

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF NURSING
Perimeter Center
9960 Mayland Drive, Suite 300
Richmond, Virginia 23233-1463

18VAE 90-25
R09-1563 NEW

ADVANCED CERTIFICATION NURSE AIDE EDUCATION PROGRAM

PROGRAM EVALUATION REPORT

(Please Type or Print)

Name of Agency or Institution: _____

Mailing
Address: _____
Street City Zip Code

Contact Person: _____
Name Title Telephone No.

Program Coordinator: _____

In order to maintain approval by the Virginia Board of Nursing, Advanced certification nurse aide education programs are required to demonstrate evidence of compliance with the essential program elements (See § 18 VAC 90-25-130 of the Board's Regulations).

Directions for completing this form

Under each of the program elements beginning on page two, please describe:

- A. Any changes that have occurred since your program was last reviewed and approved by the Board;
- B. If applicable, changes for which you are requesting the Board's approval; and
- C. If there are no changes to report or if no changes are requested, write "no change" under the respective element.

(Please attach additional pages if space is not adequate.)

Approved Nurse Aide Education Program (See §18 VAC 90-25-130.A of regulations.)

Curriculum Content and Length (See §18 VAC 90-25-140 and §18 VAC 90-25-130.B of regulations)
Changes in curriculum must be approved by the Board of Nursing prior to implementation. Requests for a curriculum change should include (1) a statement explaining the proposed change, (2) the rationale for the proposed change, and (3) a comparison of the existing pertinent section(s) of the curriculum and the proposed revised section(s).

Qualified Instructional Personnel (See § 18 VAC 90-25-130.C of regulations.)
For changes in instructional personnel, please provide the requested information on the appropriate form (attached).

Skills Training Experience (See § 18 VAC 90-25-130.B of regulations.)

Competency Evaluation (See 18 VAC 90-25-130.F of regulations)

Person completing report: _____, _____
Name Title

Telephone Number () _____, Date: _____

Instructional Personnel:

A. Primary Instructor.

1. Name: _____ Virginia R.N. license number: _____

2. List work experiences as a Registered Nurse for the past five years.

Dates From To		Employer, Phone Number	Address	Type Facility	Type Clients	Duties/Responsibilities

3. Competence to teach adults

a. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From To		School & Location	Course Title & Description	Clock Hours	Credit Hours or C.E.U.S.

b. Experience teaching adult learners in a classroom setting within the past five years (e.g., CPR, First Aid, Lamaze, etc.)

Dates From To		Adult Learner Population(s) Taught	Agency & Location	Duties

B. Other Instructional Personnel

1. Registered Nurse

a. Name: _____ Virginia R.N. license number: _____

b. Direct patient care experience as an R.N. for the past five years.

Dates From To		Employer, Address & Phone Number	Direct Patient Care Experience

c. Competence to teach adults

1. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From To		School & Location	Course Title & Description	Clock Hours	Credit Hours or C.E.U.S.

2. Experience teaching adult learners in a classroom setting within the past five years (e.g., CPR, First Aid, Lamaze, etc.)

Dates From To		Adult Learner Population(s) Taught	Agency & Location	Duties

B. Other Instructional Personnel Cont'd.

2. Licensed Practical Nurse

a. Name: _____ Virginia L.P.N. license number: _____

b. High School Diploma or equivalent: Date: _____ School: _____

c. P.N. Program Completed: Name: _____ Place: _____

d. Direct patient care experience for the past five years.

Dates From To		Employer, Address & Phone Number	Direct Patient Care Experience

e. Competence to teach adults

1. Course(s) **beyond basic nursing education** taken and completed in principles and methods of adult learning.

Dates From To		School & Location	Course Title & Description	Clock Hours	Credit Hours or C.E.U.S.

2. Experience teaching adult learners in a classroom setting within the past five years (e.g., CPR, First Aid, Lamaze, etc.)

Dates From To		Adult Learner Population(s) Taught	Agency & Location	Duties