



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P. H., Secretary

TO: Applicants for Approval of an Acute Care Nursing Assistant Training Program

FROM: Certification Training Programs Unit, Maryland Board of Nursing

RE: Instructions for Completing the Acute Care Nursing Assistant Training Program Application

Thank you for your interest in establishing, renewing, or reinstating an acute nursing assistant training program in the state of Maryland. A program wishing to establish or renew an acute nursing assistant training program must submit to the Board the completed application and accompanying documentation **at least 120 days** in advance of the proposed start date of the program or prior to the expiration date of the program's current approval. Programs are advised to carefully review all applicable federal and State regulatory requirements prior to completing the application. These requirements establish the minimum standards for acute care nursing assistant training programs, including but not limited to program approval, curriculum content, instructor qualifications, clinical training requirements, competency evaluation, and program administration. Compliance with these provisions is required to ensure that the program meets the standards necessary to prepare individuals for safe and competent practice as a nursing assistant. Applicable regulations include 42 CFR §§ 483.151–483.154, which establish federal requirements for nurse aide training and competency evaluation programs under the Centers for Medicare & Medicaid Services (CMS), and the Code of Maryland Regulations (COMAR), more specifically, COMAR 10.39.02, *Nursing Assistant Training Programs*, which governs the approval and operation of acute care nursing assistant training programs in Maryland. Upon completing the application, you must certify on the last page that the information provided on and attached to this application is true and correct.

Initial Approval Process

- Following receipt of a complete application and accompanying documentation, the Board's professional staff may conduct a survey visit and submit a survey visit report to the Board.
- The training program must demonstrate that it meets all of the applicable requirements in COMAR 10.39.02 and provide any additional information requested by the Board during the Board's review of the application.
- After an application and accompanying documentation are reviewed, the Board will either approve a training program that meets all of the applicable requirements in COMAR 10.39.02 or deny approval of a training program that does not meet all of the applicable requirements in COMAR 10.39.02.

Renewal of Approval Process

- Following receipt of a complete application and accompanying documentation, the Board's professional staff will conduct an announced or unannounced on-site survey visit and submit a survey visit report to the Board.
- A training program will be renewed for another two-year term if the training program meets the applicable requirements in COMAR 10.39.02.
- The Board may initiate withdrawal proceedings in accordance with COMAR 10.39.02.09, if the training program fails to meet the applicable requirements in COMAR 10.39.02.

4140 Patterson Avenue - Baltimore, Maryland 21215-2254
Toll Free: 1 (888) 202 – 9861 • Phone: (410) 585 – 1900 • TTY/TDD: 1 (800) 735 – 2258
www.mbon.maryland.gov

Interpreter Services are available upon request.

- If a training program fails to renew its approval, the Board will place the training program on nonrenewed status, and the program may not enroll any new students following the expiration of approval.

Reinstatement of Approval Process

- An acute care nursing assistant training program whose approval was withdrawn may apply for reinstatement of approval by submitting a reinstatement application demonstrating that the program meets all of the requirements under state and federal law.

APPLICATIONS MUST INCLUDE THE FOLLOWING DOCUMENTS

(Please organize documents as listed below)

- Cover letter
- Completed application
- If applicable, copy of Certificate of Approval or Notice of Exempt Status from the Maryland Higher Education Commission (MHEC)
- Copy of Statement of Equal Opportunity
- CV/Resume(s) of faculty, including supplemental personnel
 - Experience that meets regulatory requirements must be clearly listed
- Copy of faculty Maryland RN license(s) or multistate RN license(s)
 - If applicable, copies of licenses for supplemental personnel
- If applicable, copy of certificate of completion from course in teaching adults
- Job description outlining the responsibilities of the:
 - Program Coordinator
 - Course Instructor
- Description of the layout of the classroom and laboratory facilities
- List of laboratory training equipment
- Clinical facility profile form(s)
- Copy of statement(s) of approval for clinical facility (e.g., copy of accreditation letter from the Joint Commission)
- Course schedule noting number of hours in classroom, laboratory, and clinical facilities
 - Identify the 16 hours of in-person laboratory training for the subject areas specified in COMAR 10.39.02.06B(3).
- Course syllabus including curriculum, pre-clinical curriculum, unit objectives, and performance indicators
- Skills Verification Checklist used to evaluate student performance
 - Required Maryland Skills must be included on the skills verification checklist
- Student evaluation criteria
- Final written examination
- Program evaluation plan
- Copy of certificate of completion (must use Board-approved template)

The application and supporting documentation must be submitted electronically to the Certification Training Programs Unit mailbox at: mbon.cnatrainingprogram@maryland.gov. Review the application for accuracy and completeness prior to submission. Incomplete applications and missing documentation will result in processing delays.

**ACUTE CARE NURSING ASSISTANT TRAINING PROGRAM
APPLICATION FOR APPROVAL**

(COMAR 10.39.02; 42 CFR § 483.151-154)

PROGRAM INFORMATION		
Type of Request: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement		Date Filed:
Type of Program		
<input type="checkbox"/> Traditional (On-site didactic instruction, classroom laboratory training, and supervised clinical training)		
Program Provider		
Name of Acute Setting:		Program Code:
Address of Acute Setting		
Street		
City	State	Zip
Website:		
Name of Program Coordinator:		RN License #:
Email:	Telephone:	Fax:

**APPROVAL REQUIREMENTS
COMAR 10.39.02.02**

All training programs must be approved by the Maryland Board of Nursing and in accordance with Health Occupations Article § 8-6A-14(a), Annotated Code of Maryland, and COMAR 13B.01.01.03, the Maryland Higher Education Commission (MHEC).

1. Is the training program approved by MHEC?
 - a. If you answered "No," has the training program been notified by MHEC that it is exempt from having to seek approval?

Note: Attach copy of MHEC Certificate of Approval or Notice of Exempt Status.

**ADMINISTRATION
COMAR 10.39.02.03**

1. Does the training program have a statement of equal opportunity?

Note: Attach Statement of Equal Opportunity.

FACULTY
COMAR 10.39.02.04

1. Does each course instructor and program coordinator possess an active, unencumbered license to practice as an RN in Maryland or a multistate licensure privilege to practice as an RN in Maryland?
2. Does each course instructor and program coordinator possess a minimum of 2 years of nursing experience?
3. Does each course instructor and program coordinator meet at least one of the following requirements:
 - a. Have experience in teaching adults or supervising nursing assistants?

Note: Resume must clearly demonstrate experience in teaching adults or supervising nursing assistants.

- b. Completed a course in teaching adults?
4. Do either all course instructors or the program coordinator have at least one year of experience in the provision of long-term care facility services?
 - a. All course instructors?

Or

 - b. The program coordinator?

Note: The provision of long-term care facility services may include providing direct client care or supervisory oversight in a long-term care facility or unit, including in a geriatrics department, chronic care hospital, or other long-term care setting; and teaching a nursing assistant training program that complies with federal law.

5. Does the training program utilize other personnel from the health professions to supplement the instructor (e.g., registered nurses, licensed practical nurses, pharmacists, etc.)?

Note: Supplemental personnel must have at least 1 year of experience in their fields. A registered nurse or a licensed practical nurse as supplemental personnel must hold either a current, unencumbered Maryland license or multistate licensure privilege as a registered nurse or practical nurse and must have had at least one year of direct client care experience as a registered nurse or practical nurse.
6. *If there are supplemental personnel other than a registered nurse or licensed practical nurse, is the instruction under the supervision of a course instructor?*

Complete the Faculty Roster Table below and attach copies of the following documents:

1. Resume(s) that specifically identify regulatory experience requirements
2. Maryland RN license(s) or multistate RN license(s)
3. If applicable, a copy of a certificate of completion from course in teaching adults
4. Job description or policy that lists the responsibilities of the course instructor and program coordinator

Note: Using the template below, attach an addendum if the training program has more than 8 faculty members.

Name	License #/Expiration Date	Status of Faculty (Current/New)	Role	Area of Instruction
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty	<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> Classroom

		<input type="checkbox"/> New Faculty	<input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical
		<input type="checkbox"/> Current Faculty <input type="checkbox"/> New Faculty	<input type="checkbox"/> Program Coordinator <input type="checkbox"/> Course Instructor <input type="checkbox"/> Supplemental Personnel	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinical

**FACILITIES AND RESOURCES
COMAR 10.39.02.05**

General Facility Requirements

1. Are any of the classroom, laboratory, or clinical facilities on conditional or provisional status?

Classroom and Laboratory Facilities

1. Are the classroom and laboratory facilities:
 - a. Approved by the Maryland Board of Nursing?
 - b. Approved or accredited by the appropriate agency?
2. Do the classroom and laboratory facilities provide adequate space for privacy of faculty-student conferences?
3. Do the classroom and laboratory facilities provide space for equipment and instructional materials?

List the location(s) of the classroom and laboratory facilities in the table below. Attach an addendum if there are more than four classroom and laboratory facilities.

Classroom Facility	Laboratory Facility

Note: Attach document describing the layout of the classroom and laboratory facilities.

Resources

All instructional learning resources and materials must be accessible and relevant to the role of the CNA and have a publication date not older than 5 years from the current year. In addition, instructional learning resources and materials must be written at an 8th grade level.

List instructional learning resources and materials in the table below. Attach an addendum if additional space is needed.

Textbooks			
Title	Author	Publisher	Publication Date
Websites and Electronic Resources			

Laboratory Training Equipment

1. Does the training program have the necessary laboratory training equipment to support the following classroom activities?
 - a. Infection control
 - b. Basic nursing skills
 - c. Personal care skills
 - d. Basic restorative services

Note: Attach document listing the training equipment, which must include the specific equipment listed on the Board’s website.

Clinical Facilities

1. Does each clinical facility have a sufficient number and variety of clients to provide training experiences for all students to achieve the stated objectives?
2. Does each clinical facility have a sufficient number of RNs and other nursing personnel to ensure safe and continuous care of clients?
3. Does each clinical facility conform with accepted standards of nursing care and practice?
4. Will course instructors for clinical learning experiences provide direct supervision of a student the first time a student performs a patient care skill and until the student demonstrates proficiency in that skill?

Note: Direct supervision means that the instructor is physically present while the student demonstrates patient care skills.

5. Provide the ratio of course instructor to students in the clinical area.

Written Agreements

1. Does the training program have a written agreement with each clinical facility?
2. Was the written agreement developed jointly with the clinical facility and the training program?
3. Will the written agreement be reviewed periodically by the clinical facility and the training program?
4. Does the written agreement include a provision for adequate notice of termination?
5. Does the written agreement specify the responsibility of the training program to the clinical facility and the responsibility of the clinical facility to the training program?
6. Does the written agreement specify the functions and responsibilities of the parties involved?

Attach a copy of the following documents:

- Completed clinical facility profile form(s) describing the characteristics of the clinical facility
- Statement of approval (e.g., accreditation letter from the Joint Commission)

**CURRICULUM
COMAR 10.39.02.06**

Program Hours

A training program must provide a minimum of 100 hours of instruction. Of the 100 hours of instruction, a minimum of:

- 60 hours must be devoted to didactic instruction and classroom laboratory training, with at least 16 hours of in-person laboratory training in the pre-clinical curriculum listed in COMAR 10.39.02.06B(3); and
- 40 hours must be devoted to supervised clinical training in a clinical facility.

A training program must have at least 16 of the 40 hours of supervised clinical training in the provision of long-term care facility services or caring for the elderly or chronically ill of any age, which must be performed under direct supervision.

Provide the number of hours of instruction in the table below.

# of Hours of Didactic Instruction	# of Hours of Classroom Laboratory Training	# of Hours of Supervised Clinical Training	# of Hours of Directly Supervised Clinical Training in Long-term Care Facility Services or Caring for the Elderly or Chronically Ill of Any Age	Total Hours

Curriculum Content

The curriculum for a training program must include the subject matters and skills listed in 42 CFR § 483.152. In the table below, list the curriculum page numbers where the following didactic instruction is found.

42 CFR § 483.152(b)

Topic	Page Number
1. At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:	
i. Communication and interpersonal skills	
ii. Infection control	
iii. Safety/emergency procedures, including the Heimlich maneuver	
iv. Promoting residents' independence	
v. Respecting residents' rights	
2. Basic Nursing Skills	
i. Taking and recording vital signs	
ii. Measuring and recording height and weight	
iii. Caring for the residents' environment	
iv. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor	
v. Caring for residents when death is imminent	
3. Personal Care Skills, including, but not limited to –	
i. Bathing	
ii. Grooming, including mouth care	
iii. Dressing	
iv. Toileting	
v. Assisting with eating and hydration	
vi. Proper feeding techniques	
vii. Skin care	
viii. Transfers, positioning, and turning	
4. Mental health and social service needs	
i. Modifying aide's behavior in response to residents' behavior	
ii. Awareness of developmental tasks associated with the aging process	
iii. How to respond to resident behavior	
iv. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity	
v. Using the resident's family as a source of emotional support	
5. Care of cognitively impaired residents	
i. Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others)	
ii. Communicating with cognitively impaired residents	
iii. Understanding the behavior of cognitively impaired residents	
iv. Appropriate responses to the behavior of cognitively impaired residents	
v. Methods of reducing the effects of cognitive impairments	
6. Basic restorative services	
i. Training the resident in self-care according to the resident's abilities	
ii. Use of assistive devices in transferring, ambulation, eating, and dressing	
iii. Maintenance of range of motion	
iv. Proper turning and positioning in bed and chair	
v. Bowel and bladder training	
vi. Care and use of prosthetic and orthotic devices	
7. Residents' Rights	
i. Providing privacy and maintenance of confidentiality	
ii. Promoting the residents' right to make personal choices to accommodate their needs	
iii. Giving assistance in resolving grievances and disputes	
iv. Providing needed assistance in getting to and participating in resident and family groups and other activities	
v. Maintaining care and security of residents' personal possessions	

vi.	Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff	
vii.	Avoiding the need for restraints in accordance with current professional standards	
COMAR 10.39.02.06B(2)(b)		
i.	All basic skills required of a nursing assistant in any acute care practice setting	
ii.	Caring for patients with acute and chronic medical conditions in a hospital facility	
iii.	Observing and reporting changes in patient condition, including potential emergencies and safety issues, to the licensed nurse	
iv.	Transport of specimens	
v.	Transport of medications	
vi.	Point of care testing	
vii.	Specimen collecting	
viii.	Equipment management	
ix.	Time management in the acute care setting	
x.	De-escalation of assertive or aggressive patients and family members	
xi.	Electronic documentation of care and basic computer skills	

Pre-clinical Curriculum

1. Does the training program provide at least 16 hours of in-person laboratory training in the following subject areas identified before a student has any direct contact with a client?

Indicate the page numbers of your pre-clinical curriculum where the following instruction is located.

COMAR 10.39.02.06B(3)		
Topic		Page Number
i.	Role of the CNA	
ii.	Infection control	
iii.	Safety and emergency procedures, including the Heimlich maneuver	
iv.	Communication and interpersonal skills	
v.	Promoting clients' independence	
vi.	Legal and ethical considerations, including respecting clients' rights	

1. Does the training program provide instruction in the pre-clinical curriculum before a student has any direct contact with a client?

Laboratory/Clinical Skills

1. Are students required to demonstrate clinical competence in performing skills consistent with the subject matters listed in COMAR 10.39.02.06B?
2. Are students allowed to perform any services during their clinical learning experience for which they have not been trained and found proficient by the instructor?

Note: Attach a copy of the following documents:

- Course schedule noting number of hours in classroom, laboratory, and clinical facilities
 - Must demonstrate when the 16-hour pre-clinical curriculum is taught.
- Course syllabus: Curriculum, including the pre-clinical curriculum, unit objectives, and performance indicators
- Skills Verification Checklist – Must include the required skills identified on the Maryland Skills List and the specific performance indicators that are tested and demonstrated.

EVALUATION COMAR 10.39.02.07

To successfully complete a training program, students must complete the required minimum of curriculum hours listed in COMAR 10.39.02.06A, achieve a passing score of at least 75% on the written final examination, and demonstrate competence in meeting the objectives and performance indicators during didactic, laboratory, and clinical instruction.

A program coordinator or faculty of a training program may sign a student's application for certification as a nursing assistant before graduation and must submit to the Board written verification, as required by the Board, of each student's program completion within 5 business days of program completion.

1. Does the training program have an objective final written examination that measures achievement of the performance indicators?
2. Does the training program require students to achieve a passing score of at least 75% on the final written examination in order to complete the program?
3. Does the training program provide a certificate of completion using the form required by the Board? Choose an item.
4. Does the training program provide registration information for a nursing assistant competency evaluation to students who complete the program? Choose an item.

Note: Attach a copy of the final written examination, student evaluation criteria, program's evaluation plan outlining the methods used to assess competence in objectives and performance indicators, and certificate of completion.

SIGNATURE

I hereby certify that the information provided on and attached to this form is true and correct to the best of my knowledge.

Program Coordinator (Print Name):	
Signature:	Date: