

18VA 90-25  
R09-1563

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

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, nurse aide education programs are required to demonstrate evidence of compliance with the essential program elements (See § 18 VAC 90-25-20.B 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.)**

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Financial Support (See §18 VAC 90-25-20.B.1.g. of regulations.)

Provide evidence of giving to each student a copy of applicable Virginia law regarding criminal history records checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment (§18 VAC 90-25-20.B.3. of regulations.)

**Curriculum Content and Length** (See §18 VAC 90-25-40.A. and §18 VAC 90-25-60.A.2. of regulations) Changes in curriculum must be approved by the Board of Nursing prior to implementation (§18 VAC 90-25-40.C.). 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 90-25-30. of regulations.)  
For changes in instructional personnel, please provide the requested information on the appropriate form (attached).

**Classroom Facilities** (See § 18 VAC 90-25-50.D. of regulations.)

**Maintenance of Records** (See § 18 VAC 90-25-50.A. of regulations.)

**Skills Training Experience** (See § 18 VAC 90-25-50.C. & 18 VAC 90-25.20.B.1.e. of regulations.)

**Fees** (See §18 VAC 90-25-20.B.2. of regulations)

Person completing report: \_\_\_\_\_, \_\_\_\_\_  
Name Title

Telephone Number ( ) \_\_\_\_\_, Date: \_\_\_\_\_

**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: 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: Licensed Practical Nurse**

a. Name: \_\_\_\_\_ Virginia L.P.N. license number: \_\_\_\_\_

b. Direct patient care experience 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