

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH PROFESSIONS  
BOARD OF NURSING  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Richmond, Virginia 23233-1463  
(804) 367-4569**

**Application to Establish A Nurse Aide Education Program**  
(Please type)

**1. Name and Address of Program Provider:**

Agency: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ ( Zip Code)

Phone Number: \_\_\_\_\_  
(Area Code)

e-mail Address \_\_\_\_\_

Administrative Officer of the Program: \_\_\_\_\_  
Name Title

Program Coordinator (Must be a Registered Nurse): \_\_\_\_\_

**2. General Program Elements:**

Program Title: \_\_\_\_\_

Beginning Date of First Class: \_\_\_\_\_

Frequency of program offering: \_\_\_\_\_

Maximum number of learners in each program session: \_\_\_\_\_

Hours: Total \_\_\_\_\_; Classroom (including Core Hours and Skills Lab) \_\_\_\_\_; Clinical \_\_\_\_\_

Faculty to learner clinical ratio: \_\_\_\_\_

Nursing facility based (licensed nursing home or Medicare/Medicaid certified skilled or intermediate care facility/unit): Yes \_\_\_\_\_ No \_\_\_\_\_

Financial support and resources sufficient to meet the Board of Nursing Regulations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**3.a. Clinical Resource(s) used for Clinical Learning Experiences of Students:**

Name of Agency	Address	Type (licensed nursing home; medicare/medicaid certified units)

**3.b.** Have any of the above agencies used for clinical learning experiences of students been subject to penalty or penalties as provided in 42 CFR 483151(b)(2) (Medicare and Medicaid Programs, Nurse Aide Training and Competency Evaluation Programs, effective April 1, 1992) during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", state name of agency.

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**4. Learner Identification:**

Briefly describe how learners are identified and recognizable to clients, visitors and staff when in the clinical setting.

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**5. Instructional Personnel:**

**A. Primary Instructor**

1. Name: \_\_\_\_\_ Virginia R.N. license number: \_\_\_\_\_  
 or copy of Multi-State Privilege Compact License and number \_\_\_\_\_

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

Dates From	To	Employer, Address & Phone Number	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 C.E.U.S.
		Include date and location of Train Trainer for Nurse Aide Program			

b. Experience in teaching adult learners within the past five years.

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

**B. 1. Other Instructional Personnel (Registered Nurse)**

a. Name: \_\_\_\_\_ Virginia R.N. license number: \_\_\_\_\_  
 or a copy of Multi-State Privilege Compact License and 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 in teaching adult learners within the past five years.

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

**B. 2. Other Instructional Personnel (Licensed Practical Nurse)**

a. Name: \_\_\_\_\_ Virginia L.P.N. license number: \_\_\_\_\_  
 or a copy of Multi-State Privilege Compact License and number: \_\_\_\_\_

b. 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 in teaching adult learners within the past five years.

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





(Curriculum content continued, # 9)

	<u>Unit No. of Instruction</u>	<u>Page No. of Topical Outline</u>
4. Individual Client's Needs Including Mental Health and Social Service Needs.		
a. Modifying the aide's behavior in response to behavior of clients.	_____	_____
b. Identifying developmental tasks associated with the aging process.	_____	_____
c. Demonstrating principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.	_____	_____
d. Demonstrating skills supporting age appropriate behavior by allowing the client to make personal choices, and by providing and reinforcing other behavior consistent with clients' dignity.	_____	_____
e. Utilizing client's family or concerned others as a source of emotional support.	_____	_____
f. Responding appropriately to client's behavior; including, but not limited to, aggressive behavior and language.	_____	_____
g. Providing appropriate clinical care to the aged and disabled.	_____	_____
h. Providing culturally sensitive care.	_____	_____
5. Care of the Cognitively or sensory (visual and auditory) Impaired Client.		
a. Using techniques for addressing the unique needs And behaviors of individuals with dementia (Alzheimer's and others).	_____	_____
b. Communicating with cognitively or sensory impaired residents.	_____	_____
c. Demonstrating an understanding of and responding appropriately to the behavior of cognitively or sensory impaired clients.	_____	_____
d. Using methods to reduce the effects of cognitive impairment.	_____	_____
6. Skills for Basic Restorative Services.		
a. Using assistive devices in transferring, ambulation, eating and dressing.	_____	_____
b. Maintaining range of motion.	_____	_____
c. Turning and positioning, both in bed and chair.	_____	_____
d. Bowel and bladder training.	_____	_____
e. Caring for and using prosthetic and orthotic devices.	_____	_____
f. Teaching the client in self-care according to the client's abilities as directed by a supervisor.	_____	_____

(Curriculum content continued, # 9)

Unit No. of  
Instruction

Page No. of  
Topical Outline

7. Clients' Rights.

- a. Providing privacy and maintaining confidentiality.
- b. Promoting the client's right to make personal choices to accommodate individual needs.
- c. Giving assistance in resolving grievances and disputes.
- d. Providing assistance necessary to participate in client and family groups and other activities.
- e. Maintaining care and security of the client's personal possessions.
- f. Promoting the resident's rights to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff.
- g. Avoiding the need for restraints in accordance with current professional standards.

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8. Legal and regulatory aspects of practice as a certified nurse aide, including, but not limited to, consequences of abuse, neglect, misappropriation of client property and unprofessional conduct.

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9. Occupational health and safety measures.

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10. Appropriate management of conflict.

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**ATTACH TO THIS APPLICATION A DESCRIPTION OF THE PROGRAM INCLUDING:**

- 1. Program Objectives.
- 2. Unit Objectives (stated in behavioral terms including measurable performance criteria).
- 3. Topical outline and sequence for each unit of instruction.
- 4. Classroom Schedule.
- 5. Clinical Schedule.
- 6. Teaching Methods.
- 7. Evaluation Methods (classroom and clinical).
- 8. Learner Skill Record.
- 9. Proof of financial support and resources sufficient to meet Board of Nursing requirements.
- 10. Evidence of providing each student a copy of applicable law regarding criminal history checks for employment in certain health care facilities, and a list of crimes which pose a barrier to such employment.
- 11. Copy of Business License and Building/Zoning Permit
- 12. Copy of signed Agreement of Cooperation for clinical experience/site

I certify that the information in this application, including attachments, accurately represents the nurse aide education program for which approval by the Virginia Board of Nursing is being requested.

\_\_\_\_\_  
Signature of Administrative Officer or Program Coordinator

Phone Number: (     ) \_\_\_\_\_

(Form may be copied)

Date: \_\_\_\_\_

Revised July 2011

Email: \_\_\_\_\_