

## Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP)

### Clinical Site Agreement

**NATP or HHP Responsibilities:**

- Prior to direct patient contact in the facility, the student must receive the federally mandated 16-hours of training. (NATP only)
- To provide all training and to provide immediate and direct supervision of students.
- Student to instructor ratio shall not exceed fifteen (15) to one (1) in the facility.
- Provide facility with a list of names of all students along with their training schedule.
- To provide all clinical training in the TPRU approved facility, by a TPRU approved instructor, while following the NATP approved training program schedule.
- Provide notice to facility, that all students have had the physical examination, test for TB and criminal screening within 90 days prior to attending clinical.
- Training will be provided between the hours of 6 a.m. and 8 p.m.
- NATP students will receive a minimum of 100 hours of clinical training in the facility.
- 40-hour HHP students will receive a minimum of 20 hours of direct patient care in an approved facility, with emphasis on home care.
- 120-hour HHP students will receive a minimum of 45 hours of direct patient care, in an approved facility, with emphasis on home care.

**Facility Responsibilities:**

- Facility staff may not be used to proctor, shadow, or teach the training program students.
- Facility staffing will not be decreased because students are training in the facility.

**Both parties agree to:**

- Comply with all local, state and federal laws and regulations.
- Include an adequate notice of termination clause in their standard agreement which includes a minimum of 30 days written advance notice of termination of the clinical site agreement.

**By signing below, both parties agree with the terms printed on this agreement.**

Name and Address of Training Program:          County: _____		Nursing Facility Name and Address:          						
NATP/HHP- Owner/Administrator (Printed Name)		Facility Administrator (Printed Name)						
NATP/HHP- Owner/Administrator (Signature)	Date	Facility Administrator (Signature)	Date					
RN Program Director (Printed Name)		Skilled Nursing Provider Identification training number, if known  <table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">F-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		F-				
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NATP/HHP- RN Program Director (Signature)	Date							

**California Department of Public Health Use Only**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**This approval is only valid until the program expiration date. A new clinical site agreement is required for the next renewal.**