval form (WVNATCEP-1)
- _____ Copy of Vocational Teaching Certificate, if applicable
- _____ A copy of the course outline which the students receive composed of behavioral objectives, content, and methods of evaluation. Criteria for student evaluations will include:
 1. Attendance policy.
 2. Minimum passing score for classroom and clinical performance
 3. Methods for evaluation of skills lab practice and clinical performance
- _____ Completed Description of Instructional Materials (form WVNATCEP-8)
- _____ One lesson plan example which is specific to the course content of the Criteria
- _____ Documentation of a 1:10 ratio of instructor to students in the clinical setting
- _____ Description of how the nurse aide student will be easily recognizable to residents and visitors as a student during the clinical education portion of the program. (i.e. uniform, smock, badge)
This doesn't specify if ONLY RNA's wear this combination of clothing for identification.
- _____ For non-nursing facility programs, copies of current contracts with the certified nursing facility (nursing home) in which the 55 hours of clinical experience takes place.
- _____ Description of larger course – when applicable (WVNATCEP-9)