

Request for Nurse Assistant Training Program (NATP) and/or Home Health Aide Program (HHP) Clinical Training Site Approval (CTSA)

NOTE: NATP clinical training is allowed in nursing facilities: Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), ICF/Developmentally Disabled (ICF/DD) or ICF/DD-nursing. HHP clinical training is allowed in SNFs, ICFs, Home Health, Hospice and Acute Care Hospitals. If the Department finds that a Nurse Aide Training and Competency Evaluation Program is not in compliance with the regulations or competency evaluation requirements, the Department may withdraw approval. An approved CTSA does not meet the requirements for the facility to “adopt an approved training program,” California Health and Safety Code (HSC), §1337.1. This clinical site approval expires with the program expiration date.

THE NATP and HHP SHALL:

- Not conduct any clinical training in the nursing facility prior to approval by the Department and nursing facility, California Code of Regulations, Title (22 CCR), §71835(h)(3).
- Be responsible for all students and provide staff for clinical training in its entirety, 22 CCR, §71835(c).
- Assure the students have completed the Medical History, Physical Exam, and PPD signed off by the Physician, Physician Assistant, or Nurse Practitioner prior to any direct patient care, 22 CCR, §71835(f).
- Upon enrollment in a training program for nurse assistant certification, and prior to direct contact with residents, a candidate for training shall submit a training & examination application & the fingerprint cards to the State Department to receive a criminal record review through the Department of Justice, HSC, §1338.5(2)(A).
- Develop and provide a clinical training schedule with the nursing facility (content, date, time, training instructor), and retain the records of training for 4 years 22 CCR, §71835(b).
- Comply with the nursing facility policies and State and Federal laws and regulations.
- Be responsible for any damage to supplies, material, and equipment in nursing facility during training.
- Not impede on residence living area, i.e. patient dining room, recreational area etc.

THE NATP SHALL:

- Verify all students complete the required sixteen (16) federal hours prior to any direct contact and clinical training, Title 42, Code of Federal Regulations (42 CFR), §483.152(b)(1).
- Provide a minimum of 100 hours of clinical training between the hours of 6:00 a.m. and 8:00 p.m., 22 CCR, §71835(g).
- Only train 15 or fewer students per instructor, 22 CCR, §71835(m)(1).

THE HHP SHALL:

- Provide 20 clinical hours for 40-hour HHP and 75 clinical hours for 120-hour HHP in a Department approved facility with emphasis on home care, 22 CCR, §74747(b) & (c).
- Provide personal care services by a registered nurse. Nutritionist, physical therapists, social workers & other health personnel may be involved in appropriate aspects of the training program, 22 CCR, §74747(d).

THE NURSING FACILITY SHALL:

- Allow the Agency to use the nursing facility for the clinical training according to agreed schedule.
- Not decrease facility staff because students are training in the facility and facility staff may not be used to proctor, shadow, or teach the training program students.
- Comply with all state and federal laws and regulations, 22 CCR, §71835(a).

By signing below, both parties agree with the terms listed above.

Name & Address of the Nursing Facility F- <input style="width: 40px; height: 20px;" type="text"/>		Name & Address of the NATP/HHP S or HHP- <input style="width: 40px; height: 20px;" type="text"/>	
Nursing Facility Administrator Name (Print Name)		NATP/HHP Owner/Administrator Name (Print Name)	
Nursing Facility Administrator (Signature)	Date	NATP/HHP Owner/Administrator (signature)	Date
Nursing Facility Director of Nursing (Print Name)		NATP/HHP Program Director, RN (Print Name)	
Nursing Facility Director of Nursing (Signature)	Date	NATP/HHP Program Director, RN (Signature)	Date
Approved For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP		Denied For: <input type="checkbox"/> NATP <input type="checkbox"/> HHP	
Date:		TPRU Staff Initial:	